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Rules and Regulations

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DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 23

[Docket No. 135CE, Special Conditions 23–ACE–87]

Special Conditions; Sino Swearingen Model SJ30–2 Airplane

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final special conditions.

SUMMARY: These special conditions are being issued to become part of the type certification basis for the Sino Swearingen Aircraft Company Model SJ30–2 airplane. This new airplane will have novel and unusual design features not addressed in the airworthiness standards for normal, utility, acrobatic, and commuter category airplanes. These design features include a high operating altitude (49,000 feet), swept wings and stabilizer, performance characteristics, large fuel capacity, and protection for the electronic engine control and flight and navigation systems from high intensity radiated fields, for which the applicable regulations do not contain adequate or appropriate airworthiness standards. These special conditions contain the additional airworthiness standards that the Administrator considers necessary to establish a level of safety equivalent to that existing in the current business jet fleet and expected by the user of this class of aircraft.

EFFECTIVE DATE: December 1, 1997.

FOR FURTHER INFORMATION CONTACT: Lowell Foster, Aerospace Engineer, Standards Office (ACE–110), Small Airplane Directorate, Aircraft Certification Service, Federal Aviation Administration, Room 1544, 601 East 12th Street, Kansas City, Missouri 64106; telephone (816) 426–5688.

SUPPLEMENTARY INFORMATION:

Background

On October 9, 1995, Sino Swearingen Aircraft Company, 1770 Sky Place Boulevard, San Antonio, Texas 78216, made application for normal category type certification of its Model SJ30–2 airplane, a six-to-eight place, all metal, low-wing, T-tail, twin turbofan engine powered airplane with fully enclosed retractable landing gear. The SJ30–2 will have a V_{MO}/M_{MO} of 320 kts/M=.83, and will have engines mounted aft on the fuselage.

Type Certification Basis

Type certification basis of the Model SJ30–2 airplane is: 14 CFR Part 23, effective February 1, 1965, through Amendment 23–52, effective July 25, 1996; 14 CFR Part 36, effective December 1, 1969, through the amendment effective on the date of type certification; 14 CFR Part 34; exemptions, if any; and the special conditions adopted by this rulemaking action.

Discussion

Special conditions may be issued and amended, as necessary, as part of the type certification basis if the Administrator finds that the airworthiness standards designated in accordance with 14 CFR Part 21, § 21.17(a)(1), do not contain adequate or appropriate safety standards because of novel or unusual design features of an airplane. Special conditions, as appropriate, are issued in accordance with 14 CFR Part 11, § 11.49, after public notice, as required by §§ 11.28 and 11.29(b), effective October 14, 1980, and become part of the type certification basis as provided by part 21, § 21.17(a)(2).

Protection of Systems From High Intensity Radiated Fields (HIRF)

Recent advances in technology have led to the application in aircraft designs of advanced electrical and electronic systems that perform functions required for continued safe flight and landing. Due to the use of sensitive solid state advanced components in analog and digital electronics circuits, these advanced systems are readily responsive to the transient effects of induced electrical current and voltage caused by the HIRF. The HIRF can degrade electronic systems performance by damaging components or upsetting system functions.

Furthermore, the HIRF environment has undergone a transformation that was not foreseen when the current requirements were developed. Higher energy levels are radiated from transmitters that are used for radar, radio, and television. Also, the number of transmitters has increased significantly. There is also uncertainty concerning the effectiveness of airframe shielding for HIRF. Furthermore, coupling to cockpit-installed equipment through the cockpit window apertures is undefined.

The combined effect of the technological advances in airplane design and the changing environment has resulted in an increased level of vulnerability of electrical and electronic systems required for the continued safe flight and landing of the airplane. Effective measures against the effects of exposure to HIRF must be provided by the design and installation of these systems. The accepted maximum energy levels in which civilian airplane system installations must be capable of operating safely are based on surveys and analysis of existing radio frequency emitters. These special conditions require that the airplane be evaluated under these energy levels for the protection of the electronic system and its associated wiring harness. These external threat levels, which are lower than previous required values, are believed to represent the worst case to which an airplane would be exposed in the operating environment.

These special conditions require qualification of systems that perform critical functions, as installed in aircraft, to the defined HIRF environment in paragraph 1 or, as an option to a fixed value using laboratory tests, in paragraph 2, as follows:

(1) The applicant may demonstrate that the operation and operational capability of the installed electrical and electronic systems that perform critical functions are not adversely affected when the aircraft is exposed to the HIRF environment defined below:

FIELD STRENGTH VOLTS/METER

Frequency	Peak	Aver-age
10–100 KHz	50	50
100–500	60	60

FIELD STRENGTH VOLTS/METER—Continued

Frequency	Peak	Average
500–2000	70	70
2–30 MHz	200	200
30–70	30	30
70–100	30	30
100–200	150	30
200–400	70	70
400–700	700	80
700–1000	1700	240
1–2 GHz	5000	360
2–4	4500	360
4–6	7200	300
6–8	2000	330
8–12	3500	270
12–18	3500	330
18–40	780	20

or,

(2) The applicant may demonstrate by a system test and analysis that the electrical and electronic systems that perform critical functions can withstand a minimum threat of 100 volts per meter, peak electrical field strength, from 10 KHz to 18 GHz. When using this test to show compliance with the HIRF requirements, no credit is given for signal attenuation due to installation.

A preliminary hazard analysis must be performed by the applicant, for approval by the FAA, to identify electrical and/or electronic systems that perform critical functions. The term ''critical'' means those functions whose failure would contribute to, or cause, a failure condition that would prevent the continued safe flight and landing of the airplane. The systems identified by the hazard analysis that perform critical functions are candidates for the application of HIRF requirements. A system may perform both critical and non-critical functions. Primary electronic flight display systems, and their associated components, perform critical functions such as attitude, altitude, and airspeed indication. The HIRF requirements apply only to critical functions.

Compliance with HIRF requirements may be demonstrated by tests, analysis, models, similarity with existing systems, or any combination of these. Service experience alone is not acceptable since normal flight operations may not include an exposure to the HIRF environment. Reliance on a system with similar design features for redundancy as a means of protection against the effects of external HIRF is generally insufficient since all elements of a redundant system are likely to be exposed to the fields concurrently.

Performance

The Sino Swearingen Model SJ30–2 has a main wing with 30 degrees of leading-edge sweepback that employs leading-edge slats and Fowler-flaps. The airplane has a T-tail with trimmable horizontal stabilizer and 30 degrees of leading-edge sweepback. There are two medium bypass ratio turbofan engines mounted on the aft fuselage.

Previous certification and operational experience with airplanes of like design in the transport category reveal certain unique characteristics compared to conventional aircraft certificated under part 23. These characteristics have caused safety problems in the past when pilots attempted takeoffs and landings, particularly with a large variation in temperature and altitude, using procedures and instincts developed with conventional airplanes.

One of the major distinguishing features of a swept-wing design not considered in current part 23 is a characteristically flatter lift curve without a ''stall'' break near the maximum coefficient of lift, as in a conventional wing. The ''stall'' separation point may occur at a much higher angle of attack than the point of maximum lift and the angle of attack for maximum lift can be only recognized by precise test measurements or specific detection systems. This phenomenon is not apparent to a pilot accustomed to operating a conventional airplane where increasing angle of attack produces increased lift to the point where the wing stalls. In a swept-wing design, if the pilot does not operate in accordance with established standards developed through a dedicated test program, increasing angle of attack may produce very little lift yet increase drag markedly to the point where flight is impossible. These adverse conditions may be further compounded by the characteristics of turbofan engines, including specified N_1/N_2 rotational speeds, temperature, and pressure limits that make its variation in thrust output with changes in temperature and altitude more complex and difficult to predict. In recognition of these characteristics, Special Civil Air Regulations No. SR–422, and follow-on regulations, established weight-altitude-temperature (WAT) limitations and procedures for scheduling takeoff and landing for turbine powered transport category airplanes, so the pilot could achieve reliable and repeatable results under all expected conditions of operation. This entails specific tests such as minimum unstick speed, V_{MU}, to ensure that rotation and fly-out speeds are correct and that the airplane speed schedule will not allow the airplane to lift off in ground effect and then be unable to accelerate and continue to climb out. In conjunction with the development of takeoff and landing procedures, it was also necessary to establish required climb gradients and data for flight path determination under all approved weights, altitudes, and temperatures. This enables the pilot to determine, before takeoff, that a safe takeoff, departure, and landing at destination can be achieved.

Takeoff

Based upon the knowledge and experience gained with similar high speed, high efficiency, turbojet airplanes with complex high lift devices for takeoff and landing, special conditions require performance standards for takeoff, takeoff speeds, accelerate-stop distance, takeoff path, takeoff distance, takeoff run, and takeoff flight path.

Additionally, procedures for takeoff, accelerate-stop distance, and landing are proposed as those established for operation in service and must be executable by pilots of average skill and include reasonably expected time delays.

Climb

To maintain a level of safety that is equivalent to the current business jet fleet for takeoff, takeoff speeds, takeoff path, takeoff distance, and takeoff run, it is appropriate to require specific climb gradients, airplane configurations, and consideration of atmospheric conditions that will be encountered. These special conditions include climb with one engine inoperative, balked landing climb, and general climb conditions.

Landing

Landing distance determined for the same parameters is consistent with takeoff information for the range of weights, altitudes, and temperatures approved for operation. Further, it is necessary to consider time delays to provide for in-service variation in the activation of deceleration devices, such as spoilers and brakes.

Trim

Special conditions are issued to maintain a level of safety that is consistent with the use of V_{MO}/M_{MO} and the requirements established for previous part 23 jet airplanes. Current standards in part 23 did not envision this type of airplane and the associated trim considerations.

Demonstration of Static Longitudinal Stability

To maintain a level of safety consistent with existing business jet airplanes, it is appropriate to define applicable requirements for static longitudinal stability. Current standards in part 23 did not envision this type of airplane and the associated stability considerations. Special conditions will establish static longitudinal stability requirements that include a stick force versus speed specification and stability requirements applicable to high speed jet airplanes.

Consistent with the concept of V_{MO}/M_{MO} being a maximum operational speed limit, rather than a limiting speed for the demonstration of satisfactory flight characteristics, it is appropriate to extend the speed for demonstration of longitudinal stability characteristics from the V_{MO}/M_{MO} of 14 CFR Part 23 to the maximum speed for stability characteristics, V_{FC}/M_{FC}, for this airplane.

Static Directional and Lateral Stability

Consistent with the concept of V_{MO}/M_{MO} being a maximum operational speed limit, rather than a limiting speed for the demonstration of satisfactory flight characteristics, it is appropriate to extend the speed for demonstration of lateral/directional stability characteristics from the V_{MO}/M_{MO} of part 23 to the maximum speed for stability characteristics, V_{FC}/M_{FC} for this airplane.

Current transport category regulations have eliminated the independent lateral stability demonstration requirement (picking up the low wing with rudder application). This requirement was originally intended to provide adequate controllability in the event of lateral control system failure. Because the SJ30–2 flight control system reliability requirement is not to current transport category levels, it is appropriate to retain the prior transport category requirements to retain the independent dihedral effect and skid recovery demonstration requirements.

Stall Characteristics

The stall characteristics requirements are relaxed from part 23 to be equivalent to that acceptable in current business jets. These special conditions reflect a higher expected pilot proficiency level, the remote chance that a stall will be encountered in normal operation, and are relaxed as compensation for meeting higher performance requirements in these special conditions.

Vibration and Buffeting

The Sino Swearingen Model SJ30–2 will be operated at high altitudes where stall-Mach buffet encounters (small speed margin between stall and transonic flow buffet) are likely to occur, which is not presently addressed in part 23. The special condition will require buffet onset tests and the inclusion of information in the Airplane Flight Manual (AFM) to provide guidance to the flightcrew. This information will enable the flightcrew to plan flight operations that will maximize the maneuvering capability during high altitude cruise flight and preclude intentional operations exceeding the boundary of perceptible buffet. Buffeting is considered to be a warning to the pilot that the airplane is approaching an undesirable and eventually dangerous flight regime, that is, stall buffeting, high speed buffeting or maneuvering (load factor) buffeting. In straight flight, therefore, such buffet warning should not occur at any normal operating speed up to the maximum operating limit speed, V_{MO}/M_{MO}.

High Speed Characteristics and Maximum Operating Limit Speed

The Sino Swearingen Model SJ30–2 will be operated at high altitude and high speeds. The proposed operating envelope includes areas in which Mach effects, which have not been considered in part 23, may be significant. The anticipated low drag of the airplane and the proposed operating envelope are representative of the conditions not envisioned by the existing part 23 regulations. These conditions may degrade the ability of the flightcrew to promptly recover from inadvertent excursions beyond maximum operating speeds. The ability to pull a positive load factor is needed to ensure, during recovery from upset, that the airplane speed does not continue to increase to a value where recovery may not be achievable by the average pilot or flightcrew.

Additionally, to allow the aircraft designer to conservatively design to higher speeds than may be operationally required for the airplane, the concept of V_{DF}/M_{DF}, the highest demonstrated flight speed for the type design, is appropriate for this airplane. This permits V_D/M_D, the design dive speed, to be higher than the speed actually required to be demonstrated in flight. Accordingly, the special conditions allow determination of a maximum demonstrated flight speed and to relate the determination of V_{MO}/M_{MO} to the speed V_{DF}/M_{DF}.

Flight Flutter Tests

Flight flutter test special conditions are proposed to V_{DF}/M_{DF} rather than to V_D, in keeping with the V_{DF}/M_{DF} concept.

Out-of-Trim Characteristics

High speed airplanes have experienced a number of upset incidents involving out-of-trim conditions. This is particularly true for swept-wing airplanes and airplanes with a trimmable stabilizer. Service experience has shown that out-of-trim conditions can occur in flight for various reasons and that the control and maneuvering characteristics of the airplane may be critical in recovering from upsets. The existing part 23 regulations do not address high speed out-of-trim conditions. These special conditions test the out-of-trim flight characteristics by requiring the longitudinal trim control be displaced from the trimmed position by the amount resulting from the three-second movement of the trim system at this normal rate with no aerodynamic load, or the maximum mis-trim that the autopilot can sustain in level flight in the high speed cruise condition, whichever is greater. Special conditions require the maneuvering characteristics, including stick force per g, be explored throughout a specified maneuver load factor speed envelope. The dive recovery characteristics of the aircraft in the out-of-trim condition specified would be investigated to determine that safe recovery can be made from the demonstrated flight dive speed V_{DF}/M_{DF}.

Pressure Vessel Integrity

Special conditions will be used to ensure pressure vessel integrity for operation at altitudes above 41,000 feet. The FAA uses 41,000 feet as the altitude where additional requirements for high altitude operations are necessary. Crack growth data are used to prescribe an inspection program that should detect cracks before an opening in the pressure vessel would allow rapid depressurization.

Fuel System Protection During Collapse of Landing Gear

The SJ30–2 maximum fuel weight is 39 percent of the maximum weight. This percentage is typical of the turbofan powered business jet class of airplanes. Part 23 did not envision that the applicable airplane designs would have such a large fraction of maximum weight as fuel. Part 23 does not contain fuel system protection requirements during landing gear collapse, except for § 23.721, which pertains to commuter

category airplanes that have a passenger seating configuration of 10 seats or more. In the SJ30–2 design, there is a large fuselage fuel tank and the placement of the engines on the aft fuselage requires that the fuel lines be routed through the fuselage, making the fuel lines more vulnerable to damage, or rupture, if the landing gear collapses. The special condition is based on 14 CFR Part 25, § 25.721(a)(1), which is applicable to airplanes having a passenger seating configuration of nine seats or fewer.

Oxygen System Equipment and Supply

Continuous flow passenger oxygen equipment is certified for use up to 40,000 feet; however, for rapid decompressions above 34,000 feet, reverse diffusion leads to low oxygen partial pressures in the lungs to the extent that a small percentage of passengers may lose useful consciousness at 35,000 feet even with the use of the continuous flow system. To prevent permanent physiological damage, the cabin altitude must not exceed 25,000 feet for more than 2 minutes. The maximum peak cabin altitude of 40,000 feet is consistent with the standards established for previous certification programs. In addition, at high altitudes the other aspects of decompression sickness have a significant detrimental effect on pilot performance (for example, a pilot can be incapacitated by internal expanding gases).

Decompression above the 37,000 foot limit depicted in Figure 4 approaches the physiological limits of the average person; therefore, every effort must be made to provide the pilots with adequate oxygen equipment to withstand these severe decompressions. Reducing the time interval between pressurization failure and the time the pilots receive oxygen will provide a safety margin against being incapacitated and can be accomplished by the use of mask-mounted regulators. The proposed special condition, therefore, would require pressure demand masks with mask-mounted regulators for the flightcrew. This combination of equipment will provide the best practical protection for the failures covered by this special condition and for improbable failures not covered by the special conditions, provided the cabin altitude is limited.

Airspeed Indicating System

To maintain a level of safety consistent with that existing in the current business jet fleet, and to be consistent with the establishment of speed schedule performance requirements, it is appropriate to establish applicable requirements for determining and providing airspeed indicating system calibration information. Additionally, it is appropriate to establish special conditions requiring protection of the pitot tube from malfunctions associated with icing conditions. Special conditions will establish airspeed indicating system calibration and pitot tube ice protection requirements applicable to transport category jet airplanes.

Static Pressure System

Special conditions are appropriate to establish applicable requirements for providing static pressure system calibration information in the AFM. Since aircraft of this type are frequently equipped with devices to correct the altimeter indication, it is also appropriate to establish requirements to ensure the continued availability of altitude information where such a device malfunctions. Current standards in part 23 did not envision this type of airplane and the associated static pressure requirements.

Minimum Flightcrew

The Sino Swearingen Model SJ30–2 operates at high altitudes and speeds not envisioned in part 23 and must be flown in a precise speed schedule to achieve flight manual takeoff and landing distances. Therefore, it is appropriate to specify workload considerations. Special conditions will specify the items to be considered in workload determination.

Airplane Flight Manual (AFM) Information

To be consistent with the performance special conditions, it is also necessary to require that the maximum takeoff and landing weights, takeoff distances, and associated atmospheric conditions be made available to the pilot in the AFM and that the airplane be operated within its performance capabilities. Special conditions will add maximum takeoff weights, maximum landing weights, and minimum takeoff distances as limitations in the AFM. Additionally, special conditions are included to add takeoff flight path and procedures necessary to achieve the performance in the limitations section as information in the AFM.

Discussion of Comments

Notice of Proposed Special Conditions, Notice No. 23–ACE–87, Docket No. 135CE, was published in the **Federal Register** on February 21, 1997, and the comment period closed March 24, 1997. Following is a summary of the comments received and a response to each comment.

Only one commenter responded to the notice of proposed special conditions and that was the Sino Swearingen Aircraft Company. They offered 15 comments, of which 7 were either editorial in nature or the incorrect special condition numbers were referenced. These errors were corrected. The remainder of comments are addressed individually.

1. *Comment:* The certification basis should be changed to part 23 through Amendment 23–52.

FAA Response: The FAA agrees and the type certification basis for the special condition has been changed accordingly.

2. *Comment:* In the discussion material section, remove the words ''double slotted'' from the first sentence of the ''Performance'' discussion on page 7951, third column, first paragraph.

FAA Response: The FAA agrees and has removed the words.

3. *Comment:* Add the following statement to the ''Discussion'' material:

Demonstration of Static Longitudinal Stability

To maintain a level of safety consistent with that applied to previous part 23 jet airplanes, it is appropriate to define applicable requirements for static longitudinal stability. Current standards in part 23 did not envision this type of airplane with the associated stability considerations. Special conditions are proposed to establish static longitudinal stability requirements that include a stick force versus speed specification and stability requirements applicable to high speed jet airplanes.

FAA Response: The FAA concurs and has incorporated this comment into the section.

4. *Comment:* Special Condition No. 1 lacks specificity. The discussion material includes the two options that we may use to show compliance, but the proposed special condition is silent. Suggest that these options be included in the body of the special condition and not left in the discussion material.

FAA Response: This is the format used for HIRF special conditions. The FAA's goal is rules that contain minimum standards and not means of showing compliance. While this is hard to accomplish in certain instances, it is not the FAA's intention to dictate designs to manufacturers, but to offer compliance options through advisory circular. In this case, the HIRF minimum standards are the special conditions, which constitute a rule, and

one acceptable means of showing compliance is discussed in the preamble.

5. *Comment:* Special Condition No. 24, Out-of-Trim Characteristics. The opening statement should be changed to ''the following applies'' instead of ''the Sino Swearingen model SJ30–2 must comply with the following.''

FAA: The FAA agrees and the statement has been changed.

6. *Comment:* Special Condition No. 26. Should be deleted and replaced with § 23.607, Amendment 23–48.

FAA Response: The FAA agrees and Special Condition No. 26 has been deleted. Later amendment levels are adequate for this airplane.

7. *Comment:* Special Condition No. 30—Pressurization. Special Condition No. 30 addresses the altitude-time histories of the cabin altitude following system and/or structural failures. The language and requirements defined in Special Condition No. 30, paragraphs (a)(2), (b)(1), and (b)(2), are a carry-over of early part 25 executive transport airplane special conditions developed for high altitude operation (above 40,000 feet). As discussed in the **Federal Register**, Volume 61, No. 109, dated June 5, 1996, part 25 special conditions were developed to address the consequences of decompression of executive transport airplanes operation at high altitudes. These early special conditions revised the requirements of § 25.365, *Pressurized Cabin Loads,* § 25.841, *Pressurized Cabins,* and § 25.1447, *Equipment Standards for Oxygen Dispensing Equipment* and were intended to provide an evaluation of the consequences of cabin depressurization due to system and/or structural failures.

However, the wording provided in Special Condition No. 30 is based on an earlier amendment (before Amendment 25–45) of § 25.571, which allowed a choice between safe-life and fail-safe substantiation for airplane primary structure. The airplane inspections defined for § 25.571 before Amendment 25–45 were not specifically based on crack growth for spectrum loading. Therefore, the executive transport airplane special conditions for operation at high altitudes specified a somewhat arbitrary criteria of structural failure considerations for a decompression event. Subsequent to the initial development of these executive transport high altitude special conditions, § 25.571 was amended by Amendments 25–45 (1978) and 25–52 (1980) to require a damage tolerance evaluation of the airplane primary structure. The damage tolerance evaluation requires the development of inspection intervals and procedures for the detection of crack lengths associated with the decompression of critical vent areas. Since the structural failures to be considered for the decompression event are defined by the damage tolerance evaluation, the language shown in Special Condition No. 30, paragraphs (a)(2), (b)(1), and (b)(2), is not part of the current part 25 regulatory requirements for High Altitude Operation of Subsonic Transport Airplanes.

The commenter believes that the structural failures to be considered of a decompression event should be defined by the damage tolerance evaluation of the SJ30–2 airplane pressure vessel required by Special Condition No. 25, Pressure Vessel Integrity, and not by the predefined conditions outlined in Special Condition No. 30, paragraphs (a)(2), (b)(1), and (b)(2). Therefore, the commenter suggests their words, which reflect the more recent structural approach.

FAA Response: The FAA agrees with the commenter and Special Condition No. 30 will be replaced.

8. *Comment:* Special Condition No. 37, Operating Limitations. Paragraph (a)(3) change read ''V_O'' to ''V_A''.

FAA Response: The FAA does not agree. V_A was correctly changed to V_O in an earlier part 23 amendment so it will remain unchanged in these special conditions.

Conclusion

In view of the design features discussed for the SJ30–2 Model airplane, the following special conditions are issued to provide a level of safety equivalent to current business jets certificated to transport standards and expected by the user of this class of aircraft. This action is not a rule of general applicability and affects only the model/series of airplane identified in these final special conditions.

List of Subjects in 14 CFR Part 23

Aircraft, Aviation safety, Signs and symbols.

Citation

The authority citation for these Special Conditions is as follows:

Authority: 49 U.S.C. 106(g); 40113, and 44701; 14 CFR 21.16 and 101; and 14 CFR 11.28 and 11.49.

Adoption of Special Conditions

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration issues the following special conditions as part of the type certification basis for the Sino Swearingen Model SJ30–2 airplane:

1. Protection of Electrical and Electronic Systems From High Intensity Radiated Field

Each system that performs critical functions must be designed and installed to ensure that the operations, and operational capabilities of these systems to perform critical functions, are not adversely affected when the airplane is exposed to high intensity radiated electromagnetic fields external to the airplane.

For the purpose of these special conditions, the following definition applies:

Critical Functions: Functions whose failure would contribute to, or cause, a failure condition that would prevent the continued safe flight and landing of the airplane.

2. Performance: General

In addition to the requirements of § 23.45, the following apply:

(a) Unless otherwise prescribed, the applicant must select the takeoff, enroute, approach, and landing configurations for the airplane.

(b) The airplane configurations may vary with weight, altitude, and temperature, to the extent that they are compatible with the operating procedures required by paragraph (c) of this special condition.

(c) Unless otherwise prescribed, in determining the accelerate-stop distances, takeoff flight paths, takeoff distances, and landing distances, changes in the airplane's configuration, speed, power, and thrust, must be made in accordance with procedures established by the applicant for operation in service.

(d) Procedures for the execution of balked landings and discontinued approaches associated with the conditions prescribed in special condition 10, paragraph (d), and special condition 12 must be established.

(e) The procedures established under paragraphs (c) and (d) of this special condition must:

(1) Be able to be consistently executed in service by crews of average skill;

(2) Use methods or devices that are safe and reliable; and

(3) Include allowance for any time delays, in the execution of the procedures, that may reasonably be expected in service.

3. Takeoff

Instead of complying with § 23.53, the following apply:

(a) In special conditions 4, 5, 6, and 7, the takeoff speeds, the accelerate-stop distance, the takeoff path, the takeoff distance, and takeoff run described must be determined:

(1) At each weight, altitude, and ambient temperature within the operation limits selected by the applicant; and

(2) In the selected configuration for takeoff.

(b) No takeoff made to determine the data required by this section may require exceptional piloting skill or alertness.

(c) The takeoff data must be based on a smooth, dry, hard-surfaced runway.

(d) The takeoff data must include, within the established operational limits of the airplane, the following operational correction factors:

(1) Not more than 50 percent of nominal wind components along the takeoff path opposite to the direction of takeoff, and not less than 150 percent of nominal wind components along the takeoff path in the direction of takeoff.

(2) Effective runway gradients.

4. Takeoff Speeds

Instead of compliance with § 23.51, the following apply:

(a) V_1 must be established in relation to V_{EF}, as follows:

(1) V_{EF} is the calibrated airspeed at which the critical engine is assumed to fail. V_{EF} must be selected by the applicant, but may not be less than V_{MCG} determined under § 23.149(f).

(2) V_1, in terms of calibrated airspeed, is the takeoff decision speed selected by the applicant; however, V_1 may not be less than V_{EF} plus the speed gained with the critical engine inoperative during the time interval between the instant at which the critical engine failed and the instant at which the pilot recognizes and reacts to the engine failure, as indicated by the pilot's application of the first retarding means during the accelerate-stop test.

(b) $V_{2\,min}$, in terms of calibrated airspeed, may not be less than the following:

(1) 1.2 V_{S1}

(2) 1.10 times V_{MC} established under § 23.149.

(c) V_2, in terms of calibrated airspeed, must be selected by the applicant to provide at least the gradient of climb required by special condition 10, paragraph (b), but may not be less than the following:

(1) $V_{2\,min}$, and

(2) V_R plus the speed increment attained (in accordance with special condition 6, paragraph (c)(2)) before reaching a height of 35 feet above the takeoff surface.

(d) V_{MU} is the calibrated airspeed at and above which the airplane can safely lift off the ground and continue the takeoff. V_{MU} speeds must be selected by the applicant throughout the range of thrust-to-weight ratios to be certified. These speeds may be established from free-air data if these data are verified by ground takeoff tests.

(e) V_R, in terms of calibrated airspeed, must be selected in accordance with the following conditions of paragraphs (e)(1) through (e)(4) of this special condition:

(1) V_R may not be less than the following:

(i) V_1;

(ii) 105 percent of V_{MC};

(iii) The speed (determined in accordance with special condition 6, paragraph (c)(2)) that allows reaching V_2 before reaching a height of 35 feet above the takeoff surface; or

(iv) A speed that, if the airplane is rotated at its maximum practicable rate, will result in a V_{LOF} of not less than 110 percent of V_{MU} in the all-engines-operating condition and not less than 105 percent of V_{MU} determined at the thrust-to-weight ratio corresponding to the one-engine-inoperative condition.

(2) For any given set of conditions (such as weight, configuration, and temperature), a single value of V_R, obtained in accordance with this special condition, must be used to show compliance with both the one-engine-inoperative and the all-engines-operating takeoff provisions.

(3) It must be shown that the one-engine-inoperative takeoff distance, using a rotation speed of 5 knots less than V_R, established in accordance with paragraphs (e)(1) and (e)(2) of this special condition, does not exceed the corresponding one-engine-inoperative takeoff distance using the established V_R. The takeoff distances must be determined in accordance with special condition 7, paragraph (a)(1).

(4) Reasonably expected variations in service from the established takeoff procedures for the operation of the airplane (such as over-rotation of the airplane and out-of-trim conditions) may not result in unsafe flight characteristics or in marked increases in the scheduled takeoff distances established in accordance with special condition 7.

(f) V_{LOF} is the calibrated airspeed at which the airplane first becomes airborne.

5. Accelerate-Stop Distance

In the absence of specific accelerate-stop distance requirements, the following apply:

(a) The accelerate-stop distance is the sum of the distances necessary to—

(1) Accelerate the airplane from a standing start to V_{EF} with all engines operating;

(2) Accelerate the airplane from V_{EF} to V_1, assuming that the critical engine fails at V_{EF}; and

(3) Come to a full stop from the point at which V_1 is reached assuming that, in the case of engine failure, the pilot has decided to stop as indicated by application of the first retarding means at the speed V_1.

(b) Means other than wheel brakes may be used to determine the accelerate-stop distance if that means—

(1) Is safe and reliable;

(2) Is used so that consistent results can be expected under normal operating conditions; and

(3) Is such that exceptional skill is not required to control the airplane.

(c) The landing gear must remain extended throughout the accelerate-stop distance.

6. Takeoff Path

In the absence of specific takeoff path requirements, the following apply:

(a) The takeoff path extends from a standing start to a point in the takeoff at which the airplane is 1,500 feet above the takeoff surface, or at which the transition from the takeoff to the enroute configuration is completed and a speed is reached at which compliance with special condition 10, paragraph (c), is shown, whichever point is higher. In addition, the following apply:

(1) The takeoff path must be based on procedures prescribed in special condition 2.

(2) The airplane must be accelerated on the ground to V_{EF}, at which point the critical engine must be made inoperative and remain inoperative for the rest of the takeoff; and

(3) After reaching V_{EF}, the airplane must be accelerated to V_2.

(b) During the acceleration to speed V_2, the nose gear may be raised off the ground at a speed not less than V_R. However, landing gear retraction may not begin until the airplane is airborne.

(c) During the takeoff path determination, in accordance with paragraphs (a) and (b) of this special condition, the following apply:

(1) The slope of the airborne part of the takeoff path must be positive at each point;

(2) The airplane must reach V_2 before it is 35 feet above the takeoff surface and must continue at a speed as close as practical to, but not less than, V_2 until it is 400 feet above the takeoff surface;

(3) At each point along the takeoff path, starting at the point at which the airplane reaches 400 feet above the takeoff surface, the available gradient of climb may not be less than 1.2 percent;

(4) Except for gear retraction, the airplane configuration may not be

changed, and no change in power or thrust that requires action by the pilot may be made, until the airplane is 400 feet above the takeoff surface.

(d) The takeoff path must be determined by a continuous demonstrated takeoff or by synthesis from segments. If the takeoff path is determined by the segmental method, the following apply:

(1) The segments must be clearly defined and must be related to the distinct changes in the configuration, speed, and power or thrust;

(2) The weight of the airplane, the configuration, and the power or thrust must be constant throughout each segment and must correspond to the most critical condition prevailing in the segment;

(3) The flight path must be based on the airplane's performance without ground effect; and

(4) The takeoff path data must be checked by continuous demonstrated takeoffs, up to the point at which the airplane is out of ground effect and its speed is stabilized, to ensure that the path is conservative relative to the continuous path.

Note: The airplane is considered to be out of the ground effect when it reaches a height equal to its wing span.

7. Takeoff Distance and Takeoff Run

In the absence of specific takeoff distance and takeoff run requirements, the following apply:

(a) Takeoff distance is the greater of the following:

(1) The horizontal distance along the takeoff path from the start of the takeoff to the point at which the airplane is 35 feet above the takeoff surface, determined under special condition 6; or

(2) 115 percent of the horizontal distance along the takeoff path, with all engines operating, from the start of the takeoff to the point at which the airplane is 35 feet above the takeoff surface, as determined by a procedure consistent with special condition 6.

(b) If the takeoff distance includes a clear way, the takeoff run is the greater of:

(1) The horizontal distance along the takeoff path from the start of the takeoff to a point equidistant between the point at which V_{LOF} is reached and the point at which the airplane is 35 feet above the takeoff surface, as determined under special condition 6; or

(2) 115 percent of the horizontal distance along the takeoff path, with all engines operating, from the start of the takeoff to a point equidistant between the point at which V_{LOF} is reached and the point at which the airplane is 35 feet above the takeoff surface, determined by a procedure consistent with special condition 6.

8. Takeoff Flight Path

In the absence of specific takeoff flight path requirements, the following apply:

(a) The takeoff flight path begins 35 feet above the takeoff surface at the end of the takeoff distance determined in accordance with special condition 7.

(b) The net takeoff flight path data must be determined so that they represent the actual takeoff flight paths (determined in accordance with special condition 6 and with paragraph (a) of this special condition) reduced at each point by a gradient of climb equal to 0.8 percent.

(c) The prescribed reduction in climb gradient may be applied as an equivalent reduction in acceleration along that part of the takeoff flight path at which the airplane is accelerated in level flight.

9. Climb: General

Instead of compliance with § 23.63, the following applies: Compliance with the requirements of special conditions 10 and 12 must be shown at each weight, altitude, and ambient temperature within the operational limits established for the airplane and with the most unfavorable center of gravity for each configuration.

10. Climb: One Engine Inoperative

Instead of compliance with § 23.67, the following apply:

(a) *Takeoff; landing gear extended.* In the critical takeoff configuration existing along the flight path (between the points at which the airplane reaches V_{LOF} and at which the landing gear is fully retracted) and in the configuration used in special condition 6 without ground effect, unless there is a more critical power operating condition existing later along the flight path before the point at which the landing gear is fully retracted, the steady gradient of climb must be positive at V_{LOF} and with the following:

(1) The critical engine inoperative and the remaining engines at the power or thrust available when retraction of the landing gear begins in accordance with special condition 6, and

(2) The weight equal to the weight existing when retraction of the landing gear begins, determined under special condition 6.

(b) *Takeoff; landing gear retracted.* In the takeoff configuration existing at the point of the flight path at which the landing gear is fully retracted and in the configuration used in special condition 6, without ground effect, the steady gradient of climb may not be less than 2.4 percent at V_2 and with the following:

(1) The critical engine inoperative, the remaining engines at the takeoff power or thrust available at the time the landing gear is fully retracted, determined under special condition 6 unless there is a more critical power operating condition existing later along the flight path but before the point where the airplane reaches a height of 400 feet above the takeoff surface; and

(2) The weight equal to the weight existing when the airplane's landing gear is fully retracted, determined under special condition 6.

(c) *Final takeoff.* In the enroute configuration at the end of the takeoff path, determined in accordance with special condition 6, the steady gradient of climb may not be less than 1.2 percent at not less than 1.25 V_S and with the following:

(1) The critical engine inoperative and the remaining engines at the available maximum continuous power or thrust; and

(2) The weight equal to the weight existing at the end of the takeoff path, determined under special condition 6.

(d) *Approach.* In the approach configuration corresponding to the normal all-engines-operating procedure in which V_S for this configuration does not exceed 110 percent of the V_S for the related landing configuration, the steady gradient of climb may not be less than 2.1 percent with the following:

(1) The critical engine inoperative, the remaining engine at the available in-flight takeoff power or thrust;

(2) The maximum landing weight; and

(3) A climb speed established in connection with normal landing procedures, but not exceeding 1.5 V_S.

11. Landing

Instead of compliance with § 23.75, the following apply:

(a) The horizontal distance necessary to land and to come to a complete stop from a point 50 feet above the landing surface must be determined (for each weight, altitude, temperature, and wind within the operational limits established by the applicant for the airplane), as follows:

(1) The airplane must be in the landing configuration.

(2) A steady approach at a gradient of descent not greater than 5.2 percent (3 degrees), with an airspeed of not less than V_{REF}, determined in accordance with § 23.73(b), must be maintained down to the 50-foot height.

(3) Changes in configuration, power or thrust, and speed, must be made in accordance with the established procedures for service operation.

(4) The landing must be made without excessive vertical acceleration, tendency to bounce, nose over, ground loop, or porpoise.

(5) The landings may not require exceptional piloting skill or alertness.

(6) It must be shown that a safe transition to the balked landing conditions of special condition 12 can be made from the conditions that exist at the 50-foot height.

(b) The landing distance must be determined on a level, smooth, dry, hard-surfaced runway. In addition, the following apply:

(1) The brakes may not be used so as to cause excessive wear of brakes or tires; and

(2) Means other than wheel brakes may be used if that means is as follows:

(i) Is safe and reliable;

(ii) Is used so that consistent results can be expected in service; and

(iii) Is such that exceptional skill is not required to control the airplane.

(c) The landing distance data must include correction factors for not more than 50 percent of the nominal wind components along the landing path opposite to the direction of landing and not less than 150 percent of the nominal wind components along the landing path in the direction of landing.

(d) If any device is used that depends on the operation of any engine, and if the landing distance would be noticeably increased when a landing is made with that engine inoperative, the landing distance must be determined with that engine inoperative unless the use of compensating means will result in a landing distance not more than that with each engine operating.

12. Balked Landing

Instead of compliance with § 23.77, the following apply:

In the landing configuration, the steady gradient of climb may not be less than 3.2 percent with the following:

(a) The engines at the power or thrust that is available eight seconds after initiation of movement of the power or thrust controls from the minimum flight idle to the inflight takeoff position; and

(b) A climb speed of not more than V_{REF}, as defined in § 23.73(a).

13. Stall Speed

Instead of compliance with § 23.49, the following apply:

(a) V_S is the calibrated stalling speed, or the minimum steady flight speed, in knots, at which the airplane is controllable with—

(1) Zero thrust at the stalling speed, or, if the resultant thrust has no appreciable effect on the stalling speed, with engines idling and throttles closed;

(2) The weight used when V_S is being used as a factor to determine compliance with a required performance standard; and

(3) The most unfavorable center of gravity allowable.

(b) The stalling speed V_S is the minimum speed obtained as follows:

(1) Trim the airplane for straight flight at any speed not less than 1.2 V_S or more than 1.4 V_S. At a speed sufficiently above the stall speed to ensure steady conditions, apply the elevator control at a rate so that the airplane speed reduction does not exceed one knot per second.

(2) Meet the flight characteristics provisions of special condition 19.

14. Trim

Instead of compliance with § 23.161, the following apply:

(a) *General.* Each airplane must meet the trim requirements of this special condition after being trimmed, and without further pressure upon or movement of the primary controls or their corresponding trim controls by the pilot or the automatic pilot.

(b) *Lateral and directional trim.* The airplane must maintain lateral and directional trim with the most adverse lateral displacement of the center of gravity within the relevant operating limitations during normally expected conditions of operation (including operation at any speed from 1.4 V_{S1} to V_{MO}/M_{MO}.)

(c) *Longitudinal trim.* The airplane must maintain longitudinal trim during the following:

(1) A climb with maximum continuous power at a speed not more than 1.4 V_{S1}, with the landing gear retracted, and the flaps in the following positions:

(i) Retracted, and

(ii) In the takeoff position.

(2) A power approach with a 3 degree angle of descent, the landing gear extended, and with the following:

(i) The wing flaps retracted and at a speed of 1.4 V_{S1}; and

(ii) The applicable airspeed and flap position used in showing compliance with special condition 11.

(3) Level flight at any speed from 1.4 V_{S1} to V_{MO}/M_{MO} with the landing gear and flaps retracted, and from 1.4 V_{S1} to V_{LE} with the landing gear extended.

(d) *Longitudinal, directional, and lateral trim.* The airplane must maintain longitudinal, directional, and lateral trim (for the lateral trim, the angle of bank may not exceed five degrees) at 1.4 V_{S1} during climbing flight with the following:

(1) The critical engine inoperative;

(2) The remaining engine at maximum continuous power or thrust; and

(3) The landing gear and flaps retracted.

15. Static Longitudinal Stability

Instead of compliance with § 23.173, the following apply:

Under the conditions specified in special condition 16, the characteristics of the elevator control forces (including friction) must be as follows:

(a) A pull must be required to obtain and maintain speeds below the specified trim speed, and a push must be required to obtain and maintain speeds above the specified trim speed. This must be shown at any speed that can be obtained except speeds higher than the landing gear or wing flap operating limit speeds or V_{FC}/M_{FC}, whichever is appropriate, or lower than the minimum speed for steady unstalled flight.

(b) The airspeed must return to within 10 percent of the original trim speed for the climb, approach, and landing conditions specified in special condition 16, paragraphs (a), (c), and (d), and must return to within 7.5 percent of the original trim speed for the cruising condition specified in special condition 16, paragraph (b), when the control force is slowly released from any speed within the range specified in paragraph (a) of this special condition.

(c) The average gradient of the stable slope of the stick force versus speed curve may not be less than 1 pound for each 6 knots.

(d) Within the free return speed range specified in paragraph (b) of this special condition, it is permissible for the airplane, without control forces, to stabilize on speeds above or below the desired trim speeds if exceptional attention on the part of the pilot is not required to return to and maintain the desired trim speed and altitude.

16. Demonstration of Static Longitudinal Stability

Instead of compliance with § 23.175, static longitudinal stability must be shown as follows:

(a) *Climb.* The stick force curve must have a stable slope at speeds between 85 and 115 percent of the speed at which the airplane—

(1) Is trimmed, with—

(i) Wing flaps retracted;

(ii) Landing gear retracted;

(iii) Maximum takeoff weight; and

(iv) The maximum power or thrust selected by the applicant as an operating limitation for use during climb; and

(2) Is trimmed at the speed for best rate of climb except that the speed need not be less than 1.4 V_{S1}.

(b) *Cruise.* Static longitudinal stability must be shown in the cruise condition as follows:

(1) With the landing gear retracted at high speed, the stick force curve must have a stable slope at all speeds within a range which is the greater of 15 percent of the trim speed plus the resulting free return speed range, or 50 knots plus the resulting free return speed range, above and below the trim speed (except that the speed range need not include speeds less than 1.4 V_{S1}, nor speeds greater than V_{FC}/M_{FC}, nor speeds that require a stick force of more than 50 pounds), with—

(i) The wing flaps retracted;

(ii) The center of gravity in the most adverse position;

(iii) The most critical weight between the maximum takeoff and maximum landing weights;

(iv) The maximum cruising power selected by the applicant as an operating limitation, except that the power need not exceed that required at V_{MO}/M_{MO}; and

(v) The airplane trimmed for level flight with the power required in paragraph (b)(1)(iv) of this special condition.

(2) With the landing gear retracted at low speed, the stick force curve must have a stable slope at all speeds within a range which is the greater of 15 percent of the trim speed plus the resulting free return speed range, or 50 knots plus the resulting free return speed range, above and below the trim speed (except that the speed range need not include speeds less than 1.4 V_{S1}, nor speeds greater than the minimum speed of the applicable speed range prescribed in paragraph (b)(1), nor speeds that require a stick force of more than 50 pounds), with—

(i) Wing flaps, center of gravity position, and weight as specified in paragraph (b)(1) of this special condition;

(ii) Power required for level flight at a speed equal to $(V_{MO} + 1.4\ V_{S1})/\ 2$; and

(iii) The airplane trimmed for level flight with the power required in paragraph (b)(2)(ii) of this special condition.

(3) With the landing gear extended, the stick force curve must have a stable slope at all speeds within a range which is the greater of 15 percent of the trim speed plus the resulting free return speed range, or 50 knots plus the resulting free return speed range, above and below the trim speed (except that the speed range need not include speeds less than 1.4 V_{S1}, nor speeds greater than V_{LE}, nor speeds that require a stick force of more than 50 pounds), with—

(i) Wing flap, center of gravity position, and weight as specified in paragraph (b)(1) of this section;

(ii) The maximum cruising power selected by the applicant as an operating limitation, except that the power need not exceed that required for level flight at V_{LE}; and

(iii) The aircraft trimmed for level flight with the power required in paragraph (b)(3)(ii) of this section.

(c) *Approach.* The stick force curve must have a stable slope at speeds between 1.1 V_{S1} and 1.8 V_{S1}, with—

(1) Wing flaps in the approach position;

(2) Landing gear retracted;

(3) Maximum landing weight; and

(4) The airplane trimmed at 1.4 V_{S1} with enough power to maintain level flight at this speed.

(d) *Landing.* The stick force curve must have a stable slope, and the stick force may not exceed 80 pounds, at speeds between 1.1 V_{S0} and 1.3 V_{S0} with—

(1) Wing flaps in the landing position;

(2) Landing gear extended;

(3) Maximum landing weight;

(4) Power or thrust off on the engines; and

(5) The airplane trimmed at 1.4 V_{S0} with power or thrust off.

17. Static Directional and Lateral Stability

Instead of compliance with § 23.177, the following apply:

(a) The static directional stability (as shown by the tendency to recover from a skid with the rudder free) must be positive for any landing gear and flap position, and it must be positive for any symmetrical power condition to speeds from 1.2 V_{S1} up to V_{FE}, V_{LE}, or V_{FC}/M_{FC} (as appropriate).

(b) The static lateral stability (as shown by the tendency to raise the low wing in a sideslip with the aileron controls free and for any landing gear position and flap position, and for any symmetrical power conditions) may not be negative at any airspeed (except speeds higher than V_{FE} or V_{LE}, when appropriate) in the following airspeed ranges:

(1) From 1.2 V_{S1} to V_{MO}/M_{MO}.

(2) From V_{MO}/M_{MO} to V_{FC}/M_{FC}, unless the Administrator finds that the divergence is—

(i) Gradual;

(ii) Easily recognizable by the pilot; and

(iii) Easily controllable by the pilot.

(c) In straight, steady, sideslips (unaccelerated forward slips) the aileron and rudder control movement and forces must be substantially proportional to the angle of the sideslip. The factor of proportionality must lie between limits found necessary for safe operation throughout the range of sideslip angles appropriate to the operation of the airplane. At greater angles, up to the angle at which full rudder control is used or when a rudder pedal force of 180 pounds is obtained, the rudder pedal forces may not reverse and increased rudder deflection must produce increased angles of sideslip. Unless the airplane has a yaw indicator, there must be enough bank accompanying sideslipping to clearly indicate any departure from steady unyawed flight.

18. Stall Demonstration

Instead of compliance with § 23.201, the following apply:

(a) Stalls must be shown in straight flight and in 30 degree banked turns with—

(1) Power off; and

(2) The power necessary to maintain level flight at 1.6 V_{S1} (where V_{S1} corresponds to the stalling speed with flaps in the approach position, the landing gear retracted, and maximum landing weight).

(b) In each condition required by paragraph (a) of this section, it must be possible to meet the applicable requirements of special condition 19 with—

(1) Flaps, landing gear, and deceleration devices in any likely combination of positions approved for operation;

(2) Representative weights within the range for which certification is requested;

(3) The most adverse center of gravity for recovery; and

(4) The airplane trimmed for straight flight at the speed prescribed in special condition 13.

(c) The following procedures must be used to show compliance with special condition 19:

(1) Starting at a speed sufficiently above the stalling speed to ensure that a steady rate of speed reduction can be established, apply the longitudinal control so that the speed reduction does not exceed one knot per second until the airplane is stalled.

(2) In addition, for turning flight stalls, apply the longitudinal control to achieve airspeed deceleration rates up to 3 knots per second.

(3) As soon as the airplane is stalled, recover by normal recovery techniques.

(d) The airplane is considered stalled when the behavior of the airplane gives the pilot a clear and distinctive indication of an acceptable nature that the airplane is stalled. Acceptable indications of a stall, occurring either individually or in combination, are—

(1) A nose-down pitch that cannot be readily arrested;

(2) Buffeting, of a magnitude and severity that is a strong and effective deterrent to further speed reduction; or

(3) The pitch control reaches the aft stop and no further increase in pitch attitude occurs when the control is held full aft for a short time before recovery is initiated.

19. Stall Characteristics

Instead of compliance with § 23.203, the following applies:

(a) It must be possible to produce and to correct roll and yaw by unreversed use of the aileron and rudder controls, up to the time the airplane is stalled. No abnormal nose up pitching may occur. The longitudinal control force must be positive up to and throughout the stall. In addition, it must be possible to promptly prevent stalling and to recover from a stall by normal use of the controls.

(b) For level wing stalls, the roll occurring between the stall and the completion of the recovery may not exceed approximately 20 degrees.

(c) For turning flight stalls, the action of the airplane after the stall may not be so violent or extreme as to make it difficult, with normal piloting skill, to effect a prompt recovery and to regain control of the airplane. The maximum bank angle that occurs during the recovery may not exceed—

(1) Approximately 60 degrees in the original direction of the turn, or 30 degrees in the opposite direction, for deceleration rates up to 1 knot per second; and

(2) Approximately 90 degrees in the original direction of the turn, or 60 degrees in the opposite direction, for deceleration rates in excess of 1 knot per second.

20. Stall Warning

Instead of compliance with § 23.207, the following applies:

(a) Stall warning with sufficient margin to prevent inadvertent stalling with the flaps and landing gear in any normal position must be clear and distinctive to the pilot in straight and turning flight.

(b) The warning may be furnished either through the inherent aerodynamic qualities of the airplane or by a device that will give clearly distinguishable indications under expected conditions of flight. However, a visual stall warning device that requires the attention of the crew within the cockpit is not acceptable by itself. If a warning device is used, it must provide a warning in each of the airplane configurations prescribed in paragraph (a) of this special condition at the speed prescribed in paragraph (c) of this special condition.

(c) The stall warning must begin at a speed exceeding the stalling speed (i.e., the speed at which the airplane stalls or the minimum speed demonstrated, whichever is applicable under the provisions of special condition 18, paragraph (d)) by seven percent or at any lesser margin if the stall warning has enough clarity, duration, distinctiveness, or similar properties.

21. Vibration and Buffeting

Instead of compliance with § 23.251, the following apply:

(a) The airplane must be designed to withstand any vibration and buffeting that might occur in any likely operating condition. This must be shown by calculations, resonance tests, or other tests found necessary by the Administrator.

(b) Each part of the airplane must be shown in flight to be free from excessive vibration, under any appropriate speed and power conditions up to V_{DF}/M_{DF}. The maximum speeds shown must be used in establishing the operating limitations of the airplane in accordance with special condition 34.

(c) Except as provided in paragraph (d) of this special condition, there may be no buffeting condition in normal flight, including configuration changes during cruise, severe enough to interfere with the control of the airplane, to cause excessive fatigue to the flightcrew, or to cause structural damage. Stall warning buffeting within these limits is allowable.

(d) There may be no perceptible buffeting condition in the cruise configuration in straight flight at any speed up to V_{MO}/M_{MO}, except that stall warning buffeting is allowable.

(e) With the airplane in the cruise configuration, the positive maneuvering load factors at which the onset of perceptible buffeting occurs must be determined for the ranges of airspeed or Mach Number, weight, and altitude for which the airplane is to be certified. The envelopes of load factor, speed, altitude, and weight must provide a sufficient range of speeds and load factors for normal operations. Probable inadvertent excursions beyond the boundaries of the buffet onset envelopes may not result in unsafe conditions.

22. High Speed Characteristics

Instead of compliance with § 23.253, the following apply:

(a) *Speed increase and recovery characteristics.* The following speed increase and recovery characteristics must be met:

(1) Operating conditions and characteristics likely to cause inadvertent speed increases (including upsets in pitch and roll) must be simulated with the airplane trimmed at any likely cruise speed up to V_{MO}/M_{MO}. These conditions and characteristics include gust upsets, inadvertent control movements, low stick force gradient in relation to control friction, passenger movement, leveling off from climb, and descent from Mach to airspeed limit altitudes.

(2) Allowing for pilot reaction time after effective inherent or artificial speed warning occurs, it must be shown that the airplane can be recovered to a normal attitude and its speed reduced to V_{MO}/M_{MO} without the following:

(i) Exceptional piloting strength or skill;

(ii) Exceeding V_D/M_D, or V_{DF}/M_{DF}, or the structural limitations; and

(iii) Buffeting that would impair the pilot's ability to read the instruments or control the airplane for recovery.

(3) There may be no control reversal about any axis at any speed up to V_{DF}/M_{DF} with the airplane trimmed at V_{MO}/M_{MO}. Any tendency of the airplane to pitch, roll, or yaw must be mild and readily controllable, using normal piloting techniques. When the airplane is trimmed at V_{MO}/M_{MO}, the slope of the elevator control force versus speed curve need not be stable at speeds greater than V_{FC}/M_{FC}, but there must be a push force at all speeds up to V_{DF}/M_{DF} and there must be no sudden or excessive reduction of elevator control force as V_{DF}/M_{DF} is reached.

(b) *Maximum speed for stability characteristics. V_{FC}/M_{FC}.* V_{FC}/M_{FC} is the maximum speed at which the requirements of special conditions 15, 16, 17, and § 23.181 must be met with the flaps and landing gear retracted. It may not be less than a speed midway between V_{MO}/M_{MO} and V_{DF}/M_{DF} except that, for altitudes where Mach number is the limiting factor, M_{FC} need not exceed the Mach number at which effective speed warning occurs.

23. Flight Flutter Testing

Instead of the term/speed V_D in § 23.629(b), use V_{DF}/M_{DF}.

24. Out-of-Trim Characteristics

In the absence of specific requirements for out-of-trim characteristics, the following are applied:

(a) From an initial condition with the airplane trimmed at cruise speeds up to V_{MO}/M_{MO}, the airplane must have satisfactory maneuvering stability and controllability with the degree of out-of-trim in both the airplane nose-up and

nose-down directions, which results from the greater of the following:

(1) A three-second movement of the longitudinal trim system at its normal rate for the particular flight condition with no aerodynamic load (or an equivalent degree of trim for airplanes that do not have a power-operated trim system), except as limited by stops in the trim system including those required by § 23.655(b) for adjustable stabilizers; or

(2) The maximum mis-trim that can be sustained by the autopilot while maintaining level flight in the high speed cruising condition.

(b) In the out-of-trim condition specified in paragraph (a) of this special condition, when the normal acceleration is varied from +1 g to the positive and negative values specified in paragraph (c) of this special condition, the following apply:

(1) The stick force versus g curve must have a positive slope at any speed up to and including V_{FC}/M_{FC}; and

(2) At speeds between V_{FC}/M_{FC} and V_{DF}/M_{DF}, the direction of the primary longitudinal control force may not reverse.

(c) Except as provided in paragraphs (d) and (e) of this special condition, compliance with the provisions of paragraph (a) of this special condition must be demonstrated in flight over the acceleration range as follows:

(1) -1 g to +2.5 g; or

(2) 0 g to 2.0 g, and extrapolating by an acceptable method to -1 g and +2.5 g.

(d) If the procedure set forth in paragraph (c)(2) of this special condition is used to demonstrate compliance and marginal conditions exist during flight test with regard to reversal of primary longitudinal control force, flight tests must be accomplished from the normal acceleration at which a marginal condition is found to exist to the applicable limit specified in paragraph (b)(1) of this special condition.

(e) During flight tests required by paragraph (a) of this special condition, the limit maneuvering load factors, prescribed in §§ 23.333(b) and 23.337, need not be exceeded. Also, the maneuvering load factors associated with probable inadvertent excursions beyond the boundaries of the buffet onset envelopes determined under special condition 21, paragraph (e), need not be exceeded. In addition, the entry speeds for flight test demonstrations at normal acceleration values less than 1 g must be limited to the extent necessary to accomplish a recovery without exceeding V_{DF}/M_{DF}.

(f) In the out-of-trim condition specified in paragraph (a) of this special condition, it must be possible from an overspeed condition at V_{DF}/M_{DF} to produce at least 1.5 g for recovery by applying not more than 125 pounds of longitudinal control force using either the primary longitudinal control alone or the primary longitudinal control and the longitudinal trim system. If the longitudinal trim is used to assist in producing the required load factor, it must be shown at V_{DF}/M_{DF} that the longitudinal trim can be actuated in the airplane nose-up direction with the primary surface loaded to correspond to the least of the following airplane nose-up control forces:

(1) The maximum control forces expected in service, as specified in §§ 23.301 and 23.397.

(2) The control force required to produce 1.5 g.

(3) The control force corresponding to buffeting or other phenomena of such intensity that is a strong deterrent to further application of primary longitudinal control force.

25. Pressure Vessel Integrity

(a) The maximum extent of failure and pressure vessel opening that can be demonstrated to comply with special condition 30 (Pressurization) of these special conditions must be determined. It must be demonstrated by crack propagation and damage tolerance analysis supported by testing that a larger opening or a more severe failure than demonstrated will not occur in normal operations.

(b) Inspection schedules and procedures must be established to ensure that cracks and normal fuselage leak rates will not deteriorate to the extent that an unsafe condition could exist during normal operation.

(c) With regard to the fuselage structure design for cabin pressure capability above 45,000 feet, the pressure vessel structure, including doors and windows, must comply with § 23.365(d), using a factor of 1.67 instead of the 1.33 factor prescribed.

26. Fasteners

This section has been deleted, current § 23.607 is adequate.

27. Landing Gear

The main landing gear system must be designed so that if it fails due to overloads during takeoff or landing (assuming the overloads to act in the upward and aft directions), the failure mode is not likely to cause the spillage of enough fuel from any fuel system in the fuselage to constitute a fire hazard.

28. Ventilation

In addition to the requirements of § 23.831(b), the ventilation system must be designed to provide a sufficient amount of uncontaminated air to enable the crewmembers to perform their duties without undue discomfort or fatigue and to provide reasonable passenger comfort during normal operating conditions and in the event of any probable failure of any system on the airplane that would adversely affect the cabin ventilating air. For normal operations, crewmembers and passengers must be provided with at least 10 cubic feet of fresh air per minute per person, or the equivalent in filtered recirculated air, based on the volume and composition at the corresponding cabin pressure altitude of no more than 8,000 feet.

29. Air Conditioning

In addition to the requirements of § 23.831, cabin cooling systems must be designed to meet the following conditions during flight above 15,000 feet MSL:

(a) After any probable failure, the cabin temperature/time history may not exceed the values shown in Figure 1. During this time, the humidity shall never exceed a level that corresponds to a water vapor pressure of 20mm Hg. Time = 0 minutes when the flightcrew recognizes the failure.

(b) After any improbable failure, the cabin temperature/time history may not exceed the values shown in Figure 2. During this time, the humidity shall never exceed a level that corresponds to a water vapor pressure of 20mm Hg. Time = 0 minutes when the flightcrew recognizes the failure.

30. Pressurization

Instead of compliance with § 23.841, the following apply:

(a) Pressurized cabins must be equipped to provide a cabin pressure altitude of not more than 8,000 feet at the maximum operating altitude of the airplane under normal operating conditions.

(1) If certification for operation above 25,000 feet is requested, the airplane must be designed so that occupants will not be exposed to cabin pressure altitudes in excess of 15,000 feet after any probable failure condition in the pressurization system.

(2) The airplane must be designed so that occupants will not be exposed to a cabin pressure altitude that exceeds that following after decompression from any failure conditions not shown to be extremely improbable:

(i) Twenty-five thousand (25,000) feet for more than 2 minutes; or

(ii) Forty thousand (40,000) feet for any duration.

(3) Fuselage structure, engine and system failures are to be considered in evaluating the cabin decompression.

(b) Pressurized cabins must have at least the following valves, controls, and indicators for controlling cabin pressure:

(1) Two pressure relief valves to automatically limit the positive pressure differential to a predetermined value at the maximum rate of flow delivered by the pressure source. The combined capacity of the relief valves must be large enough so that the failure of any one valve would not cause an appreciable rise in the pressure differential. The pressure differential is positive when the internal pressure is greater than the external.

(2) Two reverse pressure differential relief valves (or their equivalents) to automatically prevent a negative pressure differential that would damage the structure. One valve is enough, however, if it is of a design that reasonably precludes its malfunctioning.

(3) A means by which the pressure differential can be rapidly equalized.

(4) An automatic or manual regulator for controlling the intake or exhaust airflow, or both, for maintaining the required internal pressure and airflow rates.

(5) Instruments at the pilot station to show the pressure differential, the cabin pressure altitude, and the rate of change of the cabin pressure altitude.

(6) Warning indication at the pilot station to indicate when the safe or preset pressure differential and cabin pressure altitude limits are exceeded. Appropriate warning marking on the cabin pressure differential indicator meets the warning requirement for pressure differential limits and an aural or visual signal (in addition to cabin altitude indicating means) meets the warning requirement for cabin pressure altitude limits if it warns the flight crew when the cabin pressure altitude exceeds 10,000 feet.

(7) A warning placard at the pilot station, if the structure is not designed for pressure differentials up to the maximum relief valve setting in combination with landing loads.

(8) The pressure sensors necessary to meet the requirements of paragraphs (b)(5) and (b)(6) of this section and § 23.1447, paragraphs (e) and (f), must be located and the sensing system must be designed so that, in the event of low of cabin pressure, the warning and automatic presentation devices, required by those provisions, will be actuated without any delay that would significantly increase the hazards resulting from decompression.

31. Airspeed Indicating System

In addition to the requirements of § 23.1323, the following apply:

(a) The airspeed indicating system must be calibrated to determine the system error in flight and during the accelerate-takeoff ground run. The ground run calibration must be determined as follows:

(1) From 0.8 of the minimum value of V_1 to the maximum value of V_2,, considering the approved ranges of altitude and weight; and

(2) With the flaps and power settings corresponding to the values determined in the establishment of the takeoff path under special condition 6, assuming that the critical engine fails at the minimum value of V_1.

(b) The information showing the relationship between IAS and CAS, determined in accordance with paragraph (a) of this special condition, must be shown in the Airplane Flight Manual.

32. Static Pressure System

In addition to the requirements of § 23.1325, the following apply:

(a) The altimeter system calibration required by § 23.1325(e) must be shown in the Airplane Flight Manual.

(b) If an altimeter system is fitted with a device that provides corrections to the altimeter indication, the device must be designed and installed in such manner that it can be by-passed when it malfunctions, unless an alternate altimeter system is provided. Each correction device must be fitted with a means for indicating the occurrence of reasonably probable malfunctions, including power failure, to the flightcrew. The indicating means must be effective for any cockpit lighting condition likely to occur.

33. Oxygen Equipment and Supply

(a) In addition to the requirements of § 23.1441(d), the following applies: A quick-donning oxygen mask system with a pressure-demand, mask mounted regulator must be provided for the flightcrew. It must be shown that each quick-donning mask can, with one hand and within 5 seconds, be placed on the face from its ready position, properly secured, sealed, and supplying oxygen upon demand.

(b) In addition to the requirements of § 23.1443, the following applies: A continuous flow oxygen system must be provided for the passengers.

(c) In addition to the requirements of § 23.1445, the following applies: If the flightcrew and passengers share a common source of oxygen, a means to separately reserve the minimum supply required by the flightcrew must be provided.

34. Maximum Operating Limit Speed

Instead of compliance with § 23.1505(c), the following applies: The maximum operating limit speed (V_{MO}/M_{MO} airspeed or Mach number, whichever is critical at a particular altitude) is a speed that may not be deliberately exceeded in any regime of flight (climb, cruise, or descent), unless a higher speed is authorized for flight test or pilot training operations. V_{MO}/M_{MO} must be established so that it is not greater than the design cruising speed, V_C, and so that it is sufficiently below V_D/M_D, or V_{DF}/M_{DF}, to make it highly improbable that the latter speeds will be inadvertently exceeded in operations. The speed margin between V_{MO}/M_{MO} and V_D/M_D, or V_{DF}/M_{DF}, may not be less than that determined under § 23.335(b) or found necessary during the flight tests conducted under special condition 22.

35. Minimum Flightcrew

Instead of compliance with § 23.1523, the following apply:

The minimum flightcrew must be established so that it is sufficient for safe operation considering:

(a) The workload on individual flightcrew members and each flightcrew member workload determination must consider the following:

(1) Flight path control,

(2) Collision avoidance,

(3) Navigation,

(4) Communications,

(5) Operation and monitoring of all essential airplane systems,

(6) Command decisions, and

(7) The accessibility and ease of operation of necessary controls by the appropriate flightcrew member during all normal and emergency operations when at the flightcrew member station.

(b) The accessibility and ease of operation of necessary controls by the appropriate flightcrew member; and

(c) The kinds of operation authorized under § 23.1525.

36. Airplane Flight Manual

Instead of compliance with § 23.1581, the following applies:

(a) *Furnishing information.* An Airplane Flight Manual must be furnished with each airplane, and it must contain the following:

(1) Information required by special conditions 37, 38, and 39.

(2) Other information that is necessary for safe operation because of design, operating, or handling characteristics.

(3) Any limitation, procedure, or other information established as a condition of compliance with the applicable noise standards of part 36 of this chapter.

(b) *Approved Information.* Each part of the manual listed in special conditions 37, 38, and 39, that is appropriate to the airplane, must be furnished, verified, and approved, and must be segregated, identified, and clearly distinguished from each unapproved part of that manual.

(c) *Airplane Flight Manual.* Each Airplane Flight Manual must include a table of contents if the complexity of the manual indicates a need for it.

(d) *Airplane Flight Manual.* Each page of the Airplane Flight Manual containing information prescribed in this section must be of a type that is not easily erased, disfigured, or misplaced, and is capable of being inserted in a manual provided by the applicant, or in a folder, or in any other permanent binder.

(e) *Airplane Flight Manual.* Provision must be made for stowing the Airplane Flight Manual in a suitable fixed container that is readily accessible to the pilot.

(f) *Revisions and amendments.* Each Airplane Flight Manual (AFM) must contain a means for recording the incorporation of revisions and amendments.

37. Operating Limitations

Instead of the requirements of § 23.1583, the following apply:

(a) *Airspeed limitations.* The following airspeed limitations and any other airspeed limitations necessary for safe operation must be furnished:

(1) The maximum operating limit speed, V_{MO}/M_{MO}, and a statement that this speed limit may not be deliberately exceeded in any regime of flight (climb, cruise, or descent) unless a higher speed is authorized for flight test or pilot training.

(2) If an airspeed limitation is based upon compressibility effects, a statement to this effect and information as to any symptoms, the probable behavior of the airplane, and the recommended recovery procedures.

(3) The maneuvering speed, V_O, and a statement that full application of rudder and aileron controls, as well as maneuvers that involve angles of attack near the stall, should be confined to speeds below this value.

(4) The maximum speed for flap extension, V_{FE}, for the takeoff, approach, and landing positions.

(5) The landing gear operating speed or speeds, V_{LO}.

(6) The landing gear extended speed, V_{LE} if greater than V_{LO}, and a statement that this is the maximum speed at which the airplane can be safely flown with the landing gear extended.

(b) *Powerplant limitations.* The following information must be furnished:

(1) Limitations required by § 23.1521.

(2) Explanation of the limitations, when appropriate.

(3) Information necessary for marking the instruments, required by § 23.1549 through § 23.1553.

(c) *Weight and loading distribution.* The weight and extreme forward and aft center of gravity limits required by §§ 23.23 and 23.25 must be furnished in the Airplane Flight Manual. In addition, all of the following information and the information required by § 23.1589 must be presented either in the Airplane Flight Manual or in a separate weight and balance control and loading document, which is incorporated by reference in the Airplane Flight Manual:

(1) The condition of the airplane and the items included in the empty weight, as defined in accordance with § 23.29.

(2) Loading instructions necessary to ensure loading of the airplane within the weight and center of gravity limits, and to maintain the loading within these limits in flight.

(d) *Maneuvers.* A statement that acrobatic maneuvers, including spins, are not authorized.

(e) *Maneuvering flight load factors.* The positive maneuvering limit load factors for which the structure is proven, described in terms of accelerations, and a statement that these accelerations limit the angle of bank in turns and limit the severity of pull-up maneuvers must be furnished.

(f) *Flightcrew.* The number and functions of the minimum flightcrew determined under special condition 35 must be furnished.

(g) *Kinds of operation.* The kinds of operation (such as VFR, IFR, day, or night) and the meteorological conditions in which the airplane may or may not be used must be furnished. Any installed equipment that affects any operating limitation must be listed and identified as to operational function.

(h) *Additional operating limitations must be established as follows:* (1) The maximum takeoff weights must be established as the weights at which compliance is shown with the applicable provisions of part 23 (including the takeoff climb provisions of special condition 10, paragraphs (a) through (c), for altitudes and ambient temperatures).

(2) The maximum landing weights must be established as the weights at which compliance is shown with the applicable provisions of part 23 (including the approach climb and balked landing climb provisions of special conditions 10, paragraph (d), and 12 for altitudes and ambient temperatures).

(3) The minimum takeoff distances must be established as the distances at which compliance is shown with the applicable provisions of part 23 (including the provisions of special conditions 5 and 7 for weights, altitudes, temperatures, wind components, and runway gradients).

(4) The extremes for variable factors (such as altitude, temperature, wind, and runway gradients) are those at which compliance with the applicable provision of part 23 and these special conditions is shown.

(i) *Maximum operating altitude.* The maximum altitude established under § 23.1527 must be furnished.

(j) *Maximum passenger seating configuration.* The maximum passenger seating configuration must be furnished.

38. Operating Procedures

Instead of the requirements of § 23.1585, the following applies:

(a) Information and instruction regarding the peculiarities of normal operations (including starting and warming the engines, taxiing, operation of wing flaps, slats, landing gear, speed brake, and the automatic pilot) must be furnished, together with recommended procedures for the following:

(1) Engine failure (including minimum speeds, trim, operation of the remaining engine, and operation of flaps);

(2) Restarting turbine engines in flight (including the effects of altitude);

(3) Fire, decompression, and similar emergencies;

(4) Use of ice protection equipment;

(5) Operation in turbulence (including recommended turbulence penetration airspeeds, flight peculiarities, and special control instructions);

(6) The demonstrated crosswind velocity and procedures and information pertinent to operation of the airplane in crosswinds.

(b) Information identifying each operating condition in which the fuel system independence prescribed in § 23.953 is necessary for safety must be furnished, together with instructions for placing the fuel system in a configuration used to show compliance with that section.

(c) For each airplane showing compliance with § 23.1353(g)(2) or (g)(3), the operating procedures for disconnecting the battery from its charging source must be furnished.

(d) If the unusable fuel supply in any tank exceeds 5 percent of the tank

capacity, or 1 gallon, whichever is greater, information must be furnished indicating that, when the fuel quantity indicator reads ''zero'' in level flight, any fuel remaining in the fuel tank cannot be used safely in flight.

(e) Information on the total quantity of usable fuel for each fuel tank must be furnished.

(f) The buffet onset envelopes determined under special condition 21 must be furnished. The buffet onset envelopes presented may reflect the center of gravity at which the airplane is normally loaded during cruise if corrections for the effect of different center of gravity locations are furnished.

39. Performance Information

Instead of the requirements of § 23.1587, the following applies:

(a) Each Airplane Flight Manual must contain information to permit conversion of the indicated temperature to free air temperature if other than a free air temperature indicator is used to comply with the requirements of § 23.1303(d).

(b) Each Airplane Flight Manual must contain the performance information computed under the applicable provisions of this part for the weights, altitudes, temperatures, wind components, and runway gradients, as applicable, within the operational limits of the airplane, and must contain the following:

(1) The conditions under which the performance information was obtained, including the speeds associated with the performance information.

(2) V_S determined in accordance with special condition 13.

(3) The following performance information (determined by extrapolation and computed for the range of weights between the maximum landing and maximum takeoff weights):

(i) Climb in the landing configuration.

(ii) Climb in the approach configuration.

(iii) Landing distance.

(4) Procedures established under special condition 2, paragraphs (c), (d), and (e), that are related to the limitations and information required by paragraph (h) of special condition 37 and by this paragraph. These procedures must be in the form of guidance material, including any relevant limitations or information.

(5) An explanation of significant or unusual flight or ground handling characteristics of the airplane.

Issued in Kansas City, Missouri on October 15, 1997.

Mary Ellen A. Schutt,

Acting Manager, Small Airplane Directorate, Aircraft Certification Service.

BILLING CODE 4910–13–P

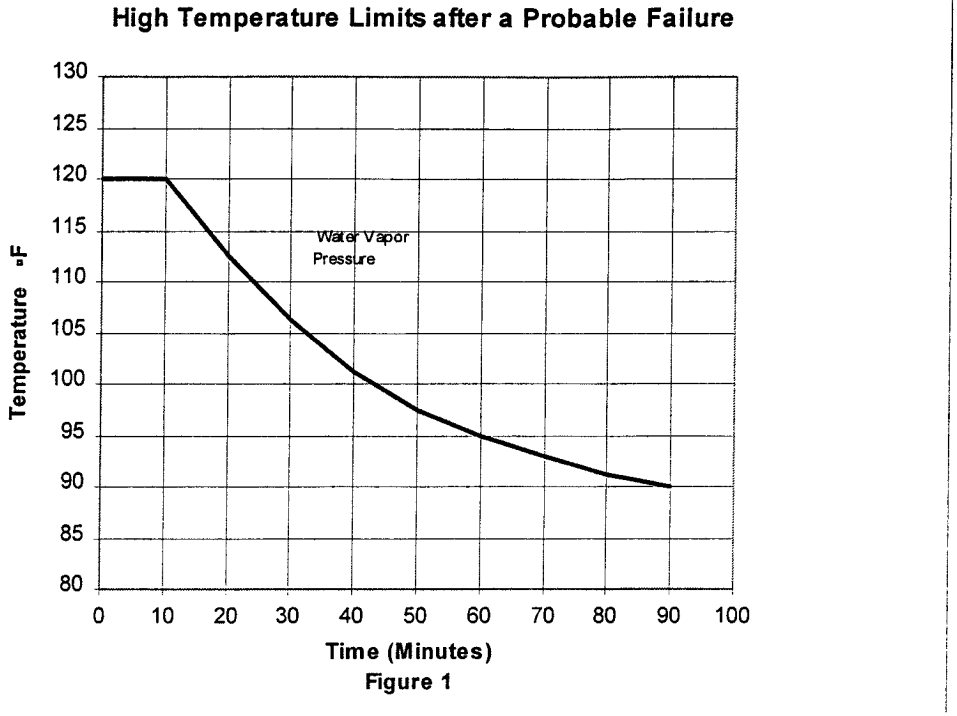

Figure 1

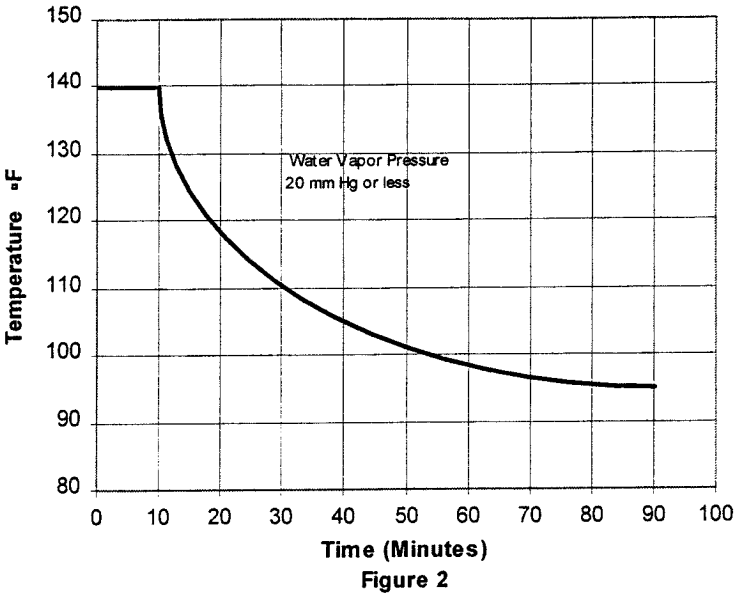

Figure 2

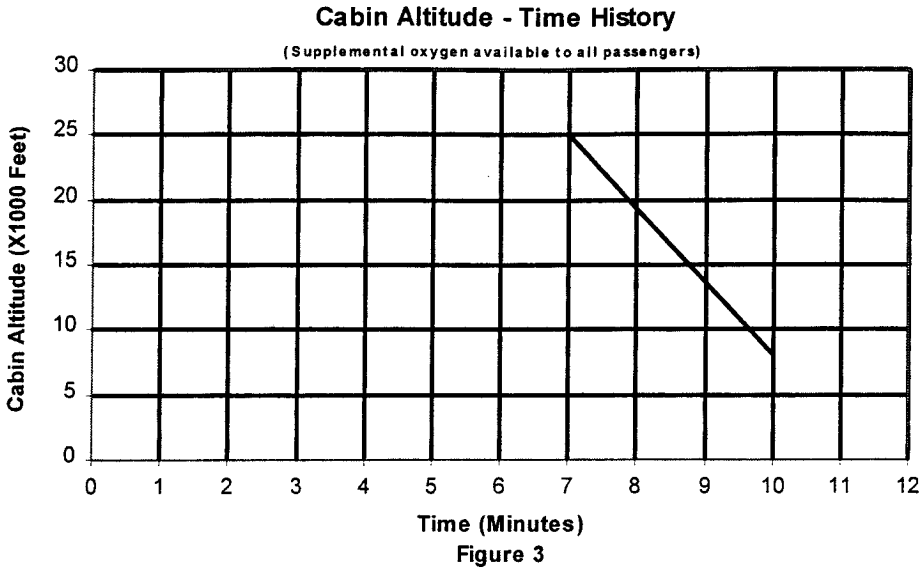

Figure 3

NOTE: For figure 3, time starts at the moment cabin altitude exceeds 8,000 feet during depressurization. If depressurization analysis shows that the cabin altitude limit of this curve is exceeded, the following alternate limitations apply: After depressurization, the maximum cabin altitude exceedence is limited to 30,000 feet. The maximum time the cabin altitude may exceed 25,000 feet is 2 minutes; time starting when the cabin altitude exceeds 25,000 feet and ending when it returns to 25,000 feet.

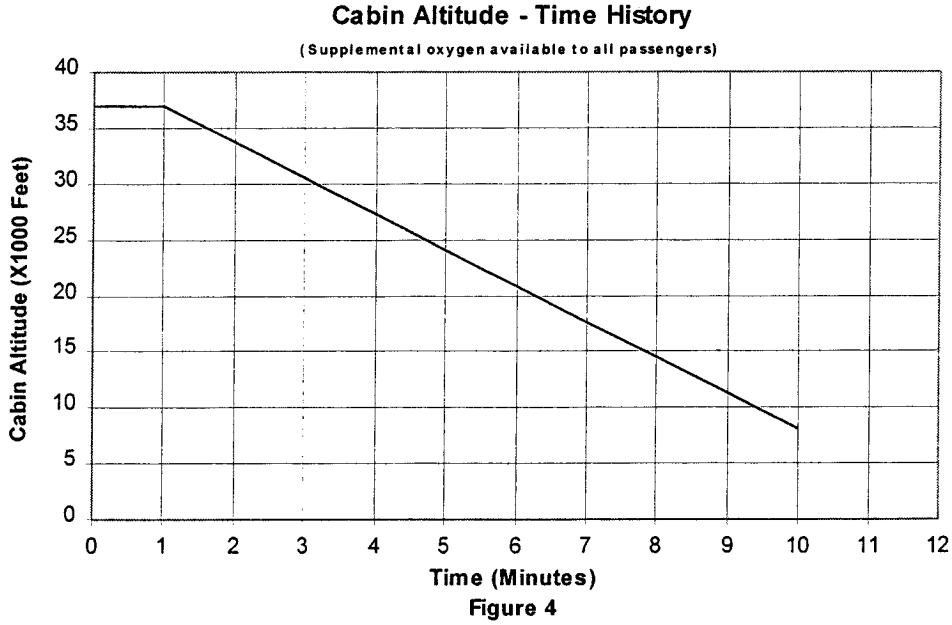

Figure 4

NOTE: For figure 4, time starts at the moment cabin altitude exceeds 8,000 feet during depressurization. If depressurization analysis shows that the cabin altitude limit of this curve is exceeded, the following alternate limitations apply: After depressurization, the maximum cabin altitude exceedence is limited to 40,000 feet. The maximum time the cabin altitude may exceed 25,000 feet is 2 minutes; time starting when the cabin altitude exceeds 25,000 feet and ending when it returns to 25,000 feet.

[FR Doc. 97–28937 Filed 10–30–97; 8:45 am]
BILLING CODE 4910–13–C

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 96–NM–252–AD; Amendment 39–10185; AD 97–22–13]

RIN 2120–AA64

Airworthiness Directives; Airbus Model A320 and A321 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment supersedes an existing airworthiness directive (AD), applicable to all Airbus Model A320 series airplanes, that currently requires revising the Limitations Section of the FAA-approved Airplane Flight Manual (AFM) to instruct the flight crew to maintain a flap setting of ''Configuration Full'' (CONF FULL) during landing. That AD was prompted by a report of severe control difficulties which occurred on approach with the flaps locked in CONF FULL and the landing gear down. This amendment adds a requirement for installation of a new, improved flight warning computer (FWC), which, when accomplished, constitutes terminating action for the AFM limitation. This action also revises the applicability of the existing AD to include additional airplanes that are subject to the addressed unsafe condition. The actions specified by this AD are intended to prevent reduced controllability of the airplane during approach when the flaps are locked in CONF FULL.

DATES: Effective December 5, 1997.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of December 5, 1997.

The incorporation by reference of Airbus A320/A321 Flight Manual Temporary Revision 9.99.99/20, dated June 14, 1997, was approved previously by the Director of the Federal Register as of October 7, 1994 (59 FR 48563, September 22, 1994).

ADDRESSES: The service information referenced in this AD may be obtained from Airbus Industrie, 1 Rond Point Maurice Bellonte, 31707 Blagnac Cedex, France. This information may be examined at the Federal Aviation Administration (FAA), Transport Airplane Directorate, Rules Docket, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Charles Huber, Aerospace Engineer, Standardization Branch, ANM–113, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 227–2589; fax (425) 227–1149.

SUPPLEMENTARY INFORMATION: A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) by superseding AD 94–20–02, amendment 39–9030 (59 FR 48563, September 22, 1994), which is applicable to all Airbus Model A320 series airplanes was published in the **Federal Register** on February 12, 1997 (62 FR 6502). That action proposed to continue to require revising the airplane flight manual (AFM) of Model A320 series airplanes to instruct the flight crew to maintain CONF FULL during landing approaches for Airbus Model A320 series airplanes. That action also proposed to require the same AFM revision for Airbus Model A321 series airplanes.

Additionally, that action proposed to require installation of a new, improved flight warning computer (FWC) on all airplanes as terminating action for the AFM limitations.

Since the Issuance of the NPRM

Airbus has issued Airbus Service Bulletin A320–31–1080, Revision 02, dated October 24, 1996. This revised service bulletin is essentially identical to Revision 1 of the service bulletin (which was referenced in the NPRM as the appropriate source of service information), but contains certain editorial changes. The Direction Générale de l'Aviation Civile (DGAC), which is the airworthiness authority for France, classified Revision 2 of the service bulletin as mandatory, in order to assure the continued airworthiness of these airplanes in France.

The FAA has revised the final rule to include Airbus Service Bulletin A320–31–1080, Revision 02, dated October 24, 1996, as a source of service information.

Consideration of Comments Received

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

Both commenters support the proposed rule.

Conclusion

After careful review of the available data, including the comments noted above, the FAA has determined that air safety and the public interest require the adoption of the rule as proposed.

Cost Impact

The FAA estimates that 109 Airbus Model A320 series airplanes of U.S. registry will be affected by this AD.

The actions that are currently required by AD 94–20–02 (revision of the AFM), and retained in this AD, take approximately 1 work hour per airplane to accomplish, at an average labor rate of $60 per work hour. Based on these figures, the cost impact of the AFM revision required by this AD on U.S. operators is estimated to be $6,540, or $60 per airplane.

The new actions that are required by this new AD (installation of new improved FWC) will take approximately 3 work hours per airplane to accomplish, at an average labor rate of $60 per work hour. Required parts will be provided to operators by the manufacturer at no cost. Based on these figures, the cost impact of the new requirements of this AD on U.S. operators is estimated to be $19,620, or $180 per airplane.

The cost impact figures discussed above are based on assumptions that no operator has yet accomplished any of the requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted.

None of the Model A321 series airplanes affected by this action are on the U.S. Register. All of those airplanes that are included in the applicability of this AD currently are operated by non-U.S. operators under foreign registry; therefore, they are not directly affected by this AD action. However, the FAA considers that inclusion of those airplanes in the applicability of this rule is necessary to ensure that the unsafe condition is addressed in the event that any of these airplanes are imported and placed on the U.S. Register in the future.

Regulatory Impact

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 final evaluation has been prepared for this action and it is contained in the Rules Docket. A copy of it may be obtained from 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 part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

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

Authority: 49 U.S.C. 106(g), 40113, 44701.

§39.13 [Amended]

2. Section 39.13 is amended by removing amendment 39–9030 (59 FR 48563, eptember 22, 1994), and by adding a new airworthiness directive (AD), amendment 39–10185 to read as follows:

97–22–13 Airbus Industrie: Amendment 39–10185. Docket 96-NM–252-AD. Supersedes AD 94–20–02, Amendment 39–9030.

Applicability: Model A320 and A321 series airplanes, on which Airbus Modification 24612 or Airbus Service Bulletin A320–31–1080 has not been accomplished; certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been otherwise modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (c) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent severely reduced controllability of the airplane during approach, accomplish the following:

(a) At the applicable time specified in either paragraph (a)(1) or (a)(2) of this AD, revise the Limitations Section of the FAA-approved Airplane Flight Manual (AFM) to include the information specified in Airbus A320/A321 Flight Manual Temporary Revision 9.99.99/20, dated June 14, 1994.

Note 2: This may be accomplished by inserting a copy of Airbus A320/A321 Flight Manual Temporary Revision 9.99.99/20, dated June 14, 1994, in the AFM. When this temporary revision has been incorporated in the general revisions of the AFM, the general revisions may be inserted in the AFM, provided the information contained in the general revisions is identical to that specified in Temporary Revision 9.99.99/20.

(1) For Model A320 series airplanes: Revise the AFM within 10 days after October 7, 1994 (the effective date of AD 94–20–02, amendment 39–9030).

(2) For Model A321 series airplanes: Revise the AFM within 10 days after the effective date of this AD.

(b) Within 6 months after the effective date of this AD, install a new, improved flight warning computer (FWC) in accordance with Airbus Service Bulletin A320–31–1080, Revision 01, dated July 12, 1996 or Revision 2, dated October 24, 1996. Prior to further flight after accomplishing this installation, remove the AFM revision required by paragraphs (a) of this AD.

(c) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Standardization Branch, ANM–113, FAA, Transport Airplane Directorate. Operators shall submit their requests through an appropriate FAA Principal Operations Inspector, who may add comments and then send it to the Manager, Standardization Branch, ANM–113.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Standardization Branch, ANM–113.

(d) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(e) The installation shall be done in accordance with Airbus Service Bulletin A320–31–1080, Revision 01, dated July 12, 1996, or Airbus Service Bulletin A320–31–1080, Revision 02, dated October 24, 1996. Airbus Service Bulletin A320–31–1080, Revision 01, dated July 12, 1996, contains the following list of effective pages:

Page number	Revision level shown on page	Date shown on page
1, 3, 4, 6–8 ...	1	July 12, 1996.
2, 5, 9–13	Original	Jan. 4, 1995.

This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51.

The revision to the AFM shall be done in accordance with Airbus A320/A321 Flight Manual Temporary Revision 9.99.99/20, dated June 14, 1994. The incorporation by reference of this document was approved previously by the Director of the Federal Register as of October 7, 1994 (59 FR 48563, September 22, 1994).

Copies may be obtained from Airbus Industrie, 1 Rond Point Maurice Bellonte, 31707 Blagnac Cedex, France. Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

Note 4: The subject of this AD is addressed in French airworthiness directive 96–079–079(B), dated April 10, 1996.

(f) This amendment becomes effective on December 5, 1997.

Issued in Renton, Washington, on October 23, 1997.

James V. Devany,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 97–28615 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 97–ANE–52–AD; Amendment 39–10186; AD 97–22–14]

RIN 2120–AA64

Airworthiness Directives; General Electric Company CF6–50 and –80C2 Series Turbofan Engines

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule; request for comments.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that is applicable to General Electric Company (GE) CF6–50 and –80C2 series turbofan engines. This action requires removal from service of defective high pressure compressor rotor (HPCR) stage 3–9 spools, and replacement with serviceable parts. This amendment is prompted by a report of an uncontained failure of an HPCR stage 3–9 spool installed on a GE model CF6–80C2 turbofan engine. The actions specified in this AD are intended to prevent failure of the HPCR stage 3–9 spool, which can result in an uncontained engine failure and damage to the aircraft.

DATES: Effective November 17, 1997.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of November 17, 1997.

Comments for inclusion in the Rules Docket must be received on or before December 30, 1997.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), New England Region, Office of the Assistant Chief Counsel, Attention: Rules Docket No. 97–ANE–52–AD, 12 New England Executive Park, Burlington, MA 01803–5299. Comments may also be sent via the Internet using the following address: ''9-ad-engineprop@faa.dot.gov''. Comments sent via the Internet must contain the docket number in the subject line.

The service information referenced in this AD may be obtained from General Electric Company Technical Services, Attention: Leader for distribution/microfilm, 10525 Chester Road, Cincinnati, OH 45215; telephone (513) 672–8400 Ext. 114, fax (513) 672–8422. This information may be examined at the FAA, New England Region, Office of the Assistant Chief Counsel, 12 New England Executive Park, Burlington, MA; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: William Ricci, Aerospace Engineer, Engine Certification Office, FAA, Engine and Propeller Directorate, 12 New England Executive Park, Burlington, MA 01803–5299; telephone (781) 238–7142, fax (781) 238–7199.

SUPPLEMENTARY INFORMATION: The Federal Aviation Administration (FAA) has received a report of an uncontained failure of a high pressure compressor rotor (HPCR) stage 3–9 spool installed on a GE model CF6–80C2 turbofan engine. The investigation revealed that a crack initiated in the HPCR stage 3–9 spool and propagated in low cycle fatigue to rapid fracture and disk rupture. The crack initiated from an oxygen stabilized alpha region located in the area of the stage 3 dovetail blade slot and propagated radially inward to the disk bore. The FAA has determined that HPCR stage 3–9 spools produced from the same melt of material may also be affected. The investigation is continuing and pending the results of the investigation the requirements of this AD may be changed. This condition, if not corrected, could result in failure of the HPCR stage 3–9 spool, which can result in an uncontained engine failure and damage to the aircraft.

The FAA has reviewed and approved the technical contents of GE CF6–50 Service Bulletin (SB) 72–A1139, dated October 17, 1997, and GE CF6–80C2 SB 72–A906, dated October 17, 1997, that describe procedures for removal from service of defective HPCR 3–9 spools, and replacement with serviceable parts.

Since an unsafe condition has been identified that is likely to exist or develop on other engines of the same type design, this AD is being issued to prevent failure of the HPCR 3–9 spool. This AD requires, within 30 days after the effective date of this AD, removal from service of defective HPCR 3–9 spools, and replacement with serviceable parts. This calendar end-date was determined based upon risk analysis. The actions are required to be accomplished in accordance with the SBs described previously.

Since a situation exists that requires the immediate adoption of this regulation, it is found that notice and opportunity for prior public 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 flight safety and, thus, was not preceded by notice and an opportunity for public 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 under the caption **ADDRESSES.** 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 Number 97–ANE–52–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. A copy of it, if filed, may be obtained from 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 part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

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

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

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

97–22–14 General Electric Company: Amendment 39–10186. Docket 97–ANE–52–AD.

Applicability: General Electric Company (GE) CF6–50 and –80C2 series turbofan engine, installed on but not limited to Boeing 767 and 747 series, McDonnell Douglas DC–10 and MD–11, and Airbus Industries A300 and A310 series aircraft.

Note 1: This airworthiness directive (AD) applies to each engine identified in the preceding applicability provision, regardless

of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For engines that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (b) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent failure of the high pressure compressor rotor (HPCR) 3–9 spool, which can result in an uncontained engine failure and damage to the aircraft, accomplish the following:

(a) Within 30 days after the effective date of this AD, remove from service HPCR 3–9 spools identified by serial number in the applicable service bulletin (SB), and replace with serviceable parts, as follows:

(1) For GE CF6–50 series turbofan engines, remove and replace in accordance with GE CF6–50 SB 72–A1139, dated October 17, 1997.

(2) For GE CF6–80C series turbofan engines, remove and replace in accordance with GE CF6–80C2 SB 72–A906, dated October 17, 1997.

(b) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Engine Certification Office. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Engine Certification Office.

Note 2: Information concerning the existence of approved alternative methods of compliance with this airworthiness directive, if any, may be obtained from the Engine Certification Office.

(c) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the aircraft to a location where the requirements of this AD can be accomplished.

(d) The actions required by this AD shall be done in accordance with the following GE SBs:

Document No.	Pages	Date
CF6–50 SB 72–A1139. Total pages: 7.	1–7	Oct. 17, 1997.
CF6–80C2 SB 72–A906. Total pages: 7.	1–7	Oct. 17, 1997.

This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from General Electric Company Technical Services, Attention: Leader for distribution/microfilm, 10525 Chester Road, Cincinnati, OH 45215; telephone (513) 672–8400 Ext. 114, fax (513) 672–8422. Copies may be inspected at the FAA, New England Region, Office of the Assistant Chief Counsel, 12 New England Executive Park, Burlington, MA; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

(e) This amendment becomes effective on November 17, 1997.

Issued in Burlington, Massachusetts, on October 22, 1997.

James C. Jones,

Assistant Manager, Engine and Propeller Directorate, Aircraft Certification Service.

[FR Doc. 97–28742 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 97–CE–11–AD; Amendment 39–10187; AD 97–22–16]

RIN 2120–AA64

Airworthiness Directives; Raytheon Aircraft Company Models 1900, 1900C, and 1900D Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that applies to certain Raytheon Aircraft Company (Raytheon) Models 1900, 1900C, and 1900D airplanes (formerly referred to as Beech Models 1900, 1900C, and 1900D airplanes). This AD requires fabricating and installing a placard that restricts the use of the forward and aft vent blower assemblies to only the ''OFF'' or ''HIGH'' position. This AD also requires incorporating a modification that would replace the bearings on the vent blower assemblies with improved design bearings, and provide thermal protection for the vent blowers, as applicable. Incorporating the modification will eliminate the need for the placard. The AD results from reports of vent blower assembly bearings seizing and locking the blower motor on several of the affected airplanes. The actions specified by this AD are intended to prevent the vent blower assembly bearings from seizing, which could result in smoke emanating from the insulating material covering the electrical wiring and entering the airplane cabin.

DATES: Effective December 5, 1997.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of December 5, 1997.

ADDRESSES: Service information that applies to this AD may be obtained from the Raytheon Aircraft Company, P.O. Box 85, Wichita, Kansas 67201–0085. This information may also be examined at the Federal Aviation Administration (FAA), Central Region, Office of the Regional Counsel, Attention: Rules Docket No. 97–CE–11–AD, 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. Harvey Nero, Aerospace Engineer, Wichita Aircraft Certification Office, FAA, 1801 Airport Road, Mid-Continent Airport, Wichita, Kansas 67209; telephone (316) 946–4137; facsimile (316) 946–4407.

SUPPLEMENTARY INFORMATION:

Events Leading to the Issuance of This AD

A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an AD that would apply to certain Raytheon Models 1900, 1900C, and 1900D airplanes was published in the **Federal Register** as a notice of proposed rulemaking (NPRM) on May 29, 1997 (62 FR 29086). The NPRM proposed to require (1) fabricating and installing a placard that restricts the use of the vent blower assemblies; and (2) incorporating a modification that would replace the bearings in the vent blower assemblies with improved design bearings, and provide thermal protection for the vent blowers, as applicable. Incorporating the modification would eliminate the need for the placard. Accomplishment of the proposed modification as specified in the NPRM would be in accordance with the Update Procedures for the Electromech Technologies EM630 Blower (Raytheon P/N 114–380028–1 for Installation of Kit P/N's 630–201–1 and 630–201–2), dated December 9, 1996; and Advanced Industries, Inc. Installation Procedure for the Resistor Wiring Harness Kit on the BC80A–1 Blower, dated October 9, 1996. Both of these documents are referenced in Raytheon Service Bulletin No. 2721, Issued: January 1997.

The NPRM resulted from vent blower assembly bearings seizing and locking the blower motor on several of the affected airplanes.

Interested persons have been afforded an opportunity to participate in the making of this amendment. No comments were received on the

proposed AD or on the FAA's determination of the cost to the public.

The FAA's Determination

After careful review of all available information related to the subject presented above, the FAA has determined that air safety and the public interest require the adoption of the rule as proposed except for minor editorial corrections. The FAA has determined that these minor corrections will not change the meaning of the AD and will not add any additional burden upon the public than was already proposed.

Cost Impact

The FAA estimates that 500 airplanes in the U.S. registry will be affected by this AD, that it will take approximately 7 workhours per airplane to accomplish the required modification, and that the average labor rate is approximately $60 an hour. Parts cost approximately $500 per airplane. Based on these figures, the total cost impact of the AD on U.S. operators is estimated to be $460,000. These figures are based on the presumption that no owner/operator of the affected airplanes has incorporated the modification.

Raytheon has informed the FAA that approximately 700 kits have been shipped from the Raytheon Aircraft Authorized Service Center. This is enough to equip 350 of the affected airplanes (two vent blower assemblies per airplane). Presuming that each of the 350 sets of kits is incorporated on an affected airplane, the cost impact of this AD is reduced by $322,000 from $460,000 to $138,000.

Regulatory Impact

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 part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

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

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding a new airworthiness directive (AD) to read as follows:

97–22–16 Raytheon Aircraft Company: Amendment 39-10187; Docket No. 97-CE–11-AD.

Applicability: The following model and serial number airplanes, certificated in any category, that are equipped with either part number (P/N) 114–380028–1 vent blower assemblies or P/N 114–380028–3 vent blower assemblies:

Model	Serial numbers
1900	UA–2 and UA–3.
1900C	UB–1 through UB–74, and UC–1 through UC–174.
1900C (C–12J)	UD–1 through UD–6.
1900D	UE–1 through UE–244.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (f) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated in the body of this AD, unless already accomplished.

To prevent the vent blower assembly bearings from seizing, which could result in smoke emanating from the insulating material covering the electrical wiring and entering the airplane cabin, accomplish the following:

(a) Within the next 100 hours time-in-service (TIS) after the effective date of this AD, accomplish the following:

(1) Fabricate a placard, using letters at least 1/8-inch in height, with the words: ''Operate vent blowers in HIGH or OFF position only''.

(2) Install this placard near the vent blower control switch within the pilot's clear view.

(3) This placard requirement may be terminated when the modifications required by paragraph (b) of this AD are incorporated.

(b) Upon accumulating 2,000 total hours TIS or within the next 1,000 hours TIS after the effective date of this AD, whichever occurs later, incorporate one of the following kits, as applicable, in accordance with the referenced kit instructions, as specified in Raytheon Service Bulletin No. 2721, Issued: January, 1997:

(1) For P/N 114–380028–1 vent blower assemblies: Electromech Technologies Kit No. EM630–201–1 or EM630-201–2 (as appropriate for the blower serial number), in accordance with the Update Procedures for the Electromech Technologies EM630 Blower (Raytheon P/N 114–380028–1 for Installation of Kit P/N's 630–201–1 and 630–201–2), dated December 9, 1996. These kits, when incorporated, replace the bearings on the vent blower assemblies with improved design bearings, and provide thermal protection for the vent blowers; or

(2) For P/N 114–380028–3: Advanced Industries Kit No. BC80A905 in accordance with Advanced Industries, Inc. Installation Procedure for the Resistor Wiring Harness Kit on the BC80A–1 Blower, dated October 9, 1996. This kit, when incorporated, provides thermal protection for the vent blowers.

(c) As of the effective date of this AD, no person may install P/N 114–380028–1 or P/N 114–380028–3 vent blower assemblies without first incorporating the appropriate kit(s), as referenced in paragraphs (b)(1) and (b)(2) of this AD.

(d) Fabricating and installing the placard as required by paragraphs (a)(1) and (a)(2) of this AD may be performed by the owner/operator holding at least a private pilot certificate as authorized by section 43.7 of the Federal Aviation Regulations (14 CFR 43.7), and must be entered into the aircraft records showing compliance with this AD in accordance with section 43.11 of the Federal Aviation Regulations (14 CFR 43.11).

(e) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 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 compliance time that provides an equivalent level of safety may be approved by the Manager, Wichita Aircraft Certification Office (ACO), 1801 Airport Road, Room 100, 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 ACO.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Wichita ACO.

(g) The modification required by this AD shall be done in accordance with the Update Procedures for the Electromech Technologies EM630 Blower (Raytheon P/N 114–380028–1 for Installation of Kit P/N's 630–201–1 and 630–201–2), dated December 9, 1996; and Advanced Industries, Inc. Installation Procedure for the Resistor Wiring Harness Kit on the BC80A–1 Blower, dated October 9, 1996. Both of these documents are referenced in Raytheon Service Bulletin No. 2721, Issued: January, 1997. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from the Raytheon Aircraft Company, P.O. Box 85, Wichita, Kansas 67201–0085. Copies may be inspected at the FAA, Central Region, Office of the Regional 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 (39–10187) becomes effective on December 5, 1997.

Issued in Kansas City, Missouri, on October 23, 1997.

Mary Ellen A. Schutt,

Acting Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 97–28872 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 97–ANM–08]

Establishment of Class E Airspace; Twin Falls, ID

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This action establishes the Twin Falls, ID, Class E airspace. The recent commissioning of the Twin Falls Automated Surface Observation System (ASOS) qualifies the Joslin Field-Magic Valley Regional Airport for a Class E surface area. The intended effect of this action is to provide the controlled airspace necessary, when the control tower is closed and Class D airspace is not active, to enable the FAA to provide Instrument Flight Rules (IFR) air traffic control services and separation to IFR aircraft.

EFFECTIVE DATE: 0901 UTC, January 1, 1998.

FOR FURTHER INFORMATION CONTACT: Dennis Ripley, ANM–520.6, Federal Aviation Administration, Docket No. 97–ANM–08, 1601 Lind Avenue S.W., Renton, Washington, 98055–4056; telephone number: (425) 227–2527.

SUPPLEMENTARY INFORMATION:

History

On June 17, 1997, the FAA proposed to amend Title 14, Code of Federal Regulations part 71 (14 CFR part 71) by establishing the Class E airspace area at Twin Falls, ID, (62 FR 32704). The recent commissioning of the Twin Falls ASOS qualifies the Joslin Field-Magic Valley Regional Airport for a Class E surface area. In the notice of proposed rulemaking action, the airport name was inadvertently listed as Twin Falls-Sun Valley Regional, Joslin Field. The correct name is Joslin Field-Magic Valley Regional Airport. Additionally, an error was discovered in the airport coordinates. These errors are corrected herein.

Interested parties were invited to participate in the rulemaking proceeding by submitting written comments on the proposal. No comments were received. The coordinates for this airspace docket are based on North American Datum 83. Class E airspace areas designated as a surface area for an airport are published in Paragraph 6002 of FAA Order 7400.9E, dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document will be published subsequently in the Order.

The Rule

This amendment to 14 CFR part 71 establishes Class E airspace within a 4.3 nautical mile radius of the Joslin Field-Magic Valley Regional Airport, Twin Falls, ID. Where communications and weather reporting criteria are met, the FAA establishes Class E airspace extending upward from the surface to the base of the overlying controlled airspace to contain terminal instrument operations if such action is justified and/or in the public interest. The recent installation and commissioning of the Twin Falls ASOS qualifies the Joslin Field-Magic Valley Regional Airport for a Class E surface area. The intended effect of this action is to provide the controlled airspace necessary, when the control tower is closed and Class D airspace is not active, to enable the FAA to provide IFR air traffic control services and separation to IFR aircraft at the Joslin Field-Magic Valley Regional Airport. The area would be depicted on aeronautical charts for pilot reference.

The FAA has determined that this proposed regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore, (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) does not warrant preparation of a Regulatory Evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

In consideration of the foregoing, the Federal Aviation Administration amends 14 CFR part 71 as follows:

PART 71—DESIGNATION OF CLASS A, CLASS B, CLASS C, CLASS D, AND CLASS E AIRSPACE AREAS; AIRWAYS; ROUTES; AND REPORTING POINTS

1. The authority citation for 14 CFR part 71 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of the Federal Aviation Administration Order 7400.9E, Airspace Designations and Reporting Points, dated September 10, 1997, and effective September 16, 1997, is amended as follows:

Paragraph 6002 Class E airspace designated as a surface area for an airport.

* * * * *

ANM ID E2 Twin Falls, ID [New]

Joslin Field-Magic Valley Regional Airport, ID

(Lat. 42°28′55″N, long. 114°29′16″W)

Within a 4.3-mile radius of the Joslin Field-Magic Valley Regional Airport. This Class E airspace area is effective during the specific dates and times established in advance by a Notice to Airmen. The effective date and time will thereafter be continuously published in the Airport/Facility Directory.

* * * * *

Issued in Seattle, Washington, on October 20, 1997.

Glenn A. Adams III,

Assistant Manager, Air Traffic Division, Northwest Mountain Region.

[FR Doc. 97–28946 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 97–ANM–07]

Establishment of Class E Airspace; Lewiston, ID

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This action establishes the Lewiston, ID, Class E airspace. The recent commissioning of the Lewiston-Nez Perce Automated Surface Observation System (ASOS) qualifies the Lewiston-Nez Perce County Airport for a Class E surface area. The intended effect of this action is to provide the controlled airspace necessary, when the control tower is closed and Class D airspace is not active, to enable the FAA to provide Instrument Flight Rules (IFR) air traffic control services and separation to IFR aircraft.

EFFECTIVE DATE: 0901 UTC, January 1, 1998.

FOR FURTHER INFORMATION CONTACT: Dennis Ripley, ANM–520.6, Federal Aviation Administration, Docket No. 97–ANM–7, 1601 Lind Avenue S.W., Renton, Washington 98055–4056; telephone number: (425) 227–2527.

SUPPLEMENTARY INFORMATION:

History

On June 17, 1997, the FAA proposed to amend Title 14, Code of Federal Regulations, part 71 (14 CFR part 71) by establishing the Class E airspace area at Lewiston, ID (62 FR 32703). The recent commissioning of the Lewiston-Nez Perce ASOS qualifies the Lewiston-Nez Perce County Airport for a Class E surface area. Interested parties were invited to participate in the rulemaking proceeding by submitting written comments on the proposal. No comments were received.

The coordinates for this airspace docket are based on North American Datum 83. Class E airspace areas designated as a surface area for an airport are published in Paragraph 6002 of FAA Order 7400.9E, dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document will be published subsequently in the Order.

The Rule

This amendment to 14 CFR part 71 establishes Class E airspace within a 4.1 nautical mile radius of the Lewiston-Nez Perce County Airport, Lewiston, ID. Where communication and weather reporting criteria are met, the FAA establishes Class E airspace extending upward from the surface to the base of the overlying controlled airspace to contain terminal instrument operations, if such action is justified and/or in the public interest. The recent installation and commissioning of the Lewiston-Nez Perce ASOS qualifies the Lewiston-Nez Perce County Airport for a Class E surface area. The intended effect of this action is to provide the controlled airspace necessary, when the control tower is closed and Class D airspace is not active, to enable the FAA to provide IFR air traffic control services and separation to IFR aircraft at the Lewiston-Nez Perce County Airport. The area would be depicted on aeronautical charts for pilot reference.

The FAA has determined that this proposed regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore, (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) does not warrant preparation of a Regulatory Evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

In consideration of the foregoing, the Federal Aviation Administration amends 14 CFR part 71 as follows:

PART 71—DESIGNATION OF CLASS A, CLASS B, CLASS C, CLASS D, AND CLASS E AIRSPACE AREAS; AIRWAYS; ROUTES; AND REPORTING POINTS

1. The authority citation for 14 CFR part 71 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of the Federal Aviation Administration Order 7400.9E, Airspace Designations and Reporting Points, dated September 10, 1997, and effective September 16, 1997, is amended as follows:

Paragraph 6002 Class E airspace designated as a surface area for an airport.

* * * * *

ANM ID E2 Lewiston, ID [New]

Lewiston-Nez Perce County Airport, ID
(Lat. 46°22′47″ N, long. 117°00′92″ W)

Within a 4.1-mile radius of the Lewiston-Nez Perce County Airport. This Class E airspace area is effective during the specific dates and times established in advance by a Notice to Airmen. The effective date and time will thereafter be continuously published in the Airport/Facility Directory.

* * * * *

Issued in Seattle, Washington, on October 20, 1997.

Glenn A. Adams III,

Assistant Manager, Air Traffic Division, Northwest Mountain Region.

[FR Doc. 97–28957 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 97–ANM–11]

Amendment of Class E Airspace; Gillette, WY

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This action revises the Gillette, WY, Class E airspace. This amendment provides additional airspace to fully encompass the procedures for a revised Standard Instrument Approach Procedure (SIAP) at Gillette-Campbell County Airport, Gillette, WY.

EFFECTIVE DATE: 0901 UTC, January 1, 1998.

FOR FURTHER INFORMATION CONTACT: Dennis Ripley, ANM–520.6, Federal Aviation Administration, Docket No. 97–ANM–11, 1601 Lind Avenue S.W., Renton, Washington 98055–4056; telephone number: (425) 227–2527.

SUPPLEMENTARY INFORMATION:

History

On July 25, 1997, the FAA proposed to amend Title 14, Code of Federal Regulations, part 71 (14 CFR part 71) by amending the Class E airspace area at Gillette, WY (62 FR 39977). This action would provide additional airspace to fully encompass a revised SIAP at Gillette-Campbell County Airport, WY.

Interested parties were invited to participate in the rulemaking proceeding by submitting written comments on the proposal. No comments were received.

This action is the same as the proposal except for a typographical error discovered (and corrected herein) in the coordinates for the Gillette-Campbell County Airport, WY. The coordinates for this airspace docket are based on North American Datum 83. Class E airspace areas extending upward from 700 feet or more above the surface of the earth are published in Paragraph 6005 of FAA Order 7400.9E, dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document will be published subsequently in the Order.

The Rule

This amendment to 14 CFR part 71 revises Class E airspace at Gillette, WY. This amendment provides approximately 6 nautical miles of additional airspace to the north, in order to fully encompass a slightly revised Localizer/Distance Measuring Equipment (LOC/DME) SIAP at Gillette-Campbell County Airport. Additional controlled airspace is necessary to accommodate the procedure turn portion of this revised SIAP and to provide for Instrument Flight Rules (IFR) operations at the airport. The area would be depicted on aeronautical charts for pilot reference.

The FAA has determined that this proposed regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore, (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) does not warrant preparation of a Regulatory Evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

In consideration of the foregoing, the Federal Aviation Administration amends 14 CFR part 71 as follows:

PART 71—DESIGNATION OF CLASS A, CLASS B, CLASS C, CLASS D, AND CLASS E AIRSPACE AREAS; AIRWAYS; ROUTES; AND REPORTING POINTS

1. The authority citation for 14 CFR part 71 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of the Federal Aviation Administration Order 7400.9E, Airspace Designations and Reporting Points, dated September 10, 1997, and effective September 16, 1997, is amended as follows:

Paragraph 6005 Class E airspace areas extending upward from 700 feet or more above the surface of the earth.

* * * * *

ANM WY E5 Gillette, WY [Revised]

Gillette-Campbell County Airport, WY
(Lat. 44°20′93″ N, long. 105°32′36″ W)
Gillette VOR/DME
(Lat. 44°20′52″ N, long. 105°32′37″ W)

That airspace extending upward from 700 feet above the surface within 6.1 miles east and 8.3 miles west of the Gillette VOR/DME 176° and 356° radials extending from 15.3 miles south to 16.1 miles north of the VOR/DME; that airspace extending upward from 1200 feet above the surface bounded by a line beginning at lat. 44°47′00″ N, long. 106°22′32″ W; to lat. 44°23′00″ N, long. 106°22′32″ W; to lat. 44°16′00″ N, long. 105°58′02″ W; to lat. 44°05′00″ N, long. 106°00′02″ W; to lat. 43°49′15″ N, long. 106°09′32″ W; to lat. 43°39′00″ N, long. 106°00′02″ W; to lat. 43°39′00″ N. long. 105°09′02″ W; to lat. 44°08′00″ N, long. 105°09′02″ W; to lat. 44°01′00″ N, long. 104°51′02″ W; to lat. 44°30′00″ N, long. 104°41′02″ W; to lat. 44°42′19″ N, long. 105°33′58″ W; to lat. 44°40′11″ N, long. 105°40′16″ W; thence to point of beginning.

* * * * *

Issued in Seattle, Washington, on October 20, 1997.

Glenn A. Adams III,

Assistant Manager, Air Traffic Division, Northwest Mountain Region.

[FR Doc. 97–28956 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Parts 91, 93, 121, and 135

[Docket No. 28537; Amendment Nos. 91–253, 93–73, 121–262]

Special Flight Rules in the Vicinity of Grand Canyon National Park

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of clarification; request for comments.

SUMMARY: This action sets forth the FAA's reevaluation of the economic and environmental impacts associated with the Special Flight Rules in the Vicinity of Grand Canyon National Park (GCNP) Final Rule, published on December 31, 1996. The Final Rule codifies the provisions of Special Federal Aviation Regulation (SFAR) No. 50–2; modifies the dimension of the GCNP Special Flight Rules Area; establishes new and modifies existing flight corridors and flight free zones; establishes reporting requirements and a curfew over certain areas for commercial sightseeing companies operating in the GCNP; and limits the number of aircraft that can be used for commercial sightseeing operations in the GCNP. After implementation of certain provisions of the Final Rule, the FAA discovered that it had significantly underestimated the number of commercial air tour aircraft operating in GCNP in 1995. The FAA has reevaluated the economic and environmental analyses completed for the Final Rule in light of this new information. The FAA has determined that the changes are not of such magnitude as to affect the Agency's position on the implementation of the Final Rule.

DATES: Comments must be received on or before December 30, 1997.

ADDRESSES: Comments on this notice should be mailed in triplicate to: Federal Aviation Administration, Office of the Chief Counsel, Attention: Rules Docket (AGC–200), Docket No. 28537, 800 Independence Avenue, SW., Washington, DC 20591. Comments may also be sent electronically to the Rules Docket by using the following Internet address: nprmcmts@mail.hq.faa.gov. Comments must be marked Docket No. 28537. Comments may be examined in the Rules Docket in Room 915G on weekdays between 8:30 a.m. and 5:00 p.m., except on Federal holidays.

FOR FURTHER INFORMATION CONTACT: Patricia R. Lane, Manager, Airspace and Air Traffic Law Branch, Regulations

Division, Office of the Chief Counsel, Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591.

SUPPLEMENTARY INFORMATION:

Request for Comments on the Notice

Although this action is intended to clarify the Agency's position and evaluation of the new data, comments are invited on the new information presented and the corresponding reevaluation of the economic and environmental analysis. Once the comment period has closed, the FAA will review the comments and determine whether any changes to the Final Rule are warranted based on the submitted comments.

Background

On December 31, 1996, the FAA published a Final Rule amending part 93 of the Federal Aviation Regulations by adding a new subpart to codify the provisions of Special Federal Aviation Regulation (SFAR) No. 50–2, Special Flight Rules in the Vicinity of GCNP; modifying the dimension of the GCNP Special Flight Rules Area; establishing new and modifying existing flight corridors and flight free zones; establishing reporting requirements for commercial sightseeing companies operating in the Special Flight Rules Area; restricting flights in Zuni and Dragon Corridors during certain time periods (curfews); and limiting the number of aircraft that can be used for commercial sightseeing operations in the GCNP Special Flight Rules Area (cap) (69 FR 69302). The provisions contained in the Final Rule were to become effective on May 1, 1997.

Published concurrently with the Final Rule on December 31, 1996, was a Notice of Proposed Rulemaking (NPRM) on noise limitations for aircraft operations in the vicinity of GCNP (Quiet Technology NPRM) and a Notice of Availability of Proposed Routes. All three of the above referenced actions comprise an overall strategy to further reduce the impact of aircraft noise on the park environment and to assist the National Park Service (NPS) in achieving its statutory mandate, imposed by Pub. L. 100–91, to provide for the substantial restoration of natural quiet and visitor experience in GCNP.

On February 21, 1997, the FAA delayed the effective date for the expansion of the flight free zones, the air tour routes, and the other related airspace provisions of the Final Rule until January 31, 1998 (62 FR 8861; February 26, 1997). However, this action did not affect or delay implementation of the curfew, aircraft cap, or the reporting requirements of the Final Rule, which became effective on May 1, 1997.

In analyzing the economic impact of the Final Rule, the FAA used data derived from the SFAR 50–2 Air Tour Usage Report (1995 Survey), a survey designed to assist the NPS in obtaining information to assess noise impacts of air tour overflights at GCNP. The 1995 Survey, completed by the FAA's Las Vegas Flight Standards District Office, requested that air tour operators report the number of operations conducted along GCNP air tour routes by type of aircraft used. The FAA believed that the information presented in the survey provided the best data available to determine the number and type of commercial air tour aircraft operating in the GCNP. This survey information assisted the Agency in completing the Regulatory Evaluation.

Specifically, the Regulatory Evaluation matched the number of aircraft determined from each operator's operations specifications contained in the FAA's Vital Information System (VIS) data base with the type of aircraft reported by the operators in the 1995 Survey to attribute the estimated cost of the proposed and Final Rule actions to each of the air tour operators conducting air tours in the Park. Utilizing data from the 1995 Survey, the FAA estimated that in 1995 the 31 GCNP commercial air tour sightseeing operators flew just over 70,000 commercial sightseeing air tours utilizing 136 aircraft. No comments were received throughout the rulemaking process that directly questioned the number of aircraft or the number of air tours. Since this number of aircraft had been derived from official information contained in the VIS as well as information reported by the air tour operators, the FAA was confident in those numbers.

In conducting the analysis for the Final Environmental Assessment (EA) for the Final Rule, the FAA used modeling input that was based on information prepared by the NPS in October 1995 to model noise impacts in the vicinity of the GCNP. The October 1995 modeling input was prepared using a combination of the 1995 Survey and air traffic counts prepared by air traffic controllers at the Grand Canyon National Park Airport traffic control tower. Each of these data sources provided slightly different perspective on operational levels. The tower count provides a complete record of air taxi and commuter operations to and from Grand Canyon National Park Airport. The tower count does not, however, specifically identify any of the operations other than those that take off or land at Grand Canyon National Park Airport.

Subsequent to the issuance of the Final Rule, the FAA obtained additional information suggesting that the number of air tour aircraft conducting tours in the GCNP identified in the 1995 Survey had not accounted for the full GCNP air tour fleet that likely operated in 1995. During May 1997, the FAA conducted a voluntary air tour operator survey and site visitation that detailed identification of the number and type of aircraft engaged in GCNP air tours during that time period.

As a result of this discovery, on July 9, 1997, the FAA filed a Motion for Voluntary Remand of the Record and Stay of the Litigation challenging the Final Rule. The purpose of the request was to permit the Agency to review the apparent discrepancy in the number of commercial sightseeing aircraft being operated in the GCNP under the December 31, 1996, Final Rule, and to determine if further regulatory action was necessary or appropriate in light of the information developed as a result of that review.

Although the FAA's motion was denied, the Agency continued its efforts to verify or correct the number of aircraft operating in the GCNP between July 31, 1996, and December 31, 1996. Agency personnel met on-site with each air tour operator in July 1997 to reconcile the May 1997 survey data with the information contained in the 1995 Survey. The FAA finished the collection of that data in July 1997.

The FAA has reevaluated the economic analysis computed for the Final Rule and has completed a Written Reevaluation of the Environmental Assessment for the Final Rule in light of the new information. A copy of this Written Reevaluation has been included in the docket.

Summary of Decision

As a result of this reevaluation, the FAA has determined that the increase in the number of aircraft and air tour operations requires additional analysis of the Final Rule. In promulgating the Final Rule, the FAA used the best available data and explicitly stated that the Final Rule was a single part of an overall strategy to address the effect of aircraft noise in GCNP. The Final Rule continues to be the first step in achieving the goal of the substantial restoration of natural quiet in GCNP. While the benefits of the Final Rule are less than originally predicted by the FAA, the rule continues to provide benefits in comparison to withdrawing portions of the rule or the rule in its

entirety. Moreover, the result of the FAA's analysis of the additional information does not affect the Federal government's commitment to further the above stated policy.

As discussed in the Analysis section below, there is a change in the economic and environmental analyses due to the additional aircraft. However, the changes are not of such magnitude as to affect the FAA's decision concerning the implementation of the Final Rule or the Federal government's overall policy to address the effects of air tour operations in GCNP.

Based on the new data, the Final Rule's total costs are now estimated at $47 million (discounted), originally estimated at $42 million, over the period 1997–2008, while total benefits are now estimated at $144 million (discounted), originally estimated at $172 million, over the same period.

The FAA believes that the goal of substantially restoring natural quiet in GCNP will be accomplished after implementation of the revised air tour routes and completion of the Quite Technology rulemaking. Therefore, the FAA does not find that these revised conclusions, as set forth below, warrant any change to the Final Rule as implemented. However, the FAA is seeking comments on the new information concerning the number of aircraft operation in GCNP in 1995 and the reevaluation of the economic and environmental analyses. The FAA will review comments on these matters and determine whether any changes to the Final Rule are warranted.

Nothing in this reevaluation has led the FAA to reconsider the provisions established in the Final Rule. However, following discussions with the NPS, the FAA and NPS have agreed to delay the final route selection until the fall of 1998 so that further review and discussions may be undertaken on the routes through the proposed National Canyon Corridor. Further, this comment period will provide all interested parties an opportunity to review this analysis and to assess the impact of the new information concerning the number of commercial air tour aircraft being operated in the GCNP, and to provide their views to the FAA.

Economic Analysis

Written Supplemental Reevaluation of the Regulatory Evaluation and Regulatory Flexibility Analysis

The FAA has partially revised its regulatory evaluation and regulatory flexibility analysis of the Final Rule, Special Flight Rules in the Vicinity of Grand Canyon National Park (61 FR 69302; Dec. 31, 1996). The Agency's decision to review and supplement both analyses stems from the development of more accurate data than those that formed the basis for the original analyses. Subsequent to issuance of the Final Rule, the FAA obtained additional information suggesting that the number of air tour aircraft conducting tours in the GCNP identified in the 1995 field survey had not accounted for the full GCNP air tour fleet that likely operated in 1995. During May 1997, the FAA therefore conducted a voluntary air tour operator survey and site visitation that detailed identification of the number and type of aircraft engaged in GCNP air tours during that time period. To confirm the May survey aircraft count, reconcile the May survey results with the 1995 survey, and obtain more comprehensive data regarding numbers of air tours conducted in 1995, the FAA decided to conduct follow-up site visits with each GCNP air tour operator in July 1997.

During this process, the Agency discovered other data elements or assumptions that required revision; accordingly, several methodological changes have been made, however, the FAA has not reprinted the full regulatory evaluation and regulatory flexibility analysis. The original documents, as they appear in the docket, combined with this summary of revisions, constitute the complete economic analysis.

The results of the original analysis have changed somewhat on the basis of the new data. (See summary table below.) Total costs are now estimated at $50 million, originally estimated at $42 million (discounted), over the period 1997–2008, while total benefits are now estimated at $144 million, originally estimated at $172 million (discounted), over the same period. Although costs have increased and benefits have decreased, the FAA concludes that the rule is still cost-beneficial. The rationale for these changes is described below.

ESTIMATED BENEFITS AND COSTS OF FINAL RULE, ORIGINAL AND REVISED TOTALS OVER PERIOD 1997–2008

[In millions of 1995 dollars, discounted]

	Original	Revised
Total Benefits	$172	$144
Total Costs	42	47
Modify SFRA	0	0
Modify FFZs	19	11
Modify Corridors	10	2
Curfew	11	34
Reporting	0.4	0.4
Cap	3	0

Note: Totals may not sum accurately due to rounding.

Methodological Revisions

Based on information collected directly from air tour operators after publication of the Final Rule, the FAA has revised several aspects of its methodology. The following sections describe changes to data and assumptions.

Revisions to Baseline Data Elements

Several baseline data elements have been revised on the basis of a recent survey and follow-up interviews with tour operators. The reasons for each change and the impact on the analysis are described below.

Number of aircraft: The estimated total number of aircraft providing air tours of the Park in 1995 has increased from 136 to 260. The earlier number was derived from the 1995 Survey, a survey designed to assist the NPS in obtaining information on the noise impacts of air tour overflights of GCNP. The 1995 Survey, completed by the FAA's Las Vegas Flight Standards District Office, requested that air tour operators report the number of operations conducted along GCNP air tour routes by type of aircraft used. At the time of the original analysis, the FAA believed that the survey results, accurately accounted for all air tour aircraft operated by GCNP tour providers.

After issuing the Final Rule and prior to implementing the aircraft cap, however, the FAA acquired evidence that the total number of aircraft appearing on the operator's operations specifications and available to provide air tours in 1995 was substantially more than originally estimated. Accordingly, the FAA conducted extensive site visits with air tour operators and, based on the more complete information obtained, has determined that the actual number of aircraft was 260. The impact of this revision is most apparent with respect to the aircraft cap, the estimated costs of which has decreased substantially for the reasons discussed in the cost section below.

Number of air tours: The total estimated number of air tours provided in GCNP in 1995 has been revised upward from 70,076 to 102,794. The

original number was derived from operations reported on the 1995 Survey. Several months after issuance of the Final Rule, the FAA discovered that not all operations had been reported in the 1995 Survey. In particular, one large operator had provided the FAA with data for only one of two operating bases. In addition, the number of air tours reported by one operator in the 1995 survey was grossly understated. The increase in air tours is primarily responsible for an upward adjustment in the estimated cost of the curfew (see cost section below).

Price of air tours: The method of estimating the price of air tours has been refined from one average estimate of all operators for each air tour route to actual prices charged by individual operators based on 1995 tour brochures. In most cases, the updated prices are lower than the average estimated in the original analysis.

Aircraft load factor: The original analysis assumed a load factor of 95 percent for all operators. During recent field interviews, several operators provided actual load factors. Where provided, the FAA has incorporated them into the revised analysis. Where load factors were not explicitly provided, the FAA has assumed a load factor of 90 percent, based on an average of those actually provided to the Agency.

Number of routes analyzed: The original analysis incorporated data from 8 primary air tour routes. The revised analysis is more comprehensive, including data from 11 primary routes, based on data provided by operators. This revision allows for a more comprehensive, accurate accounting of the cost of the Final Rule.

Revisions to Calculated Data Elements

Based on revisions to baseline data, several data elements have been recalculated. The reasons for each change are described below.

Number of passengers: The total number of air tour passengers—a function of the number of air tours, the load factor, and the seating capacity per aircraft for each route—has been revised from 655,640 to 820,980. Due to the decrease in load factor, the number of passengers has not increased proportionally as much as the number of air tours.

Total operating revenue: Total operating revenue, defined as the price of each tour multiplied by the number of passengers on all tour routes, has been adjusted upward from $113.1 million to $120.6 million. The relatively small change in total operating revenue is due to the downward revision in tour prices, the modest increase in passengers relative to the increase in air tours, and the upward revision in the number of air tours occurring mainly on one of the lower priced air tours.

Total variable operating costs: Although hourly variable operating costs are slightly lower than originally estimated, total variable operating costs are $27.4 million rather than $36.8 million, because the number of air tours is greater than originally estimated.

Net operating revenue: Net operating revenue, defined as total operating revenue less total variable operating costs, has decreased from $85.7 million to $83.7 million. The decrease results when the relatively larger increase in total variable operating costs (as a result of the increase in air tours) is subtracted from the less than proportionate increase in total operating revenue resulting from lower load factors.

Peak summer traffic as percent of total: Based on data available at the time, the FAA estimated that air tours during the peak summer season accounted for two-thirds of total annual air tours from each base of operation. Based on revised data from Tusayan operators, however, the FAA now estimates that air tours provided during the summer account for 75 percent of annual air tours out of Tusayan. Revised data from other operators confirm that summer air tours from other locations account for 67 percent of annual totals. This revision affects the estimate of curfew-related costs(see cost section below).

Revised Assumptions

Based on new information, the following basic assumption has also been revised.

Reporting requirements: The original analysis based the cost estimates associated with reporting requirements on the number of aircraft. The FAA now believes that the number of air tours is the more appropriate basis for estimating the cost of reporting requirements for operators and has made the appropriate changes in the analysis. The costs of the reporting requirements to the FAA have been revised upwards but remain a minor part of total costs. The FAA has found that analyzing and using the operators' reports requires more staff time than originally estimated.

Revised Cost Estimates

As described below, cost estimates for five of the six provisions of the Final Rule have been revised based on new data and assumptions. In total, the discounted costs of the Final Rule have been revised upward from $42 million to $50 million over the period 1997–2008.

Modification of the Special Flight Rules Area (SFRA): There is no change in this estimate. As in the analysis of the Final Rule, the FAA believes that charting costs associated with a change in the Special Flight Rules Area over the flight-free zones will have no measurable impact on air tour operators.

Establish/Modify FFZs and Corridors: The FAA has revised its cost estimates for the changes in flight-free zones and flight corridors. For the reasons stated in the original analysis, the FAA continues to predict no costs for four of the alterations in the SFRA. Estimates for the remaining two have decreased, bringing the average annual costs of these provisions down from $3.6 million to $2.2 million over the period 1999–2008. The annual costs of the Toroweap FFZ extension and closure of the National Canyon Corridor have decreased from $2.4 million to $1.8 million, largely because prices and load factors were adjusted down by a greater proportion than air tours were increased. For the same reasons, the annual cost of creating a one-way traffic pattern in the Zuni Corridor decreased from $1.2 million to $0.4 million. The total costs of these provisions have decreased somewhat because the FAA has delayed their implementation until 1999; therefore, they were analyzed over the period 1999–2008 instead of the standard 1997–2008 used for other cost items in this analysis.

Curfew: The FAA now calculates that the curfew will be the highest cost provision of the rule. Based on the new data, the calculated average annual cost of the curfew has increased from $1.4 million to $4.4 million. The primary reason for this is the large upward revision in estimated air tours in the east end of the park, the only area where the curfew applies. The affected operators are unified in the view that prohibiting early morning and late afternoon air tours will reduce their business by about 20 percent. They strongly believe that they cannot accommodate this restriction by activating underutilized aircraft to increase the number of tours during authorizing times. They state that their arrangements with tour companies call for the air tour to be part of a larger tour package to take place at specific times of the day and that the time cannot be rearranged. The FAA accepts the operators' strong position on this issue and has recalculated costs based on the assumption that tours now being carried out during the curfew periods cannot be rescheduled.

It may be possible for these operators to reschedule the air tours affected by the curfew when the tour packages are renegotiated in the future. If this can be done, then the curfew's impact on operator revenue would be less in the future. However, since the FAA does not know the extent to which air tours affected by the curfew can be rescheduled in the future, the FAA has not adjusted downward the costs of the curfew to take into account any future rescheduling of air tours affected by the curfew.

Reporting Requirements: The estimated average annual cost of the reporting requirements has increased slightly to $77,000 over the five years that the provision will be in effect (1997–2001). The revised costs are borne differently than those in the original estimate, however. The calculated annual cost to operators has been revised downward from $73,000 to $53,000, due to a change in the basis for the estimate from aircraft to air tours. The cost to the FAA has been revised upward from $3,200 to $24,000 because the Agency has found that additional staff time is necessary to analyze operators' reports.

Aircraft Cap: The calculated cost of the freeze on aircraft has been revised down from $2.9 million for the first year to zero for all years. Based on an analysis of the higher aircraft count (260) and corresponding air tours (102,794), the FAA concludes that there is enough excess capacity in terms of aircraft numbers for air tours to increase by 3.3 percent annually for the next twelve years if the demand exists. In the aggregate, and for most individual operators, the number of air tours provided can continue to increase while the number of aircraft remains the same. While the cap could affect a few individual operators who fully utilize their aircraft, the FAA predicts that the cap will have no impact on aggregate growth and will impose no cost in the aggregate over the period of the analysis.

Revised Benefits Estimates

The original benefits analysis was based on an estimate of noise reduction that would be produced from the provisions of the Final Rule. The noise reduction estimate, as described in the Written Reevaluation of the Environmental Assessment of the Final Rule, has changed somewhat on the basis of the new aircraft numbers. Largely due to the reduced effectiveness of the aircraft cap, there will be a lesser reduction in aircraft noise than originally estimated. Accordingly, the estimate of economic benefits has been reduced from $172 million over 12 years to $144 million (discounted).

Supplemental Regulatory Flexibility Analysis

All new data and assumptions, as described above, have been incorporated into the Regulatory Flexibility Analysis. The FAA certifies that the Final Rule will have a significant economic impact on a substantial number of small commercial tour operators conducting flights within GCNP.

The FAA determined that there would be a significant economic impact on small entities at the time it issued the Final Rule; for that reason, it prepared a Regulatory Flexibility Analysis. However, the certification statement accompanying the Final Rule incorrectly stated that there was no significant impact on a substantial number of small entities. The FAA is now clarifying that the certification was erroneous. The new data, however, requires additional analysis. The impact of each provision on small entities is described below.

Description and Estimated Number of Small Entities Affected: The Final Rule will affect commercial operators conducting air tours over GCNP under 14 CFR part 135. Revised FAA data show that there were 22 potentially affected tour operators with 9 or fewer aircraft in 1995. These operators owned a total of 75 aircraft, and the average fleet included about 3 aircraft. They conducted about 34,700 air tours, or about 34 percent of all air tours over the Canyon.

Cost of Compliance to Small Entities

Establish/Modify Flight-Free Zones and Corridors

Merge Toroweap/Shinumo Flight-Free Zones: The merging of the Toroweap-Thunder River and Shinumo Flight-free Zones and the resulting closure of the Fossil Canyon Corridor will eliminate tour routes Blue1A, Brown1A, and Green3A. Newly acquired information from the FAA's fieldwork in May and July of 1997 shows that this provision would have affected four small operators providing tours in 1995. Collectively, these four small operators generated total air tour operating revenues of approximately $565,000 in 1995 by providing 1,150 air tours that carried 4,700 passengers. The FAA has also learned, however, that two of the four operators are no longer in the tour business. Jointly, these two small operators accounted for $91,000 in air tour revenues in 1995, the loss of which the FAA continues to assume will be absorbed by other operators. The FAA believes that the two remaining small operators using the Fossil Canyon Corridor can modify their current tour packages with minimal cost outlay because they already offer established air tours along other similar routes. Thus, the FAA maintains, as in the original analysis, that this modification of the flight-free zones and corridors will have no cost impact.

Extend Toroweap Flight-Free Zone Southward: The southward extension of the Toroweap-Thunder River Flight-free Zone and elimination of the National Canyon corridor will affect small operators who use the Blue 1 route. Based on the FAA's new data, small operators carried 41,600 passengers along the Blue 1 route and generated annual net operating revenues of $154,800 in 1995. The FAA estimates that any operator carrying more than 1,300 passengers along the Blue 1 route would incur significant costs from this provision. Of the small operators affected, the FAA concludes that four operators (as opposed to zero in the original analysis) carry more than 1,300 passengers each year on Blue 1 air tours and, therefore, would be significantly affected by the extension.

Bright Angel Flight-Free Zone: There are 10 small operators with total revenues of approximately $8.13 million who conducted air tours along the Black1/1A route (7 fixed wing aircraft operators) and the Green 1/1A/2 tour route (3 helicopter operators). The three small helicopter operators also conducted air tours in the Dragon Corridor along the Green 2 tour route, accounting for an additional $1.45 million in total revenue. The total 1995 revenue potentially affected by this part of the rule, therefore, is estimated to be about $9.6 million.

The FAA estimates that due to the extension of the Bright Angel Flight-free Zone and the dog-legging of the southern portion of the Dragon Corridor there will be modest cost increases as discussed in the regulatory evaluation. As in the original analysis, the FAA believes that these modest cost increases can be offset by increased ticket prices and, therefore, that no net operating losses will be incurred as a result of the northern extension of the Bright-Angel Flight-free Zone or the dog-legging of the Dragon Corridor.

Create One-Way Traffic Pattern in Zuni Point Corridor: Reconfiguring the Zuni Point Corridor and limiting it to one-way traffic will affect those air tours approaching Grand Canyon Airport in Tusayan from the north along the Black 1 tour route and all air tours that depend on the current two-way VFR

routes to offer a simple fly around type tour of the Zuni Point Corridor. While there are not small operators with tours approaching Grand Canyon Airport in Tusayan from the north, two small fixed wing operators and three small helicopter operators fly a tour loop of the Zuni Point Corridor.

The two small fixed wing aircraft operators flying a tour loop of the Zuni Point Corridor generated air tour revenue of approximately $64,200 from this particular tour in 1995. The alternatives for these operators will be the Black 1/1A tour route or flying east over the Painted Desert. These tour route options are expected to increase the tour price by about $10 per passenger, or about $13,060 total annual added cost to the air tour consumers based on 1,306 passengers opting for this tour in 1995. The three small helicopter operators generated 1995 air tour revenue of $370,500 flying 790 tours and 3,100 passengers over the Green 1 route. Options available to the helicopter operators include the Green 1/1A/2 tour route or the Painted Desert tour route. Each of these could increase the tour price by about $35 per passenger or $108,045 total annual added cost to the commercial air tour sightseeing consumers based on 3,100 passengers opting for this tour in 1995. For the customers of these small operators, therefore, the total potential increase in 1995 annual costs of this particular alteration in the GCNP Special Flight Rules Area will be about $121,105 ($13,060 + $108,045) because of the elimination of less costly air tour sightseeing options.

In addition to the consumer costs above, operators will incur increases in variable operating costs that exceed the additional revenue. The ticket price increases do not fully cover the increase in variable operating costs to the tour operators adopting the new Zuni-Alpha-Dragon Corridors loop. The new operators of this type of tour are limited to raising tour prices to what is currently charged by established operators of this type of tour (the incremental $10 and $35 cited above). The difference between what these operators could receive in additional revenue through price increases ($121,000) and the added operator costs imposed by this rule (estimated at $199,400) in increased operating costs) will result in about $78,400 that the small operators must absorb as losses. Thus, the total 1995 cost to small operators of making the Zuni Point Corridor one-way with the north expansion of the Bright Angel Flight-free Zone is $121,100 in increased consumer costs and $78,400 in operator losses.

The $78,400 in operator losses will be borne by two small fixed wing aircraft operators ($10,536) and three small helicopter operators ($67,787). Based on the number of air tours conducted, the cost impact for the two small fixed wing aircraft operators is $34.10 per air tour ($10,536/309 fixed wing air tours), and the cost impact for the three small helicopter operators is $85.81 per air tour ($67,787/790 helicopter air tours). One of the fixed wing operators conducted 240 air tours and the other conducted 69 air tours. The annual increase to these two fixed wing tour operators is $8,184 and $2,353, respectively. For helicopters, the operator conducting 521 helicopter air tours will incur an annual cost increase of $44,707 and the operator conducting 256 air tours will incur an annual cost increase of $22,053. The third helicopter operator with 12 air tours will incur an annual cost increase of $1,030. Based on these numbers, the FAA concludes that one fixed wing and two helicopter operators will incur significant cost increases.

Sanup Flight-Free Zone: The creation of the Sanup Flight-free Zone in the southwest portion of GCNP restricts air traffic to one side of the Colorado River beyond Separation Canyon. This change will affect six small fixed wing operators offering tours on the Blue 2 VFR route and three small helicopter operators offering tours on the Green 4 VFR route. Combined, these nine small GCNP air tour operators accounted for approximately $11.8 million total air tour revenue in 1995, flying nearly 11,000 air tours and approximately 53,900 passengers. Based on information provided to the FAA by air tour operators and pilots, more than 95 percent of fixed wing air tours conducted on the Blue 2 route turn back at either Horse Flat Canyon or Spencer Canyon; the former is located west of Separation Canyon and the latter is located on the south side of the Colorado River across from Separation Canyon. Air-ground helicopter tours conducted along the Green 4 route turn back at or just beyond Quartermaster Canyon. Air-only helicopter tours along the ''Green 4'' turn back at or before Spencer Canyon. With the exception of a limited number of fixed-wing training flights or air tours along the Blue 2 that are precluded from turning back because of weather, no flights extend beyond Separation Canyon as far as Diamond Creek. The FAA therefore concludes, as in the regulatory evaluation, that there will be no measurable impact associated with the creation of the Sanup Flight-free Zone.

Desert View Flight-Free Zone: A limited number of air tours are currently conducted in the vicinity of the Desert View Flight-free Zone, and these take place along the Black 2 or Black 3 entry routes linking to the Black 1 and Black 1A routes. As in the regulatory evaluation, the FAA concludes that the expansion of the Desert View Flight-free Zone in and of itself will have no known cost impact on small GCNP commercial sightseeing operators or their tour passengers.

Curfew: The introduction of the new curfew (basic flight-free periods) for operators conducting air tours at the east end of GCNP will result in lost revenue for small operators conducting air tours in the Zuni Point and Dragon Corridors. In 1995, 16.7 percent of daily tours were offered during the flight-free periods and will no longer be able to operate during those periods. Based on the reduction in time available for air tour flights in the Zuni Point and Dragon Corridors, small entities are expected to lose about $1.07 million annually. This impact will be spread among a maximum of ten operators who have recently conducted air tours on the east end of CGNP. Eight of these operators (as opposed to six in the original analysis) will incur annual costs exceeding $5,000.

Reporting Requirements: 14 CFR Section 93.917 will establish operator reporting requirements. All certificate holders operating within the GCNP Special Flight Rules Area will incur costs from these reporting requirements during the five years that they will be in effect (1997 through 2001).

Based on information contained in the regulatory evaluation, it will cost each operation about $340 ($8.51/hour*40 hours) to establish and set up the reporting system. The one-time cost for 22 small operators is expected to be $7,480. To update records regularly, the FAA estimates that the 22 small operators will incur costs of $14,770 annually (34,711 air tours*3 min./air tour*$8.51/hr). The average annual cost for each small operator is about $670. The small operator conducting the fewest tours (36, based on revised 1995 baseline) will incur recordkeeping costs of about $15 annually. The small operator conducting the greatest number of air tours (5,600) will incur recordkeeping costs of $2,380.

Operators will also be required to provide the data to the Las Vegas FSDO three times in each of the years 1997 through 2001. The FAA assumes that this will take about one-half of an hour for each operator to compile the

information, 15 minutes for each operator to fill out the generic information on the report and an additional 15 minutes for the specific information needed in the report. The FAA estimates that this part of the recordkeeping requirement will cost operators $562 annually, or about $26 per operator.

The FAA estimates that the total annualized cost of this requirement to the 22 small operators will be about $18,170. The FAA has determined that no (zero in the RFA for the Final Rule) operator will incur costs exceeding $5,000 per year.

Aircraft Cap: The FAA stated in the regulatory evaluation that most operators can increase the number of air tours they provide without increasing the number of aircraft in their tour fleets. However, FAA estimates that the aircraft cap will immediately restrict the growth of one small fixed-wing operator operating out of Tusayan. The cap is also predicted to affect one small helicopter operator within four years and another small helicopter operator with six years. While the aircraft cap will have no immediate impact on aggregate growth in the number of air tours over the GCNP, the aircraft cap will impose a significant loss of future revenues (expected to exceed $5,000 annually) on these three operators. (The original analysis assumed that the cap would be in effect for no more than one year and, as a result, no small operator would be significantly affected. The revised analysis assumed no particular end date and estimates impacts over the period 1997–2008.)

Description of Alternative Actions

As stated in the original analysis completed for the Final Rule, this rule is somewhat unique in that most of the economic impact of the rule falls upon small businesses. The two primary goals of the Final Rule continue to be: (1) substantially restore natural quiet, and (2) preserve the opportunity for the public to enjoy air tours at GCNP. Consequently, all alternatives considered during the formulation of the Final Rule to achieve these goals and in this reevaluation focus on alternatives related to small entities.

In view of the new information and the foregoing analysis, the FAA has identified the provisions of the Final Rule in which the analysis of the impacts on air tour operators differs from the original assessment. As a result of the new analysis, the number of air tour operators significantly affected has increased. The FAA evaluated new alternatives, as well as reevaluated a combination of alternatives suggested to the Agency during its original analysis. These alternatives included suggestions from the NPS Report to Congress, Congressional and public meetings, and comments submitted during the comment period for the NPRM and the Draft EA. As more fully discussed below, the FAA has concluded that implementing any of the alternatives to the requirements of the Final Rule for small business entities would prevent the FAA from achieving its goals for the Final Rule. For that reason, the FAA determined that there were no feasible alternatives to the requirements listed in the Final Rule.

Alternatives to the Expansion the Flight-Free Zones

As was mentioned above, the expansion of the Flight-free Zones will affect certain small entity air tour operators in varying degrees. The Agency considered several different ways to minimize the impact on the small entities. One of those ways was to permit the small operators to navigate within or through the Flight-free Zones. Similar waivers to the Flight-free Zones based on time of day or area were also considered. However, the Agency determined that since the vast majority of the operators are small business entities, the relaxation of the Flight-free Zones for the operators would defeat the main purpose of the rule to restore substantially the natural quit within the Park. As the NPS study mentioned above concluded that compliance with SFAR 50–2 had not achieved an adequate level of natural quiet in GCNP, the alternative of no action for the small entities cannot be justified. Therefore, operations within or through the Flight-free Zones by small business operators by a relaxation of the restrictions or a blanket approval cannot be considered in light of the goals of the Final Rule.

The FAA also considered corridors or routes through the Flight-free Zones for the small entities. Those issues dealing with the route structure and the corridors through the Flight-free Zones are considered in a separate rulemaking action and were not part of the analysis of the Final Rule.

Alternatives to the Curfew

The introduction of the curfew at the east end of GVNP is making significant first steps in achieving the goal of the substantial restoration of natural quiet in the GCNP. Once again, the FAA considered ways to minimize the impact on small business operators. And once again, the alternatives relaxing the restriction for small entities is not feasible as it would defeat the purpose of the Final Rule to substantially restore the natural quiet in the Park. The FAA will consider the use of more quiet aircraft and the use of performance standards, as suggested by the Small Business Administration, in future rulemaking. For this Final Rule, however, the use of performance standards is outside the scope of what was proposed and envisioned by the current rulemaking.

Alternative to the Cap

The cap on the number of aircraft permitted to conduct air tours within GCNP has generally been determined not to affect adversely the industry as a whole. As mentioned above, however, the cap does have an impact on at least one small operator. The FAA has concluded that it will need to reevaluate the impact of the cap on the goal of substantially restoring the natural quiet and its impact on the small business entities in future rulemaking action. However, for the purpose of the reevaluation, the FAA reanalyzed its alternatives discussed in the Final Rule and determined that no alternative discussed or any new alternative would serve to minimize the impact on the small business entities and still promote the goals of the Final Rule.

Environmental

Pursuant to Federal Aviation Administration Order 1050.1D, a written reevaluation is appropriated to evaluate the continued validity of any environmental document when new information becomes available. The FAA has completed a Written Reevaluation of the findings in the Final EA and accompanying Finding of No Significant Impact (FONSI) issued December 31, 1996, to determine whether additional operations in Marble Canyon, growth in operations under the Proposed Action, and possible additional operations on the helicopter loop in Dragon Corridor that were indicated by the 1997 surveys or the minor adjustments to the proposed air tour routes are so substantial as to warrant preparation of additional environmental documents.

As discussed in detail in the Economic Analysis section of this Notice, after the Final EA was published on December 31, 1996, the FAA obtained additional information suggesting that the number of air tour aircraft conducting tours in the GCNP identified in the 1995 Survey had not accounted for the full GCNP air tour fleet that likely operated in 1995. Accordingly, the FAA conducted voluntary air tour operator surveys in May and July 1997.

The 1997 surveys suggest that 260 air tour aircraft operated in the GCNP in 1995, not 136 as premised in the Regulatory Evaluation of the Final Rule. This new information about the number of aircraft led FAA to change its assumptions about the effectiveness of the cap on aircraft to limit growth in operations, but did not otherwise affect the validity of the noise and air quality analyses in the Final EA, which depends on the number of flights, not aircraft. In preparing the Regulatory Evaluation, the FAA derived the 136 aircraft baseline by comparing data in the 1995 Survey with operations specifications. In contract, the Final EA used modeling input that was prepared by the NPS in October 1995 to model noise impacts in the vicinity of the GCNP (October 1995 NPS modeling input).

The October 1995 NPS modeling input was prepared using a combination of the 1995 Survey and traffic counts prepared by air traffic controllers for Grand Canyon National Park Airport. The FAA selected the October 1995 modeling input to provide the best possible picture of flights in the vicinity of the GCNP because the GCNP does not provide the typical data sources used to predict aircraft noise exposure in an airport environment.

In reevaluating the Final EA, the FAA continued to base its analysis on the following data and modeling assumptions: (1) the use of operations in the October 1995 NPS modeling data, incorporating refinements from the May 1997 Written Reevaluation and the 1997 surveys; (2) the assumption that the curfew would somewhat reduce operations; and (3) the use of a 3.3 percent compound annual rate of growth. The 3.3 percent compound annual rate of growth was retained and used to analyze the Proposed Action because the 1997 surveys show that caps on numbers of aircraft would only immediately restrict the growth of a few air tour operators. The 1997 surveys indicate that many operators use their aircraft in revenue producing endeavors other than the GCNP air tours and that neither aircraft nor seating capacities are fully utilized. The baseline defined in the cap on number of aircraft in the Final Rule allows air tour operators to use aircraft that were only flown occasionally for CGNP tours in 1995. This means that most operators can increase their flights to meet demand without increasing their fleets. For these reasons, the cap does not appear likely to immediately reduce growth in the number of flights over the CCNP.

The FAA decided to revise its noise analysis to address potential increases in operations over those modeled in the Final EA and the May 1997 Written Reevaluation. The increase operations are in the Marble Canyon area (along the Black4 and Black5 routes). The changes in operational levels modeled were: (1) the addition of 5 daily operations to the Black4 route and the addition of 6 daily operations to the Black5 route for the 1997 No Action; (2) the addition of 5 daily operations to Black4 and 6 daily operations to Black 5 for the 1997 Proposed Action with the curfew applied; and (3) the application of a 3.3 percent annual growth rate to the new 1997 annual No Action condition for analysis of the 2008 No Action condition.

The Written Reevaluation also included sensitivity analysis modeling as follows: (1) the addition of 29 daily operations to the Green 2 route along the Dragon Corridor through the Bright Angel Flight Free Zone (FFZ) for the 1997 Proposed Action; (2) the addition of 29 daily operations to the Green2 and the placement on the modern most loop of all Dragon corridor loop traffic for the 1997 Proposed Action; and (3) the assumption of an earlier turn around location at Separation Canyon for helicopter traffic on the Green4 route and fixed wing traffic on the Blue2 route for the return trip to Las Vegas (south of the Sanup Flight Free Zone) for the 1997 No Action and the 1997 Proposed Action.

As to proposed routes, in addition to the turn around at Separation Canyon, this Written Reevaluation evaluates minor adjustments in the National Canyon Corridor route. These adjustments are proposed to further mitigate Native American concerns. Otherwise, the routes considered are those evaluated in the May 1997 Written Reevaluation. The route changes evaluated in the May 1997 Reevaluation are comparable to the routes modeled in the Final EA.

The noise modeling analysis reveals that the increase in operations, and the minor air tour route adjustment will not significantly impact the human and natural environment in the vicinity of Grand Canyon National Park. More specifically, noise levels associated with the Final Rule are well below any established residential or other established threshold of significance in the Special Flight Rules Area. The new information on number of aircraft and air tour operations, and the minor air tour route adjustments does not alter the previous analysis that indicted the Proposed Action (Final Rule) in the Final EA reduces aircraft noise effects in the GCNP. The analyses in the Written Reevaluation supports the conclusion that the Final Rule, even with the new information, does not lead to significant environmental impacts on historic, archaeological, and cultural resources, wild and scenic rivers, visual resources, endangered species, DOT Section 4(f) properties, environmental justice, and air quality. Nor will it result in other significant environmental impacts such as cumulative, social, or induced socio-economic impacts.

With respect to the achievement of progress toward the substantial restoration of natural quiet, the impact of increased air tour operations as analyzed in the Written Reevaluation, serves to reduce the percentage of the GCNP that will achieve substantial restoration of natural quiet for more than 25 percent of the time when compared to what was originally assumed in the Final EA. However, although the GCNP with the implementation of the Final Rule, will not reach the same percentage of substantial restoration of natural quiet as had been originally projected in the Final EA, progress will still be made toward the goal with the implementation of the Final Rule.

Accordingly, the conclusions of the December 31, 1996, Final EA FONSI are still substantially valid as indicated in the Written Reevaluation. No supplemental EA, or further environmental documentation is required based upon this new information.

Issued in Washington, DC, on October 27, 1997.

John S. Walker,

Program Director for Air Traffic Airspace Management.

[FR Doc. 97–28856 Filed 10–28–97; 9:15 am]

BILLING CODE 4910–13–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

24 CFR Part 954

[Docket No. FR–3567–F–02]

RIN 2577–AB35

Indian HOME Program

AGENCY: Office of the Assistant Secretary for Public and Indian Housing, HUD.

ACTION: Final rule.

SUMMARY: This rule adopts as final the interim rule for the Indian HOME Program at 24 CFR part 954, published on June 21, 1996.

EFFECTIVE DATE: December 1, 1997.

FOR FURTHER INFORMATION CONTACT: Bruce Knott, Office of Native American

Programs, Department of Housing and Urban Development, 1999 Broadway, Suite 3390, Denver, CO; telephone (303) 675–1600 (voice) or 1–800–877–8339 (TTY for speech or hearing impaired individuals). These are not toll-free numbers.

SUPPLEMENTARY INFORMATION:

I. Paperwork Burden

The information collection requirements contained in §§ 954.106, 954.505, 954.506, 954.507 of this rule have been approved by the Office of Management and Budget in accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520), and assigned OMB control number 2577–0191. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

II. Background

On June 21, 1996, at 61 FR 32292, HUD published an interim rule to move the Indian HOME Program from 24 CFR part 92 to part 954. The interim rule also included clarifications and simplifications intended to facilitate the use of the rule by interested parties, increase similarity with the Indian Community Development Block Grant (ICDBG) program, and simplify administration of Native American Tribal Programs.

Comments were solicited on the interim rule for a period of 60 days. No public comments were received, and HUD has determined to promulgate the June 21, 1996 interim rule without any changes as a final rule. Although section 505 of the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) (Pub. L. 104–330, approved October 26, 1996) ends the Indian HOME Program in Fiscal Year (FY) 1998, which begins on October 1, 1997, this final rule is being issued to provide for the administration of any Indian HOME funds and Indian HOME-assisted projects that will continue beyond the date when new funding under the program will no longer be made available.

III. Findings and Certifications

Regulatory Flexibility Act—Impact on Small Entities

The Secretary, in accordance with the Regulatory Flexibility Act (5 U.S.C. 605(b)), has reviewed this rule before publication and by approving it certifies that this rule does not have a significant economic impact on a substantial number of small entities. The rule promulgates as final the interim rule revisions to the existing Indian HOME program under which Indian tribes receive grant assistance from HUD to increase the number of housing opportunities for low-income and very low-income people. HUD does not anticipate a significant economic impact on small entities since Indian tribes will continue to carry out their Indian HOME program activities as they now do.

Environmental Review

At the time of publication of the interim rule, a Finding of No Significant Impact with respect to the environment was made in accordance with HUD regulations in 24 CFR part 50 that implement section 102(2)(C) of the National Environmental Policy Act of 1969 (42 U.S.C. 4332). The interim rule is adopted by this final rule without significant change. Accordingly, the initial Finding of No Significant Impact remains applicable, and is available for public inspection between 7:30 a.m. and 5:30 p.m. weekdays in the office of the Rules Docket Clerk at the above address.

Executive Order 13045, Protection of Children From Environmental Health Risks and Safety Risks

This rule will not pose an environmental health risk or safety risk on children.

Unfunded Mandates Reform Act

The Secretary has reviewed this rule before publication and by approving it certifies, in accordance with the Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1532), that this rule does not impose a Federal mandate that will result in the expenditure by state, local, and tribal governments, in the aggregate, or by the private sector, of $100 million or more in any one year.

The Catalog of Federal Domestic Assistance Number for the HOME Program is 14.239.

List of Subjects in 24 CFR Part 954

Grant programs—housing and community development, Manufactured homes, Rent subsidies, Reporting and recordkeeping requirements.

Accordingly, for the reasons stated in the preamble, title 24 of the Code of Federal Regulations is amended by adopting the interim rule published in the **Federal Register** on June 21, 1996 (61 FR 32292) as final without change.

Dated: October 22, 1997.

Kevin Emanuel Marchman,

Acting Assistant Secretary for Public and Indian Housing.

[FR Doc. 97–28855 Filed 10–30–97; 8:45 am]

BILLING CODE 4210–33–P

NATIONAL LABOR RELATIONS BOARD

29 CFR Part 102

Post-employment Restrictions on Agency Employees

AGENCY: National Labor Relations Board.

ACTION: Final rule.

SUMMARY: The National Labor Relations Board (NLRB) is repealing its current Agency-specific regulations which restrict practice before the Agency by former NLRB employees and substituting therefor a new rule which references the executive branch-wide post-employment restrictions imposed by 18 U.S.C. 207.

EFFECTIVE DATE: October 31, 1997.

FOR FURTHER INFORMATION CONTACT: John J. Toner, Executive Secretary, National Labor Relations Board, 1099 14th Street, NW, Room 11600, Washington, DC 20570. Telephone: (202) 273–1940.

SUPPLEMENTARY INFORMATION: Executive Order 12674 (April 12, 1989), as modified by Executive Order 12731 (October 17, 1990), authorizes the Office of Government Ethics (OGE), in consultation with the Attorney General and the Office of Personnel Management, to issue regulations that ''establish a single, comprehensive, and clear set of executive-branch standards of conduct that shall be objective, reasonable, and enforceable.'' The Executive Order further authorizes OGE, with the concurrence of the Attorney General, to issue regulations interpreting 18 U.S.C. 207–209.

Pursuant to this authority and similar authority granted OGE by the Ethics Reform Act 1989, on August 7, 1992, OGE published new Standards of Ethical Conduct for Employees of the Executive Branch (Standards). See 57 FR 35006–35067, as corrected at 57 FR 48557, 57 FR 52583, and 60 FR 51667, and amended at 61 FR 42965–42970 (as corrected at 61 FR 48733) and 61 FR 50689–50691, with additional grace period extensions at 59 FR 4779–4780, 60 FR 6390–6391, 60 FR 66857–66858, and 61 FR 40950–40952. The Standards, codified at 5 CFR part 2635, became effective February 3, 1993, and established uniform standards of ethical conduct that apply to all executive branch personnel, superseding most agency-specific standards of conduct. Accordingly, on July 21, 1994, the NLRB issued a final rule repealing certain provisions of its own regulations governing employee responsibilities and conduct codified at 29 CFR part 100

which had been superseded by the new Standards. See 59 FR 37157.

OGE has not yet issued new regulations implementing 18 U.S.C. 207, as amended by the Ethics Reform of 1989, pursuant to its authority under that Act and the Executive Orders 12674 and 12731. However, OGE indicated in its notice of the new Standards that it expects to do so. Further, OGE has since advised the Agency that to the extent the NLRB's current post-employment regulations set forth in sections 102.119 and 102.120 if the Board's rules are more restrictive than 18 U.S.C. 207, as amended by the Ethics Reform Act of 1989, they are unenforceable as to any employees leaving the Agency on or after January 1, 1991, the effective date of the 1989 amendments to that statute. Accordingly, the Board is repealing those regulations, and substituting therefor a reference to 18 U.S.C. 207.

Regulatory Requirements

This rule merely conforms current regulations to statutory requirements, affects only former Agency employees, relates solely to agency organization, procedure and practice, and will not have a significant impact on a substantial number of small businesses or impose any information collecting requirements. Accordingly, the Agency finds that prior notice and comment is not required for these rules and that good cause exists for waiving the general requirement of delaying the effective date under the Administrative Procedure Act (5 U.S.C. 553), and that the rules are not subject to the Regulatory Flexibility Act (5 U.S.C. 601), Small Business Regulatory Enforcement Act (5 U.S.C. 801), Paperwork Reduction Act (44 U.S.C. 3501), or Executive Order 12866.

List of Subjects in 29 CFR Part 102

Administrative practice and procedure, Labor management relations.

For reasons set forth above, 29 CFR part 102 is amended as follows:

PART 102—RULES AND REGULATIONS

1. The authority citation for 29 CFR part 102 continues to read as follows:

Authority: Section 6, National Labor Relations Act, as amended (29 U.S.C. 151, 156). Section 103.117(c) also issued under Section 552(a)(4)(A) of the Freedom of Information Act, as amended (5 U.S.C. 552(a)(4)(A)). Sections 102.143 and 102.155 also issued under Section 504(c)(1) of the Equal Access to Justice Act, as amended (5 U.S.C. 504(c)(1)).

2. Subpart L is revised to read as follows;

Subpart L—Post-employment Restrictions on Activities by Former Officers and Employees

§ 102.119 Post-employee restrictions on activities by former Officers and employees.

Former officers and employees of the Agency who were attached to any of its Regional Offices or the Washington staff are subject to the applicable post-employment restrictions imposed by 18 U.S.C. 207. Guidance concerning those restrictions may be obtained from the Designated Agency Ethics Officer and any applicable regulations issued by the Office of Government Ethics.

Dated, Washington, D.C., October 28, 1997.

By direction of the Board.

John J. Toner,

Executive Secretary.

[FR Doc. 97–28926 Filed 10–30–97; 8:45 am]

BILLING CODE 7545–01–M

DEPARTMENT OF THE TREASURY

Departmental Offices

31 CFR Part 1

Privacy Act of 1974; Implementation

AGENCY: Departmental Offices, Treasury.

ACTION: Final Rule.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, 5 U.S.C. 552a, the Department of the Treasury gives notice of an amendment to 31 CFR 1.36 to exempt a new system of records, the Suspicious Activity Reporting System (the SAR System), Treasury/DO.212, from certain provisions of the Privacy Act.

EFFECTIVE DATE: October 31, 1997.

FOR FURTHER INFORMATION CONTACT: Stephen R. Kroll, Legal Counsel, Financial Crimes Enforcement Network, 2070 Chain Bridge Road, Suite 200, Vienna, VA 22182, (703) 905–3590.

SUPPLEMENTARY INFORMATION: The Department of the Treasury published in the **Federal Register**, at 62 FR 14376, March 26, 1997, a proposed rule exempting the Suspicious Activity Reporting System (the SAR System), Treasury/DO.212, from certain provisions of the Privacy Act pursuant to 5 U.S.C. 552a(j)(2) and (k)(2). A notice of this proposed new system of records was also published in the **Federal Register**, at 62 FR 14532, March 26, 1997.

Under 5 U.S.C. 552a(j)(2), the head of an agency may promulgate rules to exempt a system of records from certain provisions of 5 U.S.C. 552a if the system of records is ''maintained by an agency or component thereof which performs as its principal function any activity pertaining to the enforcement of criminal laws, including police efforts to prevent, control, or reduce crime or to apprehend criminals, and the activities of prosecutors, courts, correctional, probation, pardon or parole authorities, and which consists of (A) information compiled for the purpose of identifying individual criminal offenders and alleged offenders and consisting only of identifying data and notations of arrests, the nature and disposition of criminal charges, sentencing, confinement, release, and parole and probation status; (B) information compiled for the purpose of a criminal investigation, including reports of informants and investigators, and associated with an identifiable individual; or (C) reports identifiable to an individual compiled at any stage of the process of enforcement of the criminal laws from arrest or indictment through release from supervision.''

Under 5 U.S.C. 552a(k)(2), the head of an agency may promulgate rules to exempt a system of records from certain provisions of 5 U.S.C. 552a if the system of records is ''investigatory material compiled for law enforcement purposes, other than material within the scope of subsection (j)(2) of this section.''

The notice, proposing that the SAR System of records be exempted from sections (c)(3), (c)(4), (d)(1), (d)(2), (d)(3), (d)(4), (e)(1), (e)(2), (e)(3), (e)(4)(G), (e)(4)(H), (e)(4)(I), (e)(5), (e)(8), (f) and (g) of the Privacy Act, requested that public comments be sent to FinCEN no later than April 25, 1997. FinCEN received one comment. The commenter, a banking trade association, noted that the proposed exemption ''is appropriate.'' Accordingly, the Department of the Treasury is hereby giving notice that its proposed rule, exempting the SAR System from the above referenced provisions of the Privacy Act pursuant to 5 U.S.C. 552a(j)(2) and (k)(2) and the authority of 31 CFR 1.23(c), is being adopted as a final rule without change, except for minor corrections in paragraphs (k)(3) and (k)(4), pertaining to cross references within paragraph (k) of the rule. The reasons for exempting the system of records from the above referenced provisions of the Privacy Act are set forth in the rule.

The Department of the Treasury has determined that this proposed rule is not a ''significant regulatory action'' under Executive Order 12866.

Pursuant to the requirements of the Regulatory Flexibility Act, 5 U.S.C. 601–612, for the reasons set forth in the

preamble to the notice of proposed rulemaking, it is hereby certified that this final rule will not have a significant economic impact on a substantial number of small entities.

In accordance with the provisions of the Paperwork Reduction Act of 1995, 44 U.S.C. 3507(d), the Department of the Treasury has determined that this rule will not impose new recordkeeping, application, reporting, or other types of information collection requirements.

List of Subjects in 31 CFR Part 1

Privacy.

Part 1 of Title 31 of the Code of Federal Regulations is amended as follows:

PART 1—[AMENDED]

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

Authority: 5 U.S.C. 301 and 31 U.S.C. 321. Subpart A also issued under 5 U.S.C. 552 as amended. Subpart C also issued under 5 U.S.C. 552a.

2. Section 1.36 of subpart C is amended by revising the heading ''Office of the Assistant Secretary for Law Enforcement'' to read ''Assistant Secretary (Enforcement)'' and under Financial Crimes Enforcement Network by redesignating paragraph (g) as (l) and by adding paragraphs (g) through (k) to read as follows:

§ 1.36 Systems exempt in whole or in part from the provisions of 5 U.S.C. 552a and this part.

* * * * *

ASSISTANT SECRETARY (ENFORCEMENT)

Financial Crimes Enforcement Network

* * * * *

(g)*In general.* The Assistant Secretary (Enforcement) exempts the system of records entitled ''Suspicious Activity Reporting System'' (Treasury/DO .212) from certain provisions of the Privacy Act of 1974, as amended, 5 U.S.C. 552a.

(h) *Authority.* 5 U.S.C. 552a(j) and (k); 31 CFR 1.23(c).

(i) *General exemptions under 5 U.S.C. 552a(j)(2).* Pursuant to 5 U.S.C. 552a(j)(2), the Assistant Secretary (Enforcement) hereby exempts the Suspicious Activity Reporting System (SAR System) of records, maintained by FinCEN, an office reporting to the Assistant Secretary (Enforcement), from the following provisions of the Privacy Act of 1974:

5 U.S.C. 552a(c)(3) and (4);
5 U.S.C. 552a(d)(1), (2), (3), and (4);
5 U.S.C. 552a(e)(1), (2), and (3);
5 U.S.C. 552a(e)(4)(G), (H), and (I):
5 U.S.C. 552a(e)(5) and (8);
5 U.S.C. 552a(f); and
5 U.S.C. 552a(g).

(j) *Specific exemptions under 5 U.S.C. 552a(k)(2).* To the extent that the exemption under 5 U.S.C. 552a(j)(2) does not apply to the SAR System of records, the Assistant Secretary (Enforcement) hereby exempts the SAR System of records from the following provisions of 5 U.S.C. 552a pursuant to 5 U.S.C. 552a(k)(2):

5 U.S.C. 552a(c)(3);
5 U.S.C. 552a(d)(1), (2), (3), and (4)
5 U.S.C. 552a(e)(1)
5 U.S.C. 552a(e)(4)(G), (H), and (I); and
5 U.S.C. 552a(f).

(k) *Reasons for exemptions under 5 U.S.C. 552a(j)(2) and (k)(2).* (1) 5 U.S.C. 552a(e)(4)(G) and (f)(1) enable individuals to inquire whether a system of records contains records pertaining to them. Application of these provisions to the SAR System would allow individuals to learn whether they have been identified as suspects or possible subjects of investigation. Access by individuals to such knowledge would seriously hinder the law enforcement purposes that the SAR System is created to serve, because individuals involved in activities that are violations of law could:

(i) Take steps to avoid detection;

(ii) Inform associates that an investigation is in progress;

(iii) Learn the nature of the investigation;

(iv) Learn whether they are only suspects or identified as violators of law;

(v) Begin, continue, or resume illegal conduct upon learning that they are not identified in the system of records, or

(vi) Destroy evidence needed to prove the violation.

(2) 5 U.S.C. 552a(d)(1), (e)(4)(H) and (f)(2), (f)(3) and (f)(5) grant individuals access to records containing information about them. The application of these provisions to the SAR System would compromise the ability of the component agencies of the SAR System to use the information effectively for purposes of law enforcement.

(i) Permitting access to records contained in the SAR System would provide individuals with information concerning the nature of any current investigations and would enable them to avoid detection or apprehension, because they could;

(A) Discover the facts that would form the basis of an arrest;

(B) Destroy or alter evidence of criminal conduct that would form the basis of their arrest, and

(C) Delay or change the commission of a crime that was about to be discovered by investigators.

(ii) Permitting access to either on-going or closed investigative files would also reveal investigative techniques and procedures, the knowledge of which could enable individuals planning crimes to structure their operations so as to avoid detection or apprehension.

(3) 5 U.S.C. 552a(d)(2), (d)(3) and (d)(4), (e)(4)(H) and (f)(4) permit an individual to request amendment of a record pertaining to him or her and require the agency either to amend the record or note the disputed portion of the record and, if the agency refuses to amend the record, to provide a copy of the individual's statement of disagreement with the agency's refusal, to persons or other agencies to whom the record is thereafter disclosed. Because these provisions depend on the individual's having access to his or her records, and since these rules exempt the SAR System from the provisions of 5 U.S.C. 552a relating to access to records, for the reasons set out in paragraph (k)(2), these provisions do not apply to the SAR System.

(4) 5 U.S.C. 552a(c)(4) requires an agency to inform any person or other agency about any correction or notation of dispute that the agency made in accordance with 5 U.S.C. 552a(d) to any record that the agency disclosed to the person or agency, if an accounting of the disclosure was made. Because this provision depends on an individual's having access to and an opportunity to request amendment of records pertaining to him or her, and because these rules exempt the SAR System from the provisions of 5 U.S.C. 552a relating to access to and amendment of records, for the reasons set forth in paragraphs (k)(2) and (3), this provision does not apply to the SAR System.

(5) 5 U.S.C. 552a(c)(3) requires an agency to make the accounting of any disclosures of records required by 5 U.S.C. 552a(c)(1) available to the individual named in the record upon his or her request. The accounting must state the date, nature, and purpose of each disclosure of the record and the name and address of the recipient.

(i) The application of this provision would impair the effective use of information collected in the SAR System. Making an accounting of disclosures available to the subjects of an investigation would alert them to the fact that another agency is conducting an investigation into their criminal activities and could reveal the geographic location of the other agency's investigation, the nature and purpose of that investigation, and the dates on which that investigation was active. Violators possessing such knowledge would be able to take measures to avoid detection or apprehension by altering their operations, by transferring their criminal activities to other geographical

areas, or by destroying or concealing evidence that would form the basis for arrest.

(ii) Moreover, providing an accounting to the subjects of investigations would alert them to the fact that FinCEN has information regarding possible criminal activities and could inform them of the general nature of that information. Access to such information could reveal the operation of the information-gathering and analysis systems of FinCEN, the Federal Supervisory Agencies and other SAR System Users and permit violators to take steps to avoid detection or apprehension.

(6) 5 U.S. C. 552a(e)(4)(I) requires an agency to publish a general notice listing the categories of sources for information contained in a system of records. The application of this provision to the SAR System could compromise FinCEN's and the Federal Supervisory Agencies' ability to provide useful information to law enforcement agencies, because revealing sources for the information could:

(i) Disclose investigative techniques and procedures,

(ii) Result in threats or reprisals against informers by the subjects of investigations, and

(iii) Cause informers to refuse to give full information to criminal investigators for fear of having their identities as sources disclosed.

(7) 5 U.S.C. 552a(e)(1) requires an agency to maintain in its records only such information about an individual as is relevant and necessary to accomplish a purpose of the agency required to be accomplished by statute or executive order. The application of this provision to the SAR System could impair the effectiveness of law enforcement because in many cases, especially in the early stages of investigation, it may be impossible immediately to determine whether information collected is relevant and necessary, and information that initially appears irrelevant and unnecessary, upon further evaluation or upon collation with information developed subsequently, often may prove helpful to an investigation.

(8) 5 U.S.C. 552a(e)(2) requires an agency to collect information to the greatest extent practicable directly from the subject individual when the information may result in adverse determinations about an individual's rights, benefits, and privileges under Federal programs. The application of this provision to the SAR System would impair FinCEN's ability to collect, analyze and disseminate to System Users investigative or enforcement information. The SAR System is designed to house information about known or suspected criminal activities or suspicious transactions that has been collected and reported by financial institutions, or their examiners or other enforcement or supervisory officials. It is not feasible to rely upon the subject of an investigation to supply information. An attempt to obtain information from the subject of any investigation would alert that individual to the existence of an investigation, providing an opportunity to conceal criminal activity and avoid apprehension. Further, with respect to the initial SAR, 31 U.S.C. § 5318(g)(2) specifically prohibits financial institutions making such reports from notifying any participant in the transaction that a report has been made.

(9) 5 U.S.C. 552a(e)(3) requires an agency to inform each individual whom it asks to supply information, on the form that it uses to collect the information or on a separate form that the individual can retain, the agency's authority for soliciting the information; whether disclosure of information is voluntary or mandatory; the principal purposes for which the agency will use the information; the routine uses that may be made of the information; and the effects on the individual of not providing all or part of the information. The application of these provisions to the SAR System would compromise the ability of the component agencies of the SAR System to use the information effectively for purposes of law enforcement.

(10) 5 U.S.C. 552a(e)(5) requires an agency to maintain all records it uses in making any determination about any individual with such accuracy, relevance, timeliness, and completeness as is reasonably necessary to assure fairness to the individual in the determination. Application of this provision to the SAR System would hinder the collection and dissemination of information. Because Suspicious Activity Reports are filed by financial institutions with respect to known or suspected violations of law or suspicious activities, it is not possible at the time of collection for the agencies that use the SAR System to determine that the information in such records is accurate, relevant, timely and complete.

(11) 5 U.S.C. 552a(e)(8) requires an agency to make reasonable efforts to serve notice on an individual when the agency makes any record on the individual available to any person under compulsory legal process, when such process becomes a matter of public record. Application of these requirements to the SAR System would prematurely reveal the existence of an ongoing investigation to the subject of investigation where there is need to keep the existence of the investigation secret. It would render ineffective 31 U.S.C. § 5318(g)(2), which prohibits financial institutions and their officers, employees and agents from disclosing to any person involved in a transaction that a SAR has been filed.

(12) 5 U.S.C. 552a(g) provides an individual with civil remedies when an agency wrongfully refuses to amend a record or to review a request for amendment, when an agency wrongfully refuses to grant access to a record, when any determination relating to an individual is based on records that are not accurate, relevant, timely and complete, and when an agency fails to comply with any other provision of 5 U.S.C. 552a so as to adversely affect the individual. Because the SAR System is exempt from these provisions it follows that civil remedies for failure to comply with these provisions are not appropriate.

* * * * *

Dated: September 26, 1997.

Alex Rodriguez,

Deputy Assistant Secretary (Administration)

[FR Doc. 97–28835 Filed 10–30–97; 8:45 am]

Billing Code: 4820–03–F

DEPARTMENT OF THE TREASURY

31 CFR Part 103

RIN 1506–AA12

Financial Crimes Enforcement Network; Bank Secrecy Act Regulations; Exemption From the Requirement to Report Transactions in Currency—Phase II; Open Working Meeting

AGENCY: Financial Crimes Enforcement Network, Treasury.

ACTION: Meeting on proposed regulations.

SUMMARY: The Financial Crimes Enforcement Network (''FinCEN'') will hold a working meeting to give interested persons the opportunity to discuss with Treasury officials issues regarding proposed Bank Secrecy Act regulations relating to exemptions from the requirement to report transactions in currency in excess of $10,000.

DATES: November 7, 1997, 9:00 a.m. to 12 noon.

ADDRESSES: Renaissance Washington D.C. Hotel, Renaissance West Salon, 999 9th Street, NW, Washington, D.C. 20001.

FOR FURTHER INFORMATION CONTACT: Charles Klingman, Financial Institutions

Policy Specialist, FinCEN, at (703) 905–3602, or Albert R. Zarate, Attorney-Advisor, Office of Legal Counsel, FinCEN, (703) 905–3807.

SUPPLEMENTARY INFORMATION: On September 8, 1997, FinCEN issued proposed regulations (62 FR 47156) relating to exemptions from the requirement in 31 CFR 103.22 to report transactions in currency in excess of $10,000.[1] The proposed regulations introduce two new classes of exempt persons: ''non-listed businesses'' and ''payroll customers.'' The proposed regulations also provide operating rules for determining whether a customer is an exempt person and restructure 31 CFR 103.22 to reflect changes to the exemption system.

FinCEN is announcing today that it will hold a meeting on November 7, 1997 to discuss issues relating to the proposed exemption regulations. Although persons attending the meeting are encouraged to discuss any of their concerns about the proposed regulations, FinCEN hopes that the meeting will include discussion of the following matters:

1. Concerns, including specific estimates of costs, regarding the proposed requirement to file annual reports of the aggregate currency deposits and withdrawals by non-listed businesses and payroll customers,

2. Information banks currently possess about the ranges of cash transactions by customers exempted under the administrative exemption system (for example, the percentage and type of exempt customers with total cash transactions of around $25,000, $50,000, $100,000, etc.), and the potential uses of that information to assist law enforcement,

3. Concerns regarding the prohibition against commingling personal and business funds in the accounts of sole proprietors,

4. suggestions on ways to shorten the list of businesses ineligible for exemption, and

5. Suggestions for dealing with businesses with multiple activities one of which is not eligible for exemption, (for example, a grocery store with both a money services business activity such as the sale of money orders and non-money services business activities).

The meeting is not intended as a substitute for FinCEN's request for written comments in the notice of proposed rulemaking published September 8, 1997. Rather, the meeting is intended to help make the comment process as productive as possible by providing a forum between the industry and FinCEN concerning issues relating to the proposed regulations. The meeting will be open to the public and will be recorded; prepared statements will be accepted for inclusion in the record. A transcript of the meeting will be available for public inspection and copying. Accordingly, oral or written material not intended to be disclosed to the public should not be raised at the meeting.

Dated: October 27, 1997.

Stephen R. Kroll,

Federal Register Liaison Officer, Financial Crimes Enforcement Network.

[FR Doc. 97–28885 Filed 10–30–97; 8:45 am]

BILLING CODE 4820–03–P

[1] On September 8, 1997, FinCEN also issued final regulations (62 FR 47141) exempting from the requirement to report transactions in currency in excess of $10,000 transactions occurring between banks and certain exempt persons. The final regulations treat the following classes of persons as exempt if the specific requirements of the regulations are met: (1) Banks, (2) federal, state, and local government departments and agencies, (3) certain entities that exercise governmental authority, (4) entities (other than banks) listed on applicable national security exchanges, and (5) certain subsidiaries of those listed entities. These exemptions are a step to a simpler exemption system and implement the Money Laundering Suppression Act of 1994.

POSTAL SERVICE

39 CFR Part 20

Interim Rule for Global Package Link (GPL) to Canada

AGENCY: Postal Service.

ACTION: Interim rule with request for comments.

SUMMARY: The Postal Service is amending the regulations on Global Package Link (GPL) to Canada. For the Ground Courier service (henceforth to be referred to as GPL Standard), new pricing and a change in some of the features are being announced, effective publication date. At that same date, the Ground Gateway service will be eliminated. The new pricing for GPL Standard is based on origin and destination, and is, in most cases, a reduction in the rates previously established.

DATES: These regulations take effect as of October 31, 1997. Comments must be received on or before December 1, 1997.

ADDRESSES: Written comments should be mailed or delivered to International Business Unit, U.S. Postal Service, 475 L'Enfant Plaza SW, 370–IBU, Washington, DC 20260–6500. Copies of all written comments will be available for public inspection and photocopying between 9 a.m. and 4 p.m., Monday through Friday, at the above address.

FOR FURTHER INFORMATION CONTACT: Robert E. Michelson, (202) 268–5731.

SUPPLEMENTARY INFORMATION:

I. Introduction

General Description

GPL is a service that provides fast, economical international delivery of packages containing merchandise. GPL makes it easier and less costly for mail-order companies to export goods. The Postal Service provides GPL a destination country-specific basis pursuant to the terms and conditions stipulated in section 620 of the International Mail Manual and the Individual Country Listings.

II. GPL to Canada

Description

GPL to Canada currently offers an Air Courier, a Ground Courier, and a Ground Gateway service. The Air Courier Service will be renamed GPL Premium. There will be no other changes to the Air Courier service. The Ground Courier service will be renamed GPL Standard. The Ground Gateway Service will be discontinued, since the new GPL Standard rates will be lower than the Ground Gateway rates. GPL Standard will differ from the existing Ground Courier service in the following ways:

1. Pricing will be based on four originating zones in the United States and local, regional, and national destinating zones in Canada.

2. Insurance coverage will be increased. Insurance will be included in the price for up to $100 (U.S.), and optional coverage of $100–$1000 (U.S.) will be available for a fee of $.90 per $100 of insurance over the first $100 based on the value of the item declared.

3. For mail entering Canada through Vancouver (generally, mail originating in Zone C (Seattle) or Zone D (San Francisco)) there will be no changes other than those mentioned in items #1 and #2 above; that is, a new pricing structure and an increase in insurance availability.

4. For mail entering Canada through Toronto (generally, mail originating in Zone A (Buffalo, Chicago, New York City) or in Zone B (Dallas, Miami)), the following additional changes will take place:

- The service standard is anticipated to be from three to five days after receipt by the U.S. Postal Service.
- Preparation requirements will include that the customer place a Canada Post Xpresspost label on the package.

III. Rates

For GPL Standard, rates will differ based on origin processing site and destination, and will in most cases be substantially below current rates. There are four origin zones:

Zone A. includes entry Chicago, New York, Buffalo;

Zone B. Miami, Dallas;

Zone C. Seattle;

Zone D. San Francisco.

Mail originating in Zones A and B will generally be dispatched to Toronto; mail originating in Zones C and D will be generally dispatched to Vancouver. mail entered in Dallas may be dispatched to either Toronto or Vancouver. There are three destination zones for each Canadian entry point: local, regional, and national, based on distance from Toronto or Vancouver. Effective October 31, 1997, rates for packages mailed to Canada via GPL are as follows:

ZONE A

[Canadian Entry: Toronto; U.S. Origins: Buffalo, Chicago, New York]

Weight not to exceed (pounds)	Standard		
	Local (T)	Regional (T)	National (T)
1	$5.16	$6.61	$6.89
2	5.58	7.64	8.07
3	5.97	8.41	9.22
4	6.36	9.18	10.38
5	6.83	9.95	11.54
6	7.30	10.73	12.69
7	7.77	11.49	13.85
8	8.24	12.27	15.01
9	8.72	13.04	16.16
10	9.19	13.81	17.32
11	9.58	14.20	17.70
12	10.05	14.97	18.86
13	10.52	15.74	20.02
14	10.99	16.51	21.17
15	11.46	17.28	22.33
16	11.93	18.05	23.49
17	12.40	18.82	24.64
18	12.87	19.59	25.80
19	13.34	20.36	26.95
20	13.82	21.13	28.11
21	14.29	21.90	29.26
22	14.67	22.29	29.65
23	15.15	23.07	30.81
24	15.62	23.83	31.96
25	16.09	24.61	33.12
26	16.56	25.38	34.27
27	17.03	26.15	35.43
28	17.50	26.92	36.58
29	17.97	27.69	37.74
30	18.44	28.46	38.90
31	18.91	29.23	40.05
32	19.38	30.00	41.21
33	19.77	30.39	41.60
34	20.24	31.16	42.75
35	20.71	31.93	43.91
36	21.18	32.70	45.06
37	21.66	33.47	46.22
38	22.13	34.24	47.38
39	22.60	35.02	48.53
40	23.07	35.78	49.69
41	23.54	36.56	50.84
42	24.01	37.33	52.00
43	24.48	38.10	53.15
44	24.87	38.49	53.54
45	25.34	39.26	54.70
46	25.81	40.03	55.85
47	26.28	40.80	57.01
48	26.75	41.57	58.17
49	27.22	42.34	59.32
50	27.70	43.11	6048
51	28.17	43.88	61.63
52	28.64	44.65	62.79
53	29.11	45.42	63.95
54	29.50	45.81	64.34
55	29.97	46.58	65.49
56	30.44	47.36	66.64
57	30.91	48.12	67.80
58	31.38	48.90	68.95

ZONE A—Continued

[Canadian Entry: Toronto; U.S. Origins: Buffalo, Chicago, New York]

Weight not to exceed (pounds)	Standard		
	Local (T)	Regional (T)	National (T)
59	31.85	49.67	70.11
60	32.32	50.44	71.27
61	32.79	51.21	72.42
62	33.26	51.98	73.58
63	33.73	52.75	74.73
64	34.21	53.52	75.89
65	34.60	53.91	76.28
66	35.07	54.68	77.43

ZONE B

[Canadian Entry: Toronto; U.S. Origins: Dallas,[1] Miami]

Weight not to exceed (pounds)	Standard		
	Local (T)	Regional (T)	National (T)
1	$5.69	$7.14	$7.42
2	6.64	8.70	9.12
3	7.56	10.00	10.81
4	8.48	11.30	12.50
5	9.47	12.60	14.18
6	10.47	13.90	15.86
7	11.47	15.19	17.55
8	12.47	16.49	19.23
9	13.47	17.79	20.92
10	14.47	19.09	22.60
11	15.39	20.01	23.52
12	16.39	21.31	25.20
13	17.39	22.60	26.89
14	18.39	23.91	28.57
15	19.39	25.21	30.25
16	20.38	26.50	31.94
17	21.38	27.81	33.62
18	22.38	29.10	35.31
19	23.38	30.40	36.99
20	24.38	31.70	38.68
21	25.38	33.00	40.36
22	26.30	33.92	41.28
23	27.30	35.22	42.96
24	28.30	36.51	44.64
25	29.30	37.82	46.33
26	30.30	39.11	48.01
27	31.29	40.41	49.70
28	32.30	41.72	51.38
29	33.29	43.01	53.07
30	34.29	44.31	54.75
31	35.29	45.61	56.43
32	36.29	46.91	58.12
33	37.21	47.83	59.03
34	38.21	49.13	60.72
35	39.21	50.42	62.40
36	40.21	51.72	64.08
37	41.21	53.02	65.77
38	42.20	54.32	67.46
39	43.21	55.62	69.14
40	44.20	56.92	70.82
41	45.20	58.22	72.51
42	46.20	59.52	74.19
43	47.20	60.82	75.87
44	48.12	61.74	76.79
45	49.12	63.04	78.47
46	50.12	64.33	80.16
47	51.12	65.63	81.84
48	52.12	66.93	83.53
49	53.11	68.23	85.21
50	54.12	69.53	86.90

ZONE B—Continued

[Canadian Entry: Toronto; U.S. Origins: Dallas,[1] Miami]

Weight not to exceed (pounds)	Standard		
	Local (T)	Regional (T)	National (T)
51	55.11	70.83	88.58
52	56.11	72.13	90.27
53	57.11	73.43	91.95
54	58.03	74.35	92.87
55	59.03	75.64	94.55
56	60.03	76.95	96.23
57	61.03	78.24	97.92
58	62.03	79.54	99.60
59	63.03	80.84	101.29
60	64.03	82.14	102.97
61	65.03	83.44	104.65
62	66.02	84.74	106.34
63	67.02	86.04	108.02
64	68.02	87.34	109.71
65	68.94	88.25	110.63
66	69.94	89.55	112.31

[1] Mail entered in Dallas may, subject to a signed agreement with the Postal Service, be entered through Vancouver rather than Toronto. In that case, the mail would receive the rates for U.S. origin Seattle.

ZONE C

[Canadian Entry: Vancouver; U.S. Origin: Seattle]

Weight not to exceed (pounds)	Standard		
	Local (V)	Regional (V)	National (V)
1	$6.89	$8.17	$10.47
2	7.27	8.55	10.84
3	7.64	8.92	11.21
4	8.01	9.29	11.59
5	8.39	9.67	11.96
6	8.76	10.04	12.33
7	9.13	10.42	12.71
8	9.51	10.79	13.08
9	9.88	11.16	13.45
10	10.26	11.54	13.83
11	10.70	12.04	14.33
12	11.15	12.55	14.84
13	11.59	13.05	15.34
14	12.04	13.56	15.85
15	12.49	14.06	16.35
16	12.93	14.56	16.86
17	13.38	15.07	17.36
18	13.83	15.57	17.87
19	14.27	16.08	18.37
20	14.72	16.58	18.88
21	15.17	17.09	19.38
22	15.61	17.59	19.89
23	16.06	18.10	20.39
24	16.51	18.60	20.90
25	16.95	19.11	21.40
26	17.40	19.61	21.91
27	17.85	20.12	22.41
28	18.29	20.62	22.92
29	18.74	21.13	23.42
30	19.18	21.63	23.93
31	19.63	22.14	24.43
32	20.08	22.64	24.94
33	20.52	23.15	25.44
34	20.97	23.65	25.94
35	21.42	24.16	26.45
36	21.86	24.66	26.95
37	22.31	25.17	27.46
38	22.76	25.67	27.96
39	23.20	26.18	28.47
40	23.65	26.68	28.97
41	24.10	27.19	29.48

ZONE C—Continued

[Canadian Entry: Vancouver; U.S. Origin: Seattle]

Weight not to exceed (pounds)	Standard		
	Local (V)	Regional (V)	National (V)
42	24.54	27.69	29.98
43	24.99	28.20	30.49
44	25.44	28.70	30.99
45	25.88	29.21	31.50
46	26.33	29.71	32.00
47	26.77	30.22	32.51
48	27.22	30.72	33.01
49	27.67	31.23	33.52
50	28.11	31.73	34.02
51	28.56	32.24	34.53
52	29.01	32.74	35.03
53	29.45	33.24	35.54
54	29.90	33.75	36.04
55	30.35	34.25	36.55
56	30.79	34.76	37.05
57	31.24	35.26	37.56
58	31.69	35.77	38.06
59	32.13	36.27	38.57
60	32.58	36.78	39.07
61	33.03	37.28	39.58
62	33.47	37.79	40.08
63	33.92	38.29	40.59
64	34.36	38.80	41.09
65	34.81	39.30	41.60
66	35.26	39.81	42.10

ZONE D

[Canadian Entry: Vancouver; U.S. Origins: San Francisco]

Weight not to exceed (pounds)	Standard		
	Local (V)	Regional (V)	National (V)
1	$7.42	$8.70	$11.00
2	8.33	9.61	11.90
3	9.23	10.51	12.80
4	10.13	11.41	13.71
5	11.04	12.32	14.61
6	11.94	13.22	15.51
7	12.84	14.12	16.42
8	13.75	15.03	17.32
9	14.65	15.93	18.22
10	15.55	16.83	19.13
11	16.53	17.87	20.16
12	17.51	18.90	21.20
13	18.48	19.94	22.23
14	19.46	20.97	23.27
15	20.44	22.01	24.30
16	21.41	23.04	25.33
17	22.39	24.08	26.37
18	23.36	25.11	27.40
19	24.34	26.15	28.44
20	25.32	27.18	29.47
21	26.29	28.22	30.51
22	27.27	29.25	31.54
23	28.25	30.29	32.58
24	29.22	31.32	33.61
25	30.20	32.35	34.65
26	31.17	33.39	35.68
27	32.15	34.42	36.72
28	33.13	35.46	37.75
29	34.10	36.49	38.79
30	35.08	37.53	39.82
31	36.06	38.56	40.86
32	37.03	39.60	41.89
33	38.01	40.63	42.92
34	38.98	41.67	43.96

ZONE D—Continued

[Canadian Entry: Vancouver; U.S. Origins: San Francisco]

Weight not to exceed (pounds)	Standard		
	Local (V)	Regional (V)	National (V)
35	39.96	42.70	44.99
36	40.94	43.74	46.03
37	41.91	44.77	47.06
38	42.89	45.81	48.10
39	43.87	46.84	49.13
40	44.84	47.87	50.17
41	45.82	48.91	51.20
42	46.80	49.94	52.24
43	47.77	50.98	53.27
44	48.75	52.01	54.31
45	49.72	53.05	55.34
46	50.70	54.08	56.38
47	51.68	55.12	57.41
48	52.65	56.15	58.44
49	53.63	57.19	59.48
50	54.61	58.22	60.51
51	55.58	59.26	61.55
52	56.56	60.29	62.58
53	57.53	61.33	63.62
54	58.51	62.36	64.65
55	59.49	63.40	65.69
56	60.46	64.43	66.72
57	61.44	65.46	67.76
58	62.42	66.50	68.79
59	63.39	67.53	69.83
60	64.37	68.57	70.86
61	65.35	69.60	71.90
62	66.32	70.64	72.93
63	67.30	71.67	73.97
64	68.27	72.71	75.00
65	69.25	73.74	76.03
66	70.23	74.78	77.07

The Postal Service adopts the following amendments to the International Mail Manual, which is incorporated by reference in the Code of Federal Regulations. See 39 CFR 20.1.

List of Subjects in 39 CFR Part 20

International Post Service, Foreign Relation.

PART 20—[AMENDED]

1. The authority for 39 CFR Part 20 continues to read as follows:

Authority: 5 U.S.C. 552(a); 39 U.S.C. 401, 404, 407, 408.

2. Effective October 31, 1997 subchapter 620 of International Mail Manual Issue 19 is amended to read as follows:

Global Package Link (620)

622 QUALIFYING MAILERS

* * * * *

622.2 Linking Information Systems

[Renumber current 622.2 as 622.21, General. Add new 622.21 as follows:]

622.21 Additional Data Required for GPL Standard to Canada

For GPL Standard Service to Canada, the data file must include for each package, in addition to those items specified in 622.2, the Canadian postal code and the insured value of the parcel.

* * * * *

623.3 Size and Weight Limits

[Add the following information at the end of the section:]

In addition, for Canada Standard mail originating in GPL facilities located in New York City, Buffalo, Chicago, Dallas, and Miami, and dispatched through Toronto, the following restrictions apply:

- Minimum length is 4 in, minimum width is 3 in, minimum thickness is .007 in.
- Maximum length, width, or depth is 78 in.
- Maximum length plus girth is 108 in.
- An oversize surcharge of $4.00 US applies to each parcel if:
- length, width, or depth exceeds 43 in or
- length, plus girth exceed 78 in.
- Minimum Density requirements also apply to any parcel weighing less than 15 lbs. that is over 84 inches length/width/girth will be rated as weighing 15 lbs. and charged at the 15 lb. rate.

* * * * *

624 PREPARATION REQUIREMENTS

[Add new 624.16, Canada, as follows:]

624.16 Canada

In addition, customers using standard service to Canada whose mail originates in GPL processing facilities located in New York City, Buffalo, Chicago, Miami, or Dallas must apply a Canada Post Xpresspost production identification label.

* * * * *

626 SERVICE AVAILABLE

626.1 Delivery Options

626.11 Premium Service

Premium service is available to all countries except France. Packages sent through premium service are transported to the destination country

by air where they receive special handling and expedited delivery. The mailer can track premium service packages through delivery. Reports of delivery performance are furnished to the mailer in the formats and at the frequencies agreed upon by the Postal Service and the mailer.

626.12 Standard Service

Standard service is available to France, Japan, Canada, Singapore, and the United Kingdom. Packages sent through standard service are transported to the destination country by air (or a combination of air/ground to Canada) for delivery. The mailer can track standard service packages through dispatch from the GPL processing facility for Japan and through delivery for the United Kingdom and Canada. In Mexico, standard service provides for customer pickup of parcels at selected, secured, customer service centers with tracking to pickup.

* * * * *

626.14 Canada Ground Service

[Delete the entire section and renumber current 626.15 as 626.14.]

* * * * *

626.3 Insurance and Indemnity

[Replace section 626.321 as follows:]

626.321 Canada

Packages sent through standard Service to Canada are insured for the declared value for up to $100 (U.S.). Optional coverage $100.00 to $1000 U.S. will be available for a fee of $.90 per $100 of insurance over the first $100.

INSURANCE FOR GPL STANDARD SERVICE TO CANADA

Insured amount not over (dollars)	Fee
100	No fee.
200	$.90
300	1.70
400	2.60
500	3.50
600	4.40
700	5.30
800	6.20
900	7.10

INSURANCE FOR GPL STANDARD SERVICE TO CANADA—Continued

Insured amount not over (dollars)	Fee
1000	8.00

* * * * *

Individual Country Listing—Canada

[Delete description of Ground Gateway Service and Processing and Acceptance information for Ground Gateway Service. Replace with the following:]

Standard Service

For Standard Service, pricing will be based on four originating zones in the United States and local, regional, and national destinating zones in Canada.

The four origin zones are:

Zone A. includes entry Chicago, New York, Buffalo;
Zone B. Miami, Dallas;
Zone C. Seattle;
Zone D. San Francisco.

Mail originating in Zones A and B will generally be dispatched to Toronto; mail originating in Zones C and D will be generally dispatched to Vancouver. Mail entered in Dallas may be dispatched to either Toronto or Vancouver. The destination zones in Canada, local, regional, and national, are based on distance from Toronto or Vancouver.

[Replace the current rate table with the following rate tables:]

GLOBAL PACKAGE LINK TO CANADA RATE CHART—PREMIUM SERVICE

Weight not over (pounds)	Price per item	
	Premium	Returns (see 626.23)
1	$9.15	$6.49
2	10.01	7.16
3	11.53	7.82
4	13.04	8.49
5	14.56	9.16
6	15.96	9.83
7	17.46	10.49
8	18.97	11.16
9	20.47	11.83
10	21.98	12.50
11	23.32	13.16
12	24.81	13.83
13	26.32	14.50

GLOBAL PACKAGE LINK TO CANADA RATE CHART—PREMIUM SERVICE—Continued

Weight not over (pounds)	Price per item	
	Premium	Returns (see 626.23)
14	$27.81	$15.17
15	29.31	15.83
16	30.80	16.50
17	32.31	17.17
18	33.80	17.84
19	35.29	18.50
20	36.79	19.17
21	38.02	19.84
22	39.50	20.50
23	40.99	21.17
24	42.47	21.84
25	43.97	22.51
26	45.45	23.17
27	46.59	23.84
28	48.42	24.51
29	49.91	25.18
30	51.40	25.84
31	52.50	26.51
32	53.97	27.18
33	55.46	27.85
34	56.93	28.51
35	58.40	29.18
36	59.87	29.85
37	61.36	30.52
38	62.83	31.18
39	64.31	31.85
40	65.78	32.52
41	66.78	33.19
42	68.24	33.85
43	69.70	34.52
44	71.16	35.19
45	72.64	35.86
46	73.56	36.52
47	75.01	37.19
48	76.46	37.86
49	77.81	38.52
50	79.37	39.19
51	80.83	39.86
52	82.29	40.53
53	83.74	41.19
54	85.20	41.86
55	86.66	42.53
56	87.47	43.20
57	88.91	43.86
58	90.36	44.53
59	91.80	45.20
60	93.26	45.87
61	94.70	46.53
62	96.15	47.20
63	96.88	47.87
64	98.31	48.54
65	99.75	49.50
66	101.18	49.87

Discounts: Postage is reduced by the following additional discounts once the applicable volume thresholds are reached during a 12-month period: Over 100,000 annually 3.00%. No discounts are available for returns.

GPL STANDARD—ORIGIN ZONE A

[Canadian Entry: Toronto; U.S. Origins: Buffalo, Chicago, New York]

Weight not to exceed (pounds)	Standard		
	Destination		
	Local (T)	Regional (T)	National (T)
1	$5.16	$6.61	$6.89
2	5.58	7.64	8.07
3	5.97	8.41	9.22
4	6.36	9.18	10.38
5	6.83	9.95	11.54
6	7.30	10.73	12.69
7	7.77	11.49	13.85
8	8.24	12.27	15.01
9	8.72	13.04	16.16
10	9.19	13.81	17.32
11	9.58	14.20	17.70
12	10.05	14.97	18.86
13	10.52	15.74	20.02
14	10.99	16.51	21.17
15	11.46	17.28	22.33
16	11.93	18.05	23.49
17	12.40	18.82	24.64
18	12.87	19.59	25.80
19	13.34	20.36	26.95
20	13.82	21.13	28.11
21	14.29	21.90	29.26
22	14.67	22.29	29.65
23	15.15	23.07	30.81
24	15.62	23.83	31.96
25	16.09	24.61	33.12
26	16.56	25.38	34.27
27	17.03	26.15	35.43
28	17.50	26.92	36.58
29	17.97	27.69	37.74
30	18.44	28.46	38.90
31	18.91	29.23	40.05
32	19.38	30.00	41.21
33	19.77	30.39	41.60
34	20.24	31.16	42.75
35	20.71	31.93	43.91
36	21.18	32.70	45.06
37	21.66	33.47	46.22
38	22.13	34.24	47.38
39	22.60	35.02	48.53
40	23.07	35.78	49.69
41	23.54	36.56	50.84
42	24.01	37.33	52.00
43	24.48	38.10	53.15
44	24.87	38.49	53.54
45	25.34	39.26	54.70
46	25.81	40.03	55.85
47	26.28	40.80	57.01
48	26.75	41.57	58.17
49	27.22	42.34	59.32
50	27.70	43.11	60.48
51	28.17	43.88	61.63
52	28.64	44.65	62.79
53	29.11	45.42	63.95
54	29.50	45.81	64.34
55	29.97	46.58	65.49
56	30.44	47.36	66.64
57	30.91	48.12	67.80
58	31.38	48.90	68.95
59	31.85	49.67	70.11
60	32.32	50.44	71.27
61	32.79	51.21	72.42
62	33.26	51.98	73.58
63	33.73	52.75	74.73
64	34.21	53.52	75.89
65	34.60	53.91	76.28
66	35.07	54.68	77.43

Discounts: Postage is reduced by the following additional discounts once the applicable volume thresholds are reached during a 12-month period: Over 100,000 annually 3.00%. No discounts are available for returns.

ORIGIN ZONE B

[Canadian Entry: Toronto; U.S. Origins: Dallas [1] and Miami]

Weight not to exceed (pounds)	Standard		
	Destination		
	Local (T)	Regional (T)	National (T)
1	$5.69	$7.14	$7.42
2	6.64	8.70	9.12
3	7.56	10.00	10.81
4	8.48	11.30	12.50
5	9.47	12.60	14.18
6	10.47	13.90	15.86
7	11.47	15.19	17.55
8	12.47	16.49	19.23
9	13.47	17.79	20.92
10	14.47	19.09	22.60
11	15.39	20.01	23.52
12	16.39	21.31	25.20
13	17.39	22.60	26.89
14	18.39	23.91	28.57
15	19.39	25.21	30.25
16	20.38	26.50	31.94
17	21.38	27.81	33.62
18	22.38	29.10	35.31
19	23.38	30.40	36.99
20	24.38	31.70	38.68
21	25.38	33.00	40.36
22	26.30	33.92	41.28
23	27.30	35.22	42.96
24	28.30	36.51	44.64
25	29.30	37.82	46.33
26	30.30	39.11	48.01
27	31.29	40.41	49.70
28	32.30	41.72	51.38
29	33.29	43.01	53.07
30	34.29	44.31	54.75
31	35.29	45.61	56.43
32	36.29	46.92	58.12
33	37.21	47.83	59.03
34	38.21	49.13	60.72
35	39.21	50.42	62.40
36	40.21	51.72	64.08
37	41.21	53.02	65.77
38	42.20	54.32	67.46
39	43.21	55.62	69.14
40	44.20	56.92	70.82
41	45.20	58.22	72.51
42	46.20	59.52	74.19
43	47.20	60.82	75.87
44	48.12	61.74	76.79
45	49.12	63.04	78.47
46	50.12	64.33	80.16
47	51.12	65.63	81.84
48	52.12	66.93	83.53
49	53.11	68.23	85.21
50	54.12	69.53	86.90
51	55.11	70.83	88.58
52	56.11	72.13	90.27
53	57.11	73.43	91.95
54	58.03	74.35	92.87
55	59.03	75.64	94.55
56	60.03	76.95	96.23
57	61.03	78.24	97.92
58	62.03	79.54	99.60
59	63.03	80.84	101.29
60	64.03	82.14	102.97
61	65.03	83.44	104.65
62	66.02	84.74	106.34
63	67.02	86.04	108.02
64	68.02	87.34	109.71

ORIGIN ZONE B—Continued

[Canadian Entry: Toronto; U.S. Origins: Dallas [1] and Miami]

Weight not to exceed (pounds)	Standard		
	Destination		
	Local (T)	Regional (T)	National (T)
65	68.94	88.25	110.63
66	69.94	89.55	112.31

[1] By special agreement Dallas origin mail may be entered in Vancouver. This mail will be charged Origin Lone C rates.

Discounts: Postage is reduced by the following additional discounts once the applicable volume thresholds are reached during a 12-month period: Over 100,000 annually 3.00%. No discounts are available for returns.

ORIGIN ZONE C

[Canadian Entry: Vancouver; U.S. Origin: Seattle]

Weight not to exceed (pounds)	Standard			
	Destination			Returns (see 626.23)
	Local (V)	Regional (V)	National (V)	
1	$6.89	$8.17	$10.47	$6.49
2	7.27	8.55	10.84	7.16
3	7.64	8.92	11.21	7.82
4	8.01	9.29	11.59	8.49
5	8.39	9.67	11.96	9.16
6	8.76	10.04	12.33	9.83
7	9.13	10.42	12.71	10.49
8	9.51	10.79	13.08	11.16
9	9.88	11.16	13.45	11.83
10	10.26	11.54	13.83	12.50
11	10.70	12.04	14.33	13.16
12	11.15	12.55	14.84	13.83
13	11.59	13.05	15.34	14.50
14	12.04	13.56	15.85	15.17
15	12.49	14.06	16.35	15.83
16	12.93	14.56	16.86	16.50
17	13.38	15.07	17.36	17.17
18	13.83	15.57	17.87	17.84
19	14.27	16.08	18.37	18.50
20	14.72	16.58	18.88	19.17
21	15.17	17.09	19.38	19.84
22	15.61	17.59	19.89	20.50
23	16.06	18.10	20.39	21.17
24	16.51	18.60	20.90	21.84
25	16.95	19.11	21.40	22.51
26	17.40	19.61	21.91	23.17
27	17.85	20.12	22.41	23.84
28	18.29	20.62	22.92	24.51
29	18.74	21.13	23.42	25.18
30	19.18	21.63	23.93	25.84
31	19.63	22.14	24.43	26.51
32	20.08	22.64	24.94	27.18
33	20.52	23.15	25.44	27.85
34	20.97	23.65	25.94	28.51
35	21.42	24.16	26.45	29.18
36	21.86	24.66	26.95	29.85
37	22.31	25.17	27.46	30.52
38	22.76	25.67	27.96	31.18
39	23.20	26.18	28.47	31.85
40	23.65	26.68	28.97	32.52
41	24.10	27.19	29.48	33.19
42	24.54	27.69	29.98	33.85
43	24.99	28.20	30.49	34.52
44	25.44	28.70	30.99	35.19
45	25.88	29.21	31.50	35.86
46	26.33	29.71	32.00	36.52
47	26.77	30.22	32.51	37.19
48	27.22	30.72	33.01	37.86
49	27.67	31.23	33.52	38.52
50	28.11	31.73	34.02	39.19
51	28.56	32.24	34.53	39.86

ORIGIN ZONE C—Continued

[Canadian Entry: Vancouver; U.S. Origin: Seattle]

Weight not to exceed (pounds)	Standard			
	Destination			Returns (see 626.23)
	Local (V)	Regional (V)	National (V)	
52	29.01	32.74	35.03	40.53
53	29.45	33.24	35.54	41.19
54	29.90	33.75	36.04	41.86
55	30.35	34.25	36.55	42.53
56	30.79	34.76	37.05	43.20
57	31.24	35.26	37.56	43.86
58	31.69	35.77	38.06	44.53
59	32.13	36.27	38.57	45.20
60	32.58	36.78	39.07	45.87
61	33.03	37.28	39.58	46.53
62	33.47	37.79	40.08	47.20
63	33.92	38.29	40.59	47.87
64	34.36	38.80	41.09	48.54
65	34.81	39.30	41.60	49.20
66	35.26	39.81	42.10	49.87

Discounts: Postage is reduced by the following additional discounts once the applicable volume thresholds are reached during a 12-month period: Over 100,000 annually 3.00%. No discounts are available for returns.

ORIGIN ZONE D

[Canadian Entry: Vancouver; U.S. Origins: San Francisco]

Weight not to exceed (pounds)	Standard			
	Destination			Returns (see 626.23)
	Local (V)	Regional (V)	National (V)	
1	$7.42	$8.70	$11.00	$6.49
2	8.33	9.61	11.90	7.16
3	9.23	10.51	12.80	7.82
4	10.13	11.41	13.71	8.49
5	11.04	12.32	14.61	9.16
6	11.94	13.22	15.51	9.83
7	12.84	14.12	16.42	10.49
8	13.75	15.03	17.32	11.16
9	14.65	15.93	18.22	11.83
10	15.55	16.83	19.13	12.50
11	16.53	17.87	20.16	13.16
12	17.51	18.90	21.20	13.83
13	18.48	19.94	22.23	14.50
14	19.46	20.97	23.27	15.17
15	20.44	22.01	24.30	15.83
16	21.41	23.04	25.33	16.50
17	22.39	24.08	26.37	17.17
18	23.36	25.11	27.40	17.84
19	24.34	26.15	28.44	18.50
20	25.32	27.18	29.47	19.17
21	26.29	28.22	30.51	19.84
22	27.27	29.25	31.54	20.50
23	28.25	30.29	32.58	21.17
24	29.22	31.32	33.61	21.84
25	30.20	32.35	34.65	22.51
26	31.17	33.39	35.68	23.17
27	32.15	34.42	36.72	23.84
28	33.13	35.46	37.75	24.51
29	34.10	36.49	38.79	25.18
30	35.08	37.53	39.82	25.84
31	36.06	38.56	40.86	26.51
32	37.03	39.60	41.89	27.18
33	38.01	40.63	42.92	27.85
34	38.98	41.67	43.96	28.51
35	39.96	42.70	44.99	29.18
36	40.94	43.74	46.03	29.85
37	41.91	44.77	47.06	30.52
38	42.89	45.81	48.10	31.18
39	43.87	46.84	49.13	31.85

ORIGIN ZONE D—Continued

[Canadian Entry: Vancouver; U.S. Origins: San Francisco]

Weight not to exceed (pounds)	Standard			
	Destination			Returns (see 626.23)
	Local (V)	Regional (V)	National (V)	
40	44.84	47.87	50.17	32.52
41	45.82	48.91	51.20	33.19
42	46.80	49.94	52.24	33.85
43	47.77	50.98	53.27	34.52
44	48.75	52.01	54.31	35.19
45	49.72	53.05	55.34	35.86
46	50.70	54.08	56.38	36.52
47	51.68	55.12	57.41	37.19
48	52.65	56.15	58.44	37.86
49	53.63	57.19	59.48	38.52
50	54.61	58.22	60.51	39.19
51	55.58	59.26	61.55	39.86
52	56.56	60.29	62.58	40.53
53	57.53	61.33	63.62	41.19
54	58.51	62.36	64.65	41.86
55	59.49	63.40	65.69	42.53
56	60.46	64.43	66.72	43.20
57	61.44	65.46	67.76	43.86
58	62.42	66.50	68.79	44.53
59	63.39	67.53	69.83	45.20
60	64.37	68.57	70.86	45.87
61	65.35	69.60	71.90	46.53
62	66.32	70.64	72.93	47.20
63	67.30	71.67	73.97	47.87
64	68.27	72.71	75.00	48.54
65	69.25	73.74	76.03	49.20
66	70.23	74.78	77.07	49.87

Postage is reduced by the following additional discounts once the applicable volume thresholds are reached during a 12-month period: Over 100,000 annually 3.00%. No discounts are available for returns.

ZIP CODES FOR CANADIAN GPL STANDARD ORIGINATING ZONES

Facility	ZIP Codes served
ZONE A:	
Buffalo	130–149
Chicago	270–282, 286–326, 344, 350, –397, 399, 430–516, 520–528, 530–567, 570–578, 600–631, 633–641, 644–658, 660–662, 664–681, 683–693, 739, 800–816, 822–831, 840–847, 870–884, 893, 898
New York	004–005, 010–098, 100–129, 150–199, 200–268, 283–285, 400–418, 420–427, 476–477
ZONE B:	
Dallas	700–708, 710–738, 740–799, 885
Miami	006–009, 327–339, 340–342, 346–347, 349
ZONE C:	
Seattle	590–599, 821, 832–838, 970–986, 988–999
ZONE D:	
San Francisco	850, 852–853, 855–857, 859–860, 863–865, 889–891, 894–897, 900–908, 910–928, 930–966

GPL STANDARD TO CANADA—POSTAL CODES FOR DESTINATING ZONES

TORONTO ENTRY: POSTAL CODES IN LOCAL DESTINATION ZONE

Quebec QC	G0A, G0K–G0V, G0X–G0Z, G1A–G2N, G3A–G4A, G5A, G5L–G6T, G6V–G6X, G6Z–G7B, G7G–G7K, G7P, G7S–G8A, G8J, G8N, G8T–G8W, G8Y–G9C, G9N–G9X, H0A, H0M, H1A–H9X, J0A–J0Z, J1A, J1E–J3Z, J4B, J4G–J4T, J4V–J6A, J6E–J8H, J8L–J9A, J9E, J9H–J9J, J9L–J9Z
Ontario ON	K0A–K0M, K1A–K7H, K7K–K7P, K7R–K8H, K8N–K8R, K8V, K8X, K9A, K9H–K9L, K9V, L0A–L3M, L3P–L3T, L3V–L4E, L4G–L6M, L6R–L9Y, M1B–M9W, N0A–N0R, N1A, N1C–N1M, N1P–N2V, N2Z–N3H, N3L, N3P–N5R, N5V–N6P, N7A–N9K, N9V–N9Y, P0A–P0S, P1A–P1C, P1H, P1L–P2N, P3A–P3G, P3L–P3Y, P4N–P4R, P5A–P5N, P6A–P6C

TORONTO ENTRY: POSTAL CODES IN REGIONAL DESTINATION ZONE

Nova Scotia NS	B0A–B0W, B1A–B1S, B1V–B2T, B2V–B3B, B3E–B5A
Prince Edward PE	C0A–COB, C1A–C1E, C1N
New Brunswick NB	E0A–E0L, E1A–E1J, E1N–E2A, E2E–E2s, E2V, E3A–E3E, E3L–E3Z, E5H–E9E
Quebec QC	G0C–G0J, G0W, G4R–G4Z, G5B–G5H, G8B–G8H, G8K–G8M, G8P

GPL STANDARD TO CANADA—POSTAL CODES FOR DESTINATING ZONES—Continued

Ontario ON	N0R, 1MO, P0T, P0V–P0Y, P7A–P7K, P8N–P9N
Manitoba MB	R0A–R0M, R1A–R1N, R2C–R4L, R5A–R6W, 57A–R7C, 57N–R9A
Saskatchewan SK	S0A–S0P, S3N–S4H, S4L–S7V, S9A–S9X

TORONTO ENTRY: ALL OTHER CANADIAN POSTAL CODES NOT LISTED ABOVE ARE IN THE NATIONAL DESTINATION ZONE

VANCOUVER ENTRY: PROVINCE/POSTAL CODES FOR LOCAL DESTINATION ZONE

British Columbia BC	All postal codes beginning with the Letter V

VANCOUVER ENTRY: PROVINCE/POSTAL CODES FOR REGIONAL DESTINATION ZONE

Alberta AB	All postal codes beginning with the Letter T
Manitoba MB	All postal codes beginning with the Letter R
Saskatchewan SK	All postal codes beginning with the Letter S

VANCOUVER ENTRY: ALL OTHER CANADIAN PROVINCE AND POSTAL CODES NOT LISTED ABOVE ARE IN THE NATIONAL DESTINATION ZONE

Stanley F. Mires,

Chief Counsel, Legislative.

[FR Doc. 97–28525 Filed 10–30–97; 8:45 am]

BILLING CODE 7710–12–M

GENERAL SERVICES ADMINISTRATION

41 CFR Part 101–11

RIN 3090–AG02

Relocation of FIRMR Provisions Relating to GSA's Role in the Records Management Program

AGENCY: Office of Governmentwide Policy, GSA.

ACTION: Interim rule.

SUMMARY: The General Services Administration (GSA) is extending Federal Property Management Regulations provisions regarding records management.

DATES: Effective date: The interim rule published August 7, 1996 was effective from August 8, 1996 through December 31, 1997. The period of effectiveness is extended through December 31, 1998.

FOR FURTHER INFORMATION CONTACT: R. Stewart Randall, Jr., Office of Governmentwide Policy, telephone 202–501–4469.

SUPPLEMENTARY INFORMATION: FPMR interim rule B1 was published in the **Federal Register** on August 7, 1996, 61 FR 41001. The expiration date of the interim rule is December 31, 1997. This supplement extends the expiration date through December 31, 1998.

List of Subjects in 41 CFR Part 101–11

Archives and records, Computer technology, Telecommunications, Government procurement, Property management, Records management, and Federal information processing resources activities.

Therefore the effective date for interim rule B–1 published at 61 CFR 41001, August 7, 1996, is extended until December 31, 1998.

Dated: October 10, 1997.

Thurman M. Davis, Sr.,

Acting Administrator of General Services.

[FR Doc. 97–28929 Filed 10–30–97; 8:45 am]

BILLING CODE 6820–34–M

Proposed Rules

Federal Register
Vol. 62, No. 211
Friday, October 31, 1997

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 ENERGY

Office of Energy Efficiency and Renewable Energy

10 CFR Part 430

[Docket No. EE–RM–94–230]

RIN 1904–AA–52

Energy Conservation Program for Consumer Products: Test Procedure for Water Heaters

AGENCY: Office of Energy Efficiency and Renewable Energy, Department of Energy.

ACTION: Proposed rule; limited reopening of the comment period.

SUMMARY: The Department of Energy (DOE or the Department) is amending its test procedure for water heaters. The purpose of this notice is to solicit comments on three amendments to the proposed test for rating of instantaneous water heaters, the installation requirement for heat pump water heaters supplied without tanks, and the definition of heat pump water heater.

DATES: Written comments in response to this notice must be received by December 1, 1997.

ADDRESSES: Ten copies of written comments may be submitted to: U.S. Department of Energy, Office of Energy Efficiency and Renewable Energy, EE–43, Room 1J–018, MS EE–43, ''Test Procedure for Water Heaters,'' Docket No. EE–RM–94–230, Forrestal Building, 1000 Independence Avenue, SW, Washington, DC 20585, (202) 586–7574.

Copies of the comments and transcripts from the public hearing and workshop may be viewed at the Department of Energy, Freedom of Information Public Reading Room, U.S. Department of Energy, Room 1E–190, 1000 Independence Avenue, SW, Washington, DC 20585, (202) 586–3142, between the hours of 9:00 a.m. and 4:00 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT:

Terry Logee, U.S. Department of Energy, Office of Energy Efficiency and Renewable Energy, Mail Station EE–43, 1000 Independence Avenue, SW, Washington, DC 20585–0121, (202) 586–1689, FAX (202) 586–4617, terry.logee@hq.doe.gov

Eugene Margolis, Esq., U.S. Department of Energy, Office of General Counsel, Mail Station GC–72, 1000 Independence Avenue, SW, Washington, DC 20585–0103, (202) 586–9507, FAX (202) 586–4116, eugene.margolis@hq.doe.gov

SUPPLEMENTARY INFORMATION:

I. Introduction

On March 23, 1995, the Department published a notice of proposed rulemaking (NOPR) to make several revisions to its test procedure for water heaters. 60 FR 15330. On July 12, 1995, a hearing was held on the NOPR, and on February 12, 1997, a workshop was held. The proposed amendments to the water heater test procedure included, among other things, revisions to make the water heater test procedure applicable to electric and oil-fired instantaneous water heaters, and definitions for a heat pump water heater storage tank, an integral heat pump water heater, and an add-on heat pump water heater. In response to the NOPR, several commenters submitted proposals for alternatives to these amendments. DOE is reopening the comment period to provide an opportunity for public review and comment.

II. Discussion

A. Rating Instantaneous Water Heaters

In the NOPR, DOE proposed to extend coverage to include electric and oil-fired instantaneous water heaters in addition to the gas-fired instantaneous water heaters by amending the definitions and test procedures. DOE proposed to use the first hour rating test (already used for testing storage-type water heaters) for these instantaneous water heaters.

The Department received comments from Bock, Edison Electrical Institute (EEI), the Gas Appliance Manufacturers Association (GAMA), and the Oregon State Energy Office stating that no oil-fired instantaneous water heaters are manufactured for residential use. Furthermore, the Federal Trade Commission does not receive labeling data on oil fired instantaneous water heaters. (GAMA, No. 1 at 2; Testimony from February 12, 1997, GAMA at 119, EEI at 119, Bock at 120, FTC at 120; Oregon, No. 51 at 3.) DOE agrees and will withdraw coverage for oil-fired instantaneous water heaters.

GAMA, the Electric Power Research Institute (EPRI), the Oregon State Energy Office, and several utilities suggested that DOE's proposed test for rating instantaneous water heaters be changed from a first hour rating to a maximum flow rate in gallons per minute. These commenters claimed the maximum gpm rating better represents the capabilities of an instantaneous water heaters. Such a test would involve measuring the inlet water temperature, establishing a required outlet temperature based on a prescribed temperature rise, and determining the amount of water per minute the water heater could dispense at the required temperature. (Testimony from February 12, 1997, GAMA at 127–8; EPRI, No. 56 at 8; Oregon, No. 51 at 3; Hawaiian Electric Co., No. 23 at 2; East Kentucky Power Cooperative, No. 34 at 1.) Nevada Power Company claimed that applying the first hour rating to instantaneous water heaters ''is inappropriate because consumers may mistakenly compare instantaneous and storage type water heaters as being equivalent * * *'' (Nevada Power Co., No. 45 at 4.)

Although all these commenters supported testing for maximum flow rate, there was some disagreement about temperature rise. GAMA proposed that the temperature rise should be 77 °F, because, assuming an average inlet water temperature of 58 °F, this is consistent with testing for storage-type water heaters, which are tested at 135 °F. EPRI and the Hawaiian Electric Co. preferred a temperature rise of 50 °F for instantaneous water heaters because, they claimed, it reflects the water temperature that people use. (GAMA, No. 35 at 2, Testimony from July 21, 1995, GAMA at 11; Testimony from July 21, 1995, GAMA at 127, 138; Hawaiian Electric Co., No. 23 at 2; EPRI, No. 56 at 8.)

Based on the comments, DOE believes that the current first-hour rating for instantaneous water heaters may mislead consumers because those instantaneous water heaters with larger heat input rates can only provide about

one gallon per minute at a 77 °F temperature rise versus the three gallons per minute DOE requires from storage-type water heaters in its first hour rating. DOE agrees with GAMA, EEI, EPRI, and other commenters that a test for a maximum flow rate (gal/min.) over a specific temperature rise (77 °F or 50 °F) is a better way to compare instantaneous water heaters than a test that determines the total volume flow over one hour. The heat input rate in BTU per hour or kilowatts and a specific temperature rise will determine the maximum flow rate in gallons per minute. The maximum flow rate measures the ability of instantaneous water heaters to deliver the largest possible amount of hot water to the user at a specific temperature rise occurring at any single moment.

DOE agrees with GAMA that the temperature rise should be 77 °F. DOE believes this temperature rise is required to ensure that the instantaneous water heater can deliver water at 135 °F for dishwashers and laundry or can provide hot water at a minimum acceptable temperature in places like Maine or Michigan, where the source water temperature may be much lower than the 58 °F used in the test procedure.

Based on the above reasons, the Department proposes to revise the test for rating of instantaneous water heaters from the first hour rating to the maximum flow rate in gallons per minute (gpm) at a 77 °F temperature rise. This temperature rise will ensure consumers that instantaneous water heaters can provide hot water for laundry and dishwasher use and can dispense water at an acceptable temperature in cold regions of the country. DOE proposes to call this rating criterion the maximum gpm rating.

The Department proposes to insert the following text at the appropriate sections in the proposed test procedure:

1.9 Maximum GPM (LPM) Rating means the maximum gallons per minute (liters per minute) of hot water that can be supplied by an instantaneous water heater while maintaining a nominal temperature rise of 77 °F (42.8 °C) during steady state operation at its maximum rate of input energy.

5.2.3 Maximum GPM (LPM) Rating Test for Instantaneous Water Heaters. Establish normal water heater operation at the maximum input rate with the discharge water temperature set in accordance with Section 5.2.1 (procedure for setting the outlet discharge temperature). During the 10-minute test, with no interruption to the electricity or fossil fuel supplied to the water heater, either collect the withdrawn water for later measurement of the total mass removed or, alternatively, use a water meter to directly measure the volume of water removed.

Begin with the water flow temporarily discontinued. Record the scale or water meter reading as appropriate. Turn on the hot water and record the corresponding time. Record the inlet and outlet water temperatures beginning 15 seconds after the hot water is turned on and at every subsequent 5-second interval throughout the duration of the test. At the end of 10 minutes, turn off the hot water. Determine the mass of water collected, M_{10M}, in pounds (kilograms), or the volume of water, V_{10M}, in gallons (liters), with an error no greater than 2 percent.

6.2.1 Maximum GPM (LPM) Rating Computation. Compute the maximum gpm (lpm) rating as:

$$F_{\max} = \frac{M_{10m}\left(\overline{T}_{del} - \overline{T}_{in}\right)}{10(\rho)(77°F)}$$

$$or\ F_{\max} = \frac{M_{10m}\left(\overline{T}_{del} - \overline{T}_{in}\right)}{10(\rho)(42.8°C)}$$

Where:

M_{10m} = the mass of water collected during the 10-minute test, lb (kg).

$\overline{T}_{del}$ = the average delivery temperature, °F (°C).

$\overline{T}_{in}$ = the average inlet temperature, °F (°C).

ρ = the density of water at the average delivery temperature, lb/gal (kg/L).

If a water meter is used in lieu of a scale, the maximum gpm (liter/min) rating is computed as:

$$F_{\max} = \frac{V_{10m}\left(\overline{T}_{del} - \overline{T}_{in}\right)}{10(77°F)}$$

$$or\ F_{\max} = \frac{V_{10m}\left(\overline{T}_{del} - \overline{T}_{in}\right)}{10(42.8°C)}$$

Where:

V_{10m} = the volume of water measured during the 10-minute test, gal (L).

$\overline{T}_{del}$ = the average delivery temperature, °F (°C).

$\overline{T}_{in}$ = the average inlet temperature, °F (°C).

B. Heat Pump Water Heater Storage Tanks

In the NOPR, DOE proposed a definition for a heat pump water heater storage tank: ''Heat Pump Water Heater Storage Tank'' is an insulated tank designed, wired, and labeled for use exclusively with an add-on heat pump water heater or solar water heater and being unable to operate without an add-on heat pump water heater or solar water heater. The heat pump water heater storage tank may contain one or two thermostats and up to two electric resistance heating elements, and has a manufacturer's rated capacity of 120 gallons (450 liters) or less. When tested with the add-on heat pump water heater or solar water heater inoperative, the heat pump water heater storage tank shall have an energy factor that is determined in accordance with the test procedure for water heaters.

GAMA objected to the Department's proposed definition for a heat pump water heater storage tank. GAMA also proposed that a 50-gallon tank that meets the minimum DOE energy factor is adequate for testing any add-on heat pump water heater sold without a tank by the manufacturer. (Section 4.9.3 of the existing DOE test procedure specifies a 47±1 gallon tank with an Energy Factor of 0.87±.01.) Supporters for GAMA's proposal included EPRI, the Oregon Energy Office, and Virginia Power. The Oregon Energy Office suggested that DOE review the definition in the current test procedure. (Testimony from February 12, 1997, GAMA at 229, EPRI at 227; Oregon, No. 51 at 6; Virginia Power, No. 50 at 4.)

Based on the above comments, the Department is proposing to delete its proposed definition for a heat pump water heater storage tank. The Department is revising the current installation requirement in Section 4.9.3 for a heat pump water heater storage tank. The Department proposes to insert the following text at the appropriate section in the proposed test procedure:

4.10 Heat Pump Water Heater Storage Tank. The heat pump water heater storage tank to be used for testing a heat pump water heater without a tank supplied by the manufacturer shall be an electric storage-type water heater. The electric water heater shall have the following specifications: a volume of 47.0 gallons ±1.0 gallon (178.0 liters ±3.8 liters); two 4.5 kW heating elements controlled in such a manner as to prevent both elements from operating simultaneously; and an Energy Factor greater than or equal to the minimum energy conservation standard (as determined in accordance with Section 6.1.7) and less than or equal to the sum of the minimum energy conservation standard and 0.02.

C. Heat Pump Water Heater

In the NOPR, DOE proposed to amend the definition of Heat Pump Water

Heater with the following definitions of internal heat pump water heater and add-on heat pump water heater.

1.11.3.a. Integral heat pump water heater An air-to-water heat pump integral with an insulated storage tank.

1.11.3.b. Add-on heat pump water heater An air-to-water heat pump designed for use with a heat pump water heater storage tank.

EEI and EPRI claimed the definition for add-on heat pump water heater is inappropriate and should not be adopted. They stated that add-on heat pump water heaters are designed to work with any electric water heater tank and that some are designed to work with any tank. EPRI further stated that there are no storage tanks labeled and designed for use exclusively with heat pump water heaters. Therefore, EPRI believed the new definition would not allow testing of add-on heat pump water heaters because no heat pump water heater tanks are labeled for use exclusively with heat pump water heater storage tanks. EPRI claimed this new definition would increase costs of tanks used with heat pump water heaters because these tanks must be specialty tanks. Further, EEI claimed that this definition ''is ill-advised; at best, it is likely to create confusion and increase the cost of heat pump water heaters.'' (Testimony from July 12, 1995, EEI at 29; EEI, No. 2 at 7; EEI, No. 27 at 7; EPRI, No. 17 at 5.) Vaughn Manufacturing Corp. stated, ''Now DOE is proposing to add more than one category of heat pump water heaters and a solar water heater. These new units will add to the confusion unless care is taken to see that the criteria are applied to comparative models on a valid basis.'' (Vaughn, No. 31 at 4.)

GAMA objected to the definition of ''integral heat pump water heater'' because the definition implies that the heat pump is structurally integrated with a tank, whereas, in reality, the heat pump and the tank can be physically separated, but are usually sold by the manufacturer as a packaged unit. GAMA suggested that instead of the 1995 DOE proposed definitions of ''integral heat pump water heaters'' and ''add-on heat pump water heaters,'' the respective definitions should be ''heat pump water heaters with tanks'' and ''heat pump water heaters without tanks.'' (Testimony from February 12, 1997, GAMA at 229–31.)

The Department finds that the definition of ''integral heat pump water heaters'' should be withdrawn as commenters GAMA, EPRI, Oregon Energy Office, and Virginia Power suggested. In place of the definition of ''integral heat pump water heaters,'' the Department proposes the following definition: Heat pump water heater with storage tank means an air-to-water heat pump sold by the manufacturer with an insulated storage tank as a packaged unit. The tank and heat pump can be an integral unit or they can be separated.

The Department is also withdrawing the definition for an add-on heat pump water heater and proposes the following definition.

Heat pump water heater without storage tank (also called add-on heat pump water heater) means an air-to-water heat pump designed for use with a storage-type water heater or a storage tank that is not specified or supplied by the manufacturer.

The Department welcomes comments on these three topics.

Issued in Washington, DC, on October 24, 1997.

Joseph J. Romm,

Acting Assistant Secretary, Energy Efficiency and Renewable Energy.

[FR Doc. 97–28908 Filed 10–30–97; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 97–CE–69–AD]

RIN 2120–AA64

Airworthiness Directives; Twin Commander Aircraft Corporation 500, 520, 560, 680, 681, 685, 690, 695, and 720 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes to supersede Airworthiness Directive (AD) 94–04–17, which currently requires the following on Twin Commander Aircraft Corporation (Twin Commander) 500, 520, 560, 680, 681, 685, 690, 695, and 720 series airplanes: inspecting (one-time) the flap system for cables with broken wires or pulleys with worn cable clips, replacing any damaged parts, and replacing the master pulley and cable with new parts of improved design. The proposed AD would require inspecting all flap system cable grooves for the correct width, inspecting all flap system pulleys for rubbing on the support brackets, inspecting all flap pulley cable assemblies for frayed wires, and reworking or replacing any parts with discrepancies. The proposed AD results from several reports of worn and frayed flap system cables attributed to flap pulley grooves that are too narrow. The actions specified by the proposed AD are intended to prevent failure of a flap system cable caused by fatigue, which could result in loss of control of the airplane.

DATES: Comments must be received on or before January 6, 1998.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Central Region, Office of the Regional Counsel, Attention: Rules Docket No. 97-CE–69-AD, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106. Comments may be inspected at this location between 8 a.m. and 4 p.m., Monday through Friday, holidays excepted.

Service information that applies to the proposed AD may be obtained from the Twin Commander Aircraft Corporation, 19003 59th Drive, NE, Arlington, Washington 98223–7832; telephone (360) 435–9797. This information also may be examined at the Rules Docket at the address above.

FOR FURTHER INFORMATION CONTACT: Mr. Jeffrey Morfitt, Aerospace Engineer, FAA, Northwest Mountain Region, 1601 Lind Avenue S.W., Renton, Washington 98055–4056; telephone (425) 227–2595; facsimile (425) 227–1181.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested persons are invited to participate in the making of the proposed 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, specified above, will be considered before taking action on the proposed rule. The proposals contained in this notice may be changed in light of the comments received.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the proposed 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 proposal 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. 97-CE–69-AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Central Region, Office of the Regional Counsel, Attention: Rules Docket No. 97-CE–69-AD, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106.

Discussion

AD 94–04–17, Amendment 39–8837 (59 FR 8845, February 24, 1995), currently requires the following on Twin Commander Aircraft Corporation (Twin Commander) 500, 520, 560, 680, 681, 685, 690, 695, and 720 series airplanes: inspecting (one-time) the flap system for certain cables with broken wires or pulleys with worn cable clips, replacing any damaged parts, and replacing the master pulley and cable with new parts of improved design. Accomplishment of the actions specified in AD 94–04–17 is in accordance with Twin Commander Service Bulletin 210, dated February 1, 1991.

Actions Since Issuance of Previous Rule

Since issuing AD 94–04–17, the FAA has received two reports of flap pulley assemblies with cable grooves that were too narrow. The two pulleys were the right inboard (slave pulley) and the right outboard assemblies. In addition, the FAA has received reports of discrepancies on flap system cables and pulleys.

A number of pulleys were incorrectly manufactured with cable groove radii that are too narrow. These incorrect pulleys were produced from several manufacturers because the type certificate of the affected airplanes has been sold and transferred several times. These incorrectly manufactured parts include all six flap system pulleys. The incidents referenced in the reports affect airplanes covered by AD 94–04–17 and airplanes not covered by AD 94–04–17. Previous compliance with AD 94–04–17 does not address the unsafe condition proposed in this NPRM because incorrectly manufactured pulleys may have been installed on the affected airplanes at any time before and after the issuance of AD 94–04–17.

Relevant Service Information

Twin Commander has issued Service Bulletin No. 226, dated April 14, 1997 (Revision No. 1 Release Date: July 15, 1997), which applies to all models of Twin Commander 500, 520, 560, 680, 681, 685, 690, 695, and 720 series airplanes. This service bulletin specifies procedures for the following:

-Inspecting all flap system pulleys and cable assemblies;
-Replacing or reworking any pulley assemblies with discrepancies found during the inspection;
-Replacing cables, support brackets, or clips with discrepancies found during the inspection; and
-Identifying pulleys where the actions specified in the service bulletin have been accomplished

Revision No. 1 Release Date: July 15, 1997, of Twin Commander Mandatory Service Bulletin No. 226, specifies changes in the workhours necessary to accomplish this action and makes reference to a gauge that is available from the manufacturer for use in accomplishing the inspection.

The FAA's Determination

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 to prevent failure of a flap system cable caused by fatigue, which could result in loss of control of the airplane.

Explanation of the Provisions of the Proposed AD

Since an unsafe condition has been identified that is likely to exist or develop in other 500, 520, 560, 680, 681, 685, 690, 695, and 720 series airplanes of the same type design, the FAA is proposing an AD to supersede AD 94–04–17. The proposed AD would require inspecting all flap system cable grooves for the correct width, inspecting all flap system pulleys for rubbing on the support brackets, inspecting all flap pulley cable assemblies for frayed wires, and reworking or replacing any parts with discrepancies. Accomplishment of the proposed actions would be in accordance with Twin Commander Mandatory Service Bulletin No. 226, dated April 14, 1997, (Revision No. 1 Release Date: July 15, 1997).

Cost Impact

The FAA estimates that 1,230 airplanes in the U.S. registry would be affected by the proposed AD, that it would take approximately 22 workhours per airplane to accomplish the proposed inspection, and that the average labor rate is approximately $60 an hour. Based on these figures, the total cost impact of the proposed AD on U.S. operators is estimated to be $1,623,600, or $1,320 per airplane. These figures only take into account the inspection costs of the proposed AD and do not reflect the costs of any repairs or replacements that may be required if discrepancies are found during the proposed inspection. The FAA has no way of determining how many parts would need to be repaired or replaced after accomplishing the inspection proposed in this action.

Regulatory Impact

The regulations proposed herein would 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 proposal would 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) if promulgated, 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 draft regulatory evaluation prepared for this action has been placed 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, Safety.

The Proposed Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration proposes to amend 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. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by removing Airworthiness Directive (AD) 94–04–17, Amendment 39–8837 (59 FR

8845, February 24, 1995), and by adding a new AD to read as follows:

Twin Commander Aircraft Corporation: Docket No. 97–CE–69–AD; Supersedes AD 94–04–17, Amendment 39–8837.

Applicability: The following airplane models (all serial numbers), certificated in any category: 500, 500–A, 500–B, 500–S, 500–U, 520, 560, 560–A, 560–E, 560–F, 680, 680–E, 680–F, 680FL, 680FL(P), 680FP, 680T, 680V, 680W, 681, 685, 690, 690A, 690B, 690C, 690D, 695, 695A, 695B, 720.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (e) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated in the body of this AD, unless already accomplished.

To prevent failure of a flap system cable caused by fatigue, which could result in loss of control of the airplane, accomplish the following:

(a) Within the next 100 hours time-in-service (TIS) after the effective date of this AD, accomplish the following in accordance with the accomplishment instructions section of Twin Commander Aircraft Corporation (Twin Commander) Mandatory Service Bulletin No. 226, dated April 14, 1997 (Revision No. 1 Release Date: July 15, 1997):

(1) Inspect all flap system cable grooves for the correct width;

(2) Inspect all flap system pulleys for rubbing on the support brackets;

(3) Inspect all flap pulley cable assemblies for frayed wires; and

(4) Mark pulleys that have been inspected and have the correct groove radius with two parallel lines as specified in the service bulletin.

Note 2: Revision No. 1 Release Date: July 15, 1997, of Twin Commander Mandatory Service Bulletin No. 226, specifies changes in the workhours necessary to accomplish this action and makes reference to a gauge that is available from the manufacturer for use in accomplishing the inspection.

(b) If any of the above discrepancies are found, prior to further flight, rework or replace the affected part in accordance with Twin Commander Mandatory Service Bulletin No. 226, dated April 14, 1997 (Revision No. 1 Release Date: July 15, 1997).

(c) As of the effective date of this AD, no person may install a pulley that does not have the criteria presented in either paragraph (c)(1), (c)(2), or (c)(3) of this AD:

(1) A pulley that has been inspected, found acceptable, and marked with two parallel lines in accordance with paragraph (a), including all subparagraphs, of this AD;

(2) A pulley that has been reworked in accordance with an FAA-approved procedure and is marked ''SB 226''; or

(3) A new pulley that is marked ''SB 226–NEW''.

(d) Special flight permits may be issued in accordance with 14 CFR 21.197 and 21.199 to operate the airplane to a location where the requirements of this AD can be accomplished.

(e) An alternative method of compliance or adjustment of the compliance time that provides an equivalent level of safety may be approved by the Manager, Seattle Aircraft Certification Office (ACO), Northwest Mountain Region, FAA, 1601 Lind Avenue S.W., Renton, Washington 98055–4056.

(1) The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Seattle ACO.

(2) Alternative methods of compliance approved in accordance with AD 94–04–17 (superseded by this AD) are not considered approved as alternative methods of compliance for this AD.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Seattle ACO.

(f) All persons affected by this directive may obtain copies of the document referred to herein upon request to the Twin Commander Aircraft Corporation, 19003 59th Drive, NE., Arlington, Washington 98223–7832; or may examine this document at the FAA, Central Region, Office of the Regional Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106.

(g) This amendment supersedes AD 94–04–17, Amendment 39–8837.

Issued in Kansas City, Missouri, on October 24, 1997.

Michael Gallagher,

Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 97–28874 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 97–AGL–56]

Proposed Modification of Class E Airspace; Ashtabula, OH

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: This notice proposes to modify Class E airspace at Ashtabula, OH. A Global Positioning System (GPS) Standard Instrument Approach Procedure (SIAP) to Runway 08 has been developed for Ashtabula County Airport. Controlled airspace extending upward from 700 to 1200 feet above ground level (AGL) is needed to contain aircraft executing the approach. This action proposes to increase the radius of the existing controlled airspace for the airport.

DATES: Comments must be received on or before December 7, 1997.

ADDRESSES: Send comments on the proposal in triplicate to: Federal Aviation Administration, Office of the Assistant Chief Counsel, AGL–7, Rules Docket No. 97–AGL–56, 2300 East Devon Avenue, Des Plaines, Illinois 60018.

The official docket may be examined in the Office of the Assistant Chief Counsel, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois. An informal docket may also be examined during normal business hours at the Air Traffic Division, Operations Branch, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. Communications should identify the airspace docket number and be submitted in triplicate to the address listed above. Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit with those comments a self-addressed, stamped postcard on which the following statement is made: ''Comments to Airspace Docket No. 97–AGL–56.'' The postcard will be date/time stamped and returned to the commenter. All communications received on or before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in light of comments received. All comments submitted will be available for

examination in the Rules Docket, FAA, Great Lakes Region, Office of the Assistant Chief Counsel, 2300 East Devon Avenue, Des Plaines, Illinois, both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRM's

Any person may obtain a copy of this Notice of Proposed Rulemaking (NPRM) by submitting a request to the Federal Aviation Administration, Office of Public Affairs, Attention: Public Inquiry Center, APA–230, 800 Independence Avenue, SW., Washington, DC 20591, or by calling (202) 267-3484. Communications must identify the notice number of this NPRM. Persons interested in being placed on a mailing list for future NPRM's should also request a copy of Advisory Circular No. 11–2a, which describes the application procedure.

The Proposal

The FAA is considering an amendment to 14 CFR part 71 to modify Class E airspace at Ashtabula, OH, to accommodate aircraft executing the GPS Runway 08 SIAP at Ashtabula County Airport by increasing the radius of the existing controlled airspace for the airport. Controlled airspace extending upward from 700 to 1200 feet AGL is needed to contain aircraft executing the approach. The area would be depicted on appropriate aeronautical charts. Class E airspace designations for airspace areas extending upward from 700 feet or more above the surface of the earth are published in paragraph 6005 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document would be published subsequently in the Order.

The FAA has determined that this proposed regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. Therefore this proposed regulation—(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) does not warrant preparation of a Regulatory Evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this proposed rule will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

The Proposed Amendment

Accordingly, pursuant to the authority delegated to me, the Federal Aviation Administration proposes to amend 14 CFR part 71 as follows:

PART 71—[AMENDED]

1. The authority citation for part 71 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of the Federal Aviation Administration Order 7400.9E, Airspace Designations and Reporting Points, dated September 10, 1997, and effective September 16, 1997, is amended as follows:

Paragraph 6005 Class E airspace areas extending upward from 700 feet or more above the surface of the earth.

* * * * *

AGL OH E5 Ashtabula, OH [Revised]

Ashtabula County Airport, OH
(lat. 41°46′41″ N, long. 80°41′44″ W)

That airspace extending upward from 700 feet above the surface within a 6.5-mile radius of the Ashtabula County Airport.

* * * * *

Issued in Des Plaines, Illinois on October 1, 1997.

David B. Johnson,

Assistant Manager, Air Traffic Division.

[FR Doc. 97–28935 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 97–AGL–18]

Proposed Establishment of Class E Airspace; Cooperstown, ND

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Proposed rule; withdrawal.

SUMMARY: This action withdraws the Notice of Proposed Rulemaking (NPRM) which proposed to establish Class E airspace at Cooperstown, ND. The NPRM is being withdrawn because it failed to accurately describe the full scope of the intended airspace action. A new NPRM will be issued at a subsequent date.

DATES: The withdrawal is made October 31, 1997.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

The Proposed Rule

On May 21, 1997, a Notice of Proposed Rulemaking was published in the **Federal Register** to establish Class E airspace at Cooperstown, ND, to accommodate a GPS Runway 13 SIAP and a GPS Runway 31 SIAP for Cooperstown Municipal Airport (62 FR 27705). The NPRM did not accurately describe the full scope of the intended airspace action; therefore it is being withdrawn. A new NPRM will be issued at a subsequent date.

Summary of Comments

No comments were received.

Conclusion

In consideration of the inaccurate description of the intended airspace action for Cooperstown Municipal Airport, action is being taken to withdraw the proposed establishment of Class E airspace at Cooperstown, ND. A new NPRM will be issued at a subsequent date.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Withdrawal of Proposed Rule

Accordingly, pursuant to the authority delegated to me, Airspace Docket No. 97–AGL–18, as published in the **Federal Register** on May 21, 1997 (62 FR 27705), is hereby withdrawn.

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR 1959–1963 Comp., p. 389.

Issued in Des Plaines, Illinois, on October 1, 1997.

David B. Johnson,

Assistant Manager, Air Traffic Division.

[FR Doc. 97–28945 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 97–AGL–55]

Proposed Modification of Class E Airspace; Akron, OH

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: This notice proposes to modify Class E airspace at Akron, OH. A Global Positioning System (GPS) Standard Instrument Approach Procedure (SIAP) to Runway 19 has been developed for Kent State University Airport. Controlled airspace extending upward from 700 to 1200 feet above ground level (AGL) is needed to contain aircraft executing the approach. This action proposes to increase the radius of the existing controlled airspace for the airport.

DATES: Comments must be received on or before December 7, 1997.

ADDRESSES: Send comments on the proposal in triplicate to: Federal Aviation Administration, Office of the Assistant Chief Counsel, AGL–7, Rules Docket No. 97–AGL–55, 2300 East Devon Avenue, Des Plaines, Illinois 60018.

The official docket may be examined in the Office of the Assistant Chief Counsel, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois. An informal docket may also be examined during normal business hours at the Air Traffic Division, Operations Branch, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. Communications should identify the airspace docket number and be submitted in triplicate to the address listed above. Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit with those comments a self-addressed, stamped postcard on which the following statement is made: ''Comments to Airspace Docket No. 97–AGL–55.'' The postcard will be date/time stamped and returned to the commenter. All communications received on or before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in light of comments received. All comments submitted will be available for examination in the Rules Docket, FAA, Great Lakes Region, Office of the Assistant Chief Counsel, 2300 East Devon Avenue, Des Plaines, Illinois, both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRM's

Any person may obtain a copy of this Notice of Proposed Rulemaking (NPRM) by submitting a request to the Federal Aviation Administration, Office of Public Affairs, Attention: Public Inquiry Center, APA–230, 800 Independence Avenue, S.W., Washington, DC 20591, or by calling (202) 267–3484. Communications must identify the notice number of this NPRM. Persons interested in being placed on a mailing list for future NPRM's should also request a copy of Advisory Circular No. 11–2A, which describes the application procedure.

The Proposal

The FAA is considering an amendment to 14 CFR part 71 to modify Class E airspace at Akron, OH, to accommodate aircraft executing the GPS Runway 19 SIAP at Kent State University Airport by increasing the radius of the existing controlled airspace for the airport. Controlled airspace extending upward from 700 to 1200 feet AGL is needed to contain aircraft executing the approach. The area would be depicted on appropriate aeronautical charts. Class E airspace designations for airspace areas extending upward from 700 feet or more above the surface of the earth are published in paragraph 6005 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document would be published subsequently in the Order.

The FAA has determined that this proposed regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. Therefore this, proposed regulation—(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) does not warrant preparation of a Regulatory Evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this proposed rule will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

The Proposed Amendment

Accordingly, pursuant to the authority delegated to me, the Federal Aviation Administration proposes to amend 14 CFR part 71 as follows:

PART 71—[AMENDED]

1. The authority citation for part 71 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of the Federal Aviation Administration Order 7400.9E, Airspace Designations and Reporting Points, dated September 10, 1997, and effective September 16, 1997, is amended as follows:

Paragraph 6005 The Class E airspace areas extending upward from 700 feet or more above the surface of the earth.

* * * * *

AGL OH E5 Akron, OH [Revised]

Akron-Canton Regional Airport, OH
(lat. 40°54′59″ N, long. 81°26′32″ W)
Akron-Canton Regional ILS Localizer
(lat. 40°55′58″ N, long. 81°26′24″ W)
Akron-Fulton International Airport, OH
(lat. 41°02′14″ N, long. 81°28′02″ W)
Ravenna, Portage County Airport, OH
(lat. 41°12′37″ N, long. 81°15′06″ W)
Kent State University Airport, OH
(lat. 41°09′07″ N, long. 81°24′59″ W)

That airspace extending upward from 700 feet above the surface within a 6.7-mile

radius of the Akron-Canton Regional Airport and within 4.4 miles each side of the Akron-Canton Regional Airport south localizer course extending south from the airport, 6.7-mile radius to 13.7 miles south of the airport, and within a 7-mile radius area of the Akron Fulton International Airport, within a 6.3-mile radius of the Portage County Airport and within a 6.4-mile radius of the Kent State University Airport.

* * * * *

Issued in Des Plaines, Illinois on October 1, 1997.

David B. Johnson,

Assistand Manager, Air Traffic Division.

[FR Doc. 97–28943 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 97–ASO–23]

Proposed Establishment of Class E Airspace; St. Elmo, AL

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: This notice proposes to establish Class E airspace at St. Elmo, AL. A Global Positioning System (GPS) Runway (RWY) 6 Standard Instrument Approach Procedure (SIAP) has been developed for St. Elmo Airport. As a result, controlled airspace extending upward from 700 feet Above Ground Level (AGL) is needed to accommodate the SIAP and for Instrument Flight Rules (IFR) operations at St. Elmo Airport. The operation status of the airport will change from Visual Flight Rules (VFR) to include IFR operations concurrent with the publication of the SIAP.

DATES: Comments must be received on or before December 1, 1997.

ADDRESSES: Send comments on the proposal in triplicate to: Federal Aviation Administration, Docket No. 97–ASO–23, Manager, Airspace Branch, ASO–520, P.O. Box 20636, Atlanta, Georgia 30320.

The official docket may be examined in the Office of the Assistant Chief Counsel for Southern Region, Room 550, 1701 Columbia Avenue, College Park, Georgia 30337; telephone (404) 305–5586.

FOR FURTHER INFORMATION CONTACT: Nancy B. Shelton, Airspace Branch, Air Traffic Division, Federal Aviation Administration, P.O. Box 20636, Atlanta, Georgia 30320; telephone (404) 305–5491.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. Communications should identify the airspace docket number and be submitted in triplicate to the address listed above. Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit with those comments a self-addressed, stamped postcard on which the following statement is made: ''Comments to Airspace Docket No. 97–ASO–23.'' The postcard will be date/time stamped and returned to the commenter. All communications received before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in light of the comments received. All comments submitted will be available for examination in the Office of the Assistant Chief Counsel for Southern Region, Room 550, 1701 Columbia Avenue, College Park, Georgia 30337, both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRMs

Any person may obtain a copy of this Notice of Proposed Rulemaking (NPRM) by submitting a request to the Federal Aviation Administration, Manager, Airspace Branch, ASO–520, Air Traffic Division, P.O. 20636, Atlanta, Georgia 30320. Communications must identify the notice number of this NPRM. Persons interested in being placed on a mailing list for future NPRMs should also request a copy of Advisory Circular No. 11–2A which describes the application procedure.

The Proposal

The FAA is considering an amendment to 14 CFR part 71 to establish Class E airspace at St. Elmo, AL. A GPS RWY 6 SIAP has been developed for St. Elmo Airport. Controlled airspace extending upward from 700 feet AGL is needed to accommodate the SIAP and for IFR operations at St. Elmo Airport. The operating status of the airport will change from VFR to include IFR operations concurrent with the publication of the SIAP. Class E airspace designations for airspace areas extending upward from 700 feet or more above the surface are published in Paragraph 6005 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document would be published subsequently in the Order.

The FAA has determined that this proposed regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore, (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) does not warrant preparation of a regulatory Evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule, when promulgated, will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (Air).

The Proposed Amendment

In consideration of the foregoing, the Federal Aviation Administration proposes to amend 14 CFR part 71 as follows:

PART 71—DESIGNATION OF CLASS A, CLASS B, CLASS C, CLASS D, AND CLASS E AIRSPACE AREAS; AIRWAYS; ROUTES; AND REPORTING POINTS

1. The authority citation for Part 71 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of Federal Aviation Administration Order 7400.9E, Airspace Designations and Reporting Points, dated September 10, 1997, and effective September 16, 1997, is amended as follows:

Paragraph 6005 Class E airspace areas extending upward from 700 feet or more above the surface of the earth.

* * * * *

ASO AL E5 St. Elm, AL [New]

St. Elmo Airport, AL
(lat. 30°30′07″ N, long. 88°16′30″ W)

That airspace extending upward from 700 feet above the surface within a 6.4-mile radius of St. Elmo Airport

* * * * *

Issued in College Park, Georgia, on September 17, 1997.

Nancy B. Shelton,

Acting Manager, Air Traffic Division, Southern Region.

[FR Doc. 97–28942 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 97–ANM–12]

Proposed Amendment to Class E Airspace; Powell, WY

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: This proposed rule would amend the Powell, WY, Class E airspace. If amended, the proposal would provide airspace necessary to fully encompass a new Global Positioning System (GPS) Standard Instrument Approach Procedure (SIAP) at Yellowstone Regional Airport, Cody, WY.

DATES: Comments must be received on or before December 15, 1997.

ADDRESSES: Send comments on the proposal in triplicate to: Manager, Airspace Branch, ANM–520, Federal Aviation Administration, Docket No. 97–ANM–12, 1601 Lind Avenue S.W., Renton, Washington 98055–4056.

The official docket may be examined in the Office of the Assistant Chief Counsel for the Northwest Mountain Region at the same address.

An informal docket may also be examined during normal business hours in the office of the Manager, Air Traffic Division, Airspace Branch at the address listed above.

FOR FURTHER INFORMATION CONTACT: Dennis Ripley, ANM–520.6, Federal Aviation Administration, Docket No. 97–ANM–12, 1601 Lind Avenue S.W., Renton, Washington 98055–4056; telephone number; (425) 227–2527.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal.

Communications should identify the airspace docket number and be submitted in triplicate to the address listed above. Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit with those comments a self-addressed, stamped postcard on which the following statement is made: ''Comments to Airspace Docket No. 97–ANM–12.'' The postcard will be date/time stamped and returned to the commenter. All communications received on or before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in light of comments received. All comments submitted will be available for examination at the address listed above both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRM's

Any person may obtain a copy of this Notice of Proposed Rulemaking (NPRM) by submitting a request to the Federal Aviation Administration, Airspace Branch, ANM–520, 1601 Lind Avenue S.W., Renton, Washington 98055–4056. Communications must identify the notice number of this NPRM. Persons interested in being placed on a mailing list for future NPRM's should also request a copy of Advisory Circular No. 11–2A, which describes the application procedure.

The Proposal

The FAA is considering an amendment to Title 14, Code of Federal Regulations, part 71 (14 CFR 71) to amend Class E airspace at Powell, WY. This amendment is necessary in order to fully contain a new GPS SIAP within controlled airspace located at Yellowstone Regional Airport. The existing 1200-foot Class E airspace, overlying the Yellowstone Regional Airport, is part of the Powell, WY, airspace description and requires modification to fully encompass the holding procedures for the new SIAP. The revision to the existing 1200-foot Class E airspace will be an extension to the south from approximately 6 to 26 nautical miles, thus fully encompassing the new SIAP.

The area would be depicted on aeronautical charts for pilot reference. The coordinates for this airspace docket are based on North American Datum 83. Class E airspace areas extending upward from 700 feet or more above the surface of the earth are published in Paragraph 6005 of FAA Order 7400.9E, dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document would be published subsequently in the Order.

The FAA has determined that this proposed regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore, (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) does not warrant preparation of Regulatory Evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule, when promulgated, will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

The Proposed Amendment

In consideration of the foregoing, the Federation Aviation Administration proposes to amend 14 CFR part 71 as follows:

PART 71—DESIGNATION OF CLASS A, CLASS B, CLASS C, CLASS D, AND CLASS E AIRSPACE AREAS; AIRWAYS, ROUTES, AND REPORTING POINTS

1. The authority citation for 14 CFR part 71 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of the Federal Aviation Administration Order 7400.9E, Airspace Designations and Reporting Points, dated September 10, 1997, and effective September 16, 1997, is amended as follows:

Paragraph 6005 Class E airspace areas extending upward from 700 feet or more above the surface of the earth.

* * * * *

ANM WY E5 Powell, WY [Revised]

Powell Municipal Airport, WY
(Lat. 44°52′12″ N, long. 108°47′59″ W)
Powell NDB
(Lat.44°52′01″ N, long. 108°47′18″ W)

That airspace extending upward from 700 feet above the surface within a 7-mile radius of the Powell Municipal Airport, and within 2.7 miles each side of the Powell NDB 164° bearing extending from the 7-mile radius to 7.9 miles southeast of the Powell NDB; that airspace extending upward from 1,200 feet above the surface beginning at lat. 45°22′00″ N, long. 108°55′03″ W; to lat. 45°22′00″ N, long. 108°11′02″ W; to lat. 44°15′15″ N, long. 108°11′02″ W, thence southwestward along the edge of the Worland, WY, 1,200-foot Class E airspace area to lat. 44°00′00″ N, long. 108°24′43″ W; west to lat. 44°00′00″ N, long. 109°00′00″ W; north to lat. 44°20′00″ N, long. 109°00′00″ W; thence west along lat. 44°20′00″ N, to the east side of V–465, thence northeast along the east side of V–465 to the point of beginning.

* * * * *

Issued in Seattle, Washington, on October 20, 1997.

Glenn A. Adams III,

Assistant Manager, Air Traffic Division, Northwest Mountain Region.

[FR Doc. 97–28941 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF THE INTERIOR

National Park Service

36 CFR Part 13

Glacier Bay National Park; Notice of Public Workshop on Commercial Fishing Proposed Rule and Environmental Assessment Alternatives

AGENCY: National Park Service, Interior.

ACTION: Notice of Public Workshop on Commercial Fishing Proposed Rule and Environmental Assessment Alternatives for Glacier Bay National Park.

SUMMARY: The National Park Service will conduct a public workshop on Glacier Bay National Park commercial fishing issues in Juneau, Alaska on November 6, 1997. The workshop will include public review and discussion of the NPS Proposed Rule published on April 16, 1997 (62 FR 18547) and other alternatives under consideration in an Environmental Assessment addressing commercial fishing in the Park. The workshop will be held in the Egan Room at Centennial Hall from 9:00 am to 5:00 pm, and may continue on November 7 if there is sufficient public interest. Additional public workshops and hearings on the NPS Proposed Rule and Environmental Assessment are planned in Alaskan communities and Seattle, Washington during the winter and spring; notice of these public workshops and hearings will be published in the **Federal Register**.

DATES: The workshop will be held on November 6, 1997 from 9:00 am to 5:00 pm, and may continue on November 7 if there is sufficient public interest.

ADDRESSES: The workshop will be held in Juneau in the Egan Room at Centennial Hall.

FOR FURTHER INFORMATION CONTACT: J. M. Brady, Superintendent, Glacier Bay National Park and Preserve, P.O. Box 140, Gustavus, Alaska 99826, Telephone: (907) 697–2230.

Dated: October 23, 1997.

Ralph Tingey,

Regional Director, Alaska Region.

[FR Doc. 97–28925 Filed 10–30–97; 8:45 am]

BILLING CODE 4310–70–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Parts 2 and 25

[ET Docket No. 97–214; FCC 97–363]

Allocation of 455–456 MHz and 459–460 MHz Bands to MSS

AGENCY: Federal Communications Commission.

ACTION: Proposed rule.

SUMMARY: The *Notice of Proposed Rule Making* (''NPRM'') proposes to amend the Commission's Rules to allocate the 455–456 MHz and 459–460 MHz bands to the Mobile Satellite Service (Earth-to-space) (''MSS uplinks'') on a primary basis for non voice, non-geostationary mobile satellite services (''NVNG MSS''). When implemented, this service, also referred to as the ''Little LEO'' satellite service, will use constellations of low-Earth orbiting (''LEO'') satellites to provide commercial radiolocation and two-way data messaging services to potential customers anywhere in the world. This action proposes to implement domestically the NVNG MSS allocations adopted at the 1995 World Radiocommunication Conference (''WRC–95'').

DATES: Comments must be filed on or before December 1, 1997, and reply comments must be filed on or before December 15, 1997.

ADDRESSES: Comments and reply comments should be sent to the Office of Secretary, Federal Communications Commission, Washington, D.C. 20554. If participants want each Commissioner to receive a personal copy of their comments, an original plus nine copies must be filed.

FOR FURTHER INFORMATION CONTACT: Tom Derenge, Office of Engineering and Technology, (202) 418–2451.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission's *Notice of Proposed Rule Making,* ET Docket 97–214, FCC 97–363, adopted October 7, 1997, and released October 14, 1997. The full text of this Commission decision is available for inspection and copying during normal business hours in the FCC Reference Center (Room 239), 1919 M Street, N.W., Washington, D.C., and also may be purchased from the Commission's duplication contractor, International Transcription Service, (202) 857–3800, 1231 20th Street, N.W. Washington, D.C. 20036.

Summary of the Notice of Proposed Rule Making

1. In the *NPRM*, the Commission proposes to amend its Rules to allocate the 455–456 MHz and 459–460 MHz bands to the Mobile Satellite Service (Earth-to-space) (''MSS uplinks'') on a primary basis for non-voice, non-geostationary mobile satellite services (''NVNG MSS''). When implemented, this service, also referred to as the ''Little LEO'' satellite service, will use constellations of low-Earth orbiting (''LEO'') satellites to provide commercial radiolocation and two-way data messaging services to potential customers anywhere in the world. This action proposes to implement domestically the NVNG MSS allocations adopted at the 1995 World Radiocommunication Conference (''WRC–95''). This proposal would also address the growing demand for NVNG MSS and could provide satellite operators with increased flexibility in the design of their systems. Additionally, we propose to update Section 2.106 of our Rules to indicate the international allocations and international footnotes adopted at WRC–95 in the domestically allocated NVNG MSS frequency bands.

2. Little LEO satellite systems will allow customers to use small,

inexpensive transceivers to communicate with satellites operating at altitudes much lower than those in geostationary satellite orbits. The lower altitudes improve signal quality and reduce the time delay of transmission. Further, the orbital mechanics of LEO satellites cause them to appear on the horizon and move across the sky and then to disappear over the horizon as they orbit the Earth. In order to achieve continuous coverage, LEO systems plan to employ a constellation of satellites, so that as one satellite moves out of view, another satellite will come over the horizon to maintain coverage. The potential applications for this service include emergency location service, environmental data collection, vehicle tracking, and time-sensitive business and personal data communications, anywhere in the world.

3. The Commission believes that additional spectrum for NVNG MSS is needed to facilitate the competitive development of the Little LEO service. Although NVNG MSS has been allocated 4.05 megahertz of spectrum below 1 GHz (2.2 megahertz for uplinks and 1.85 megahertz for downlinks), we note that this spectrum is often shared with a number of incumbent operations, a factor which limits the capacity of Little LEO systems to meet service demands. We conclude that an allocation of additional spectrum will enable Little LEO licensees to develop cost effective systems with sufficient capacity to compete with other service providers in the telecommunications marketplace. Further, we note that the United States delegation for WRC–97 will seek an international allocation of additional spectrum below 1 GHz for Little LEO operations. Accordingly, we propose to allocate additional spectrum for Little LEO service and request comment on this proposal.

4. We propose to allocate the 455–456 MHz and 459–460 MHz bands for Little LEOs on a co-primary basis subject to the provisions of international footnotes S5.286A, B, and C which would not permit Little LEO operations to interfere with or inhibit the development of incumbent terrestrial operations. Notwithstanding that the WRC–95 Preparatory Docket concluded that these bands may have potential capacity for sharing with Little LEO uplinks without creating an unacceptable impact on incumbent operations, we request additional comment on whether there is sufficient spectrum sharing capacity in these bands to support the proposed allocation for Little LEOs and on whether there are techniques available that would permit Little LEOs to share this spectrum without causing harmful interference to or constraining the development of incumbent operations. If so, we also request comment on whether a primary allocation with technical sharing requirements would be sufficient to protect incumbent operations.

5. Commission staff analysis indicates that there are more than 25,000 Part 74 auxiliary broadcast transmitters authorized to use the 455–456 MHz band throughout the United States. Since many auxiliary broadcast remote pickup channels in the 455–456 MHz band tend to be used only intermittently and Little LEO transmissions in the 148–149.9 MHz band are currently limited to a short duration of only 450 milliseconds, Little LEO systems may be able to search the spectrum for unused channels and accomplish their communications without hindering incumbent use. Further, as indicated in the Commission's WRC–95 preparatory Report, Little LEO channel assignment and low power techniques combined with brief message duration and geographic separation may be able to protect broadcast auxiliary use. We note, however, that the signal integrity of broadcast programming material must be maintained and that Little LEO operations will not be permitted to cause harmful interference to such auxiliary broadcast signals. We invite comment on the feasibility of spectrum sharing between Little LEO transmissions and the terrestrial broadcast remote pickup operations.

6. Also, Little LEO uplinks in the 459–460 MHz band would have to be compatible with a wide variety of fixed and mobile services authorized under Parts 22, 80 and 90 of the Rules. We note that certain operations in this frequency range, such as petroleum radio service operations at 459.0 MHz and BETRS operations, may be used only intermittently but require a high degree of reliability. Additionally, we note plans to auction channels in the 459.025–459.65 MHz segment to Part 22 licensees for such operations as common carrier paging, two-way mobile telephony, and rural radiotelephony. We seek comment on whether using the 459–460 MHz band for Little LEO operations would be compatible with current and future fixed and mobile operations. Specifically, we seek comment on whether certain portions of this band should not be allocated for Little LEO operations and on the feasibility of auctioning the 459.025–459.65 MHz segment to Part 22 licensees and also using this spectrum for Little LEO operations.

7. With respect to spectrum sharing between Little LEO operations and incumbent fixed and mobile operations in the 455–456 MHz and 459–460 MHz bands, we note that this was initially addressed in preparation for WRC–95. While the sharing studies in IC Docket No. 94–31 were sufficient to justify seeking NVNG MSS uplink allocations in these bands, WRC–95 concluded that additional analysis was necessary. Specifically, WRC–95 acknowledged the demand for additional NVNG MSS spectrum, but it noted that spectrum below 1 GHz is extensively used by many services and that new technologies of some radio services, especially within the terrestrial mobile and broadcasting services, may have an impact on the sharing possibilities. Accordingly, WRC–95 adopted Resolution 214 to invite the study and development of recommendations on technical and operational issues related to sharing between Little LEO operations and other services having allocations in the bands proposed at that conference, and in other bands as necessary.

8. The issues of spectrum sharing between Little LEO operations and incumbent operations in the 455–456 MHz and 459–460 MHz bands are complex and will be thoroughly explored in a future, separate proceeding that will focus on developing appropriate service and licensing rules. We are seeking comment in the instant proceeding on whether there is sufficient sharing capacity in these bands to support the proposed allocation for Little LEOs and on whether there are techniques available that would permit Little LEOs to share this spectrum without causing harmful interference to or constraining the development of incumbent operations.

9. Finally, we propose to update the International Table of Allocations in Part 2 of our Rules to reflect the Final Acts of WRC–95 for the 137–138 MHz, 148–150.05 MHz, 399.9–400.05 MHz, 400.15–401 MHz, 455–456 MHz and 459–460 MHz bands. Specifically, we propose to update the 137–138 MHz and 148–150.05 MHz bands to reflect changes in international footnotes in this segment. We also propose to correct the domestic allocation segments of the Allocation Table for the 137.025–137.175 MHz and 137.825–138 MHz bands to indicate that the Mobile-Satellite allocations are on a secondary basis. We also propose to update the 399.9–400.05 MHz segment of the International Table of Allocations to reflect a primary allocation in all Regions to Land Mobile-Satellite (Earth-to-space) operations and the associated international footnotes for this segment.

Further, we propose to update the 400.15–401 MHz segment of the International Table of Allocations to reflect changes in the international footnotes in this segment. Additionally, we propose to update the 455–456 MHz and 459–460 MHz segments of the International Table of Allocations to reflect a Region 2 allocation to Mobile-Satellite (Earth-to-space) operations and the associated international footnotes in this segment.

10. We also propose to replace international footnote numbers 596, 597, 598, 599A, 599B, 608, 608A, 608B, 608C, 609, 609A, 609B, 645B, 647A, and 647B with new international footnotes which meet the new Radio Regulation numbering scheme and which reflect all modifications to these footnotes adopted at WRC–95. Specifically, we propose to replace the removed footnotes with new international footnote numbers S5.204, S5.205, S5.206, S5.207, S5.208, S5.208A, S5.209, S5.218, S5.219, S5.220, S5.221, S5.222, S5.223, S5.224, S5.260, S5.262, S5.263, S5.264, S5.271, S5.286A, S5.286B, and S5.286C in the list of international footnotes in Section 2.106. Further, we propose to update the Table of Frequency Allocations by removing United States footnote number US326 which expired on January 1, 1997. We also propose to revise Section 25.202(a)(3) by removing certain provisions that expired on January 1, 1997. Parties may comment on these proposed updates. This action is taken in pursuant to Sections (4)(i), 7(a), 303(c), 303(f), 303(g), and 303(r) of the Communications Act of 1934, as amended, 47 U.S.C. Sections 154(i), 157(a), 303(c), 303(f), 303(g), and 303(r).

Final Regulatory Flexibility Analysis

11. As required by the Regulatory Flexibility Act,[1] the Commission has prepared an Initial Regulatory Flexibility Analysis of the expected significant economic impact on small entities by the policies and rules proposed in this *Notice of Proposed Rule Making* (''Notice''). Written public comments are requested on the IRFA. Comments must be identified as responses to the IRFA and must be filed by the deadlines for comments on the Notice provided above. The Secretary shall send a copy of this Notice, including the IRFA, to the Chief Counsel for Advocacy of the Small Business Administration.[2]

[1] 5 U.S.C. 603.

[2] See id. section 603(a).

A. Need for and Objectives of the Proposed Rules

12. The Notice proposes to allocate the 455–456 MHz and 459–460 MHz bands to the Mobile Satellite Service (Earth-to-space) (''MSS uplinks'') on a primary basis for non-voice, non-geostationary mobile satellite services (''NVNG MSS''). This service, also referred to as the ''Little LEO'' satellite service, uses constellations of low-Earth orbiting (''LEO'') satellites to provide commercial radiolocation and two-way data messaging services to potential customers anywhere in the world. We take this action on our own initiative in order to adopt domestically the NVNG MSS allocation adopted at the 1995 World Radiocommunication Conference (''WRC–95'').[3] This proposal addresses the growing demand for NVNG MSS and could provide satellite operators with increased flexibility in the design of their systems.

B. Legal Basis

13. This action is taken pursuant to Sections 4(i), 7(a), 303(c), 303(f), 303(g), and 303(r) of the Communications Act of 1934, as amended, 47 U.S.C. Sections 154(i), 157(a), 303(c), 303(f), 303(g), and 303(r).

C. Description and Estimate of the Number of Small Entities to Which the Proposed Rules Will Apply

14. The Commission has not developed a definition of small entities relevant to satellite services licensees. Therefore, the applicable definition of small entity in the satellite services industry is the definition under the Small Business Administration (SBA) rules applicable to Communications Services ''Not Elsewhere Classified.'' [4] This definition provides that a small entity is expressed as one with $11.0 million or less in annual receipts. According to Census Bureau data, there are 848 firms that fall under the category of Communications Services, Not Elsewhere Classified. Of those, approximately 775 reported annual receipts of $11 million or less and qualify as small entities.[5] The Census Bureau category is very broad and commercial satellite services constitute only a subset of its total.

15. Although it is difficult to estimate the number of Little LEO entities that will utilize the spectrum proposed in this Notice, we note that the Commission has licensed three entities to provide Little LEO services in the United States: Orbital Communications Corporation (''Orbcomm''), Starsys Global Positioning, Inc. (''Starsys''), and Volunteers in Technical Assistance (''VITA''). Additionally, five more entities have filed applications with the Commission to provide Little LEO services: LEO One USA Corporation (''LEO One''); CTA Commercial Systems; E-Sat, Inc.; Final Analysis Communication Service, Inc. (''FACS''); and GE American Communications, Inc. (''GE Americom''). Of the eight potential Little LEO licensees that may ultimately utilize these bands if allocated, only VITA and LEO One qualify as small businesses.[6] The other six entities are not small businesses because they each have revenues in excess of $11 million annually or have parent companies or investors that have revenues in excess of $11 million annually. We request comment on the description and number of small entities that are significantly impacted by this proposal.

16. Additionally, we note that there are numerous small entities that currently operate terrestrial fixed and mobile radio systems in the 455–456 MHz and 459–460 MHz bands under Parts 22, 74, 80 and 90 of our rules. However, in a future proceeding we will consider technical limitations on the new Little LEO operations in these bands in order to prevent harmful interference to incumbent fixed and mobile operations. We have not proposed any rule changes to the incumbent fixed and mobile operations. Accordingly, we do not believe this proposed action will have a negative impact on small entities that currently operate in the 455–456 MHz and 459–460 MHz bands.

D. Description of Projected Reporting, Recordkeeping and Other Compliance Requirements

17. In this proceeding, we are proposing to allocate this spectrum to NVNG MSS. The licensing and technical regulations governing these operations will be addressed in a separate proceeding. Therefore, this proposed action does not create any reporting or compliance requirements.

[3] See Final Acts of the World Radio[communication] Conference (WRC–95) Geneva, 1995, Geneva, 17 November 1995 (''Final Acts'').

[4] 13 CFR 121.201, Standard Industrial Classification (SIC) Code 4899.

[5] U.S. Bureau of the Census, U.S. Department of Commerce, 1992 Census of Transportation, Communications, and Utilities, UC92–S–1, Subject Series, Establishment and Firm Size, Table 2D, Employment Size of Firms: 1992, SIC Code 4899 (issued May 1995).

[6] See *Notice of Proposed Rule Making* at 44, IB Docket No. 96–426, FCC 96–426, (1996).

E. Significant Alternatives to Proposed Rules Which Minimize Significant Economic Impact on Small Entities and Accomplish Stated Objectives

18. No Petitions for Rule Making were filed to initiate this proceeding and there are no comments in this proceeding that suggest alternatives to this proposed allocation. International regulations require that NVNG MSS operations not cause harmful interference to nor constrain the development of incumbent operations which should minimize the impact on incumbent small entities. We request comment on further alternatives that might minimize the amount of economic impact on small entities.

F. Federal Rules That May Duplicate, Overlap, or Conflict With the Proposed Rules

19. None.

List of Subjects

47 CFR Part 2

Comunications equipment, Radio.

47 CFR Part 25

Communications equipment, Satellites.

Federal Communications Commission.

William F. Caton,

Acting Secretary.

[FR Doc. 97–28760 Filed 10–30–97; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 73

[MM Docket No. 97–220, RM–9179]

Radio Broadcasting Services; Dallas, OR

AGENCY: Federal Communications Commission.

ACTION: Proposed rule.

SUMMARY: The Commission requests comments on a petition filed by Michael Mattson seeking the allotment of Channel 252C3 to Dallas, OR, as the community's first local FM service. Channel 252C3 can be allotted to Dallas in compliance with the Commission's minimum distance separation requirements without the imposition of a site restriction, at coordinates 44–55–06 North Latitude and 123–19–00 West Longitude.

DATES: Comments must be filed on or before December 15, 1997, and reply comments on or before December 30, 1997.

ADDRESSES: Federal Communications Commission, Washington, DC 20554. In addition to filing comments with the FCC, interested parties should serve the petitioner, or its counsel or consultant, as follows: Michael L. Mattson, 15740 May Road, Dallas, OR 97338 (Petitioner).

FOR FURTHER INFORMATION CONTACT: Leslie K. Shapiro, Mass Media Bureau, (202) 418–2180.

SUPPLEMENTARY INFORMATION: This is a synopsis of the Commission's Notice of Proposed Rule Making, MM Docket No. 97–220, adopted October 15, 1997, and released October 24, 1997. The full text of this Commission decision is available for inspection and copying during normal business hours in the FCC 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 contractor, International Transcription Services, Inc., (202) 857–3800, 1231 20th Street, NW, Washington, DC 20036.

Provisions of the Regulatory Flexibility Act of 1980 do not apply to this proceeding.

Members of the public should note that from the time a Notice of Proposed Rule Making is issued until the matter is no longer subject to Commission consideration or court review, all *ex parte* contacts are prohibited in Commission proceedings, such as this one, which involve channel allotments. See 47 CFR 1.1204(b) for rules governing permissible *ex parte* contacts.

For information regarding proper filing procedures for comments, see 47 CFR 1.415 and 1.420.

List of Subjects in 47 CFR Part 73

Radio broadcasting.

Federal Communications Commission.

John A. Karousos,

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

[FR Doc. 97–28894 Filed 10–30–97; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 73

[MM Docket No. 97–116, RM–9050 and RM–9123]

Radio Broadcasting Services; Everglades City, LaBelle, Estero and Key West, FL

AGENCY: Federal Communications Commission.

ACTION: Proposed rule; Order to Show Cause.

SUMMARY: In response to a counterproposal filed by InterMart Broadcasting West Coast, Inc., we have issued an Order to Show Cause to Spectrum Radio, Inc., licensee of Station WEOW, Channel 223C1, Key West, Florida. InterMart Broadcasting West Coast, Inc. has proposed the substitution of Channel 224C1 for Channel 223C1 at Key West, Florida, and modification of the license for Station WEOW accordingly. This document affords Station WEOW an opportunity to object to the proposed channel change but it does not afford an additional opportunity to comment on the merits of the proposal set forth in the Notice of Proposed Rule Making or the proposal advanced in the counterproposal. *See* 62 FR 22900, April 28, 1997.

DATES: Comments must be filed on or before December 15, 1997.

ADDRESSES: Federal Communications Commission, Washington, DC. 20554.

FOR FURTHER INFORMATION CONTACT: Kathleen Scheuerle, Mass Media Bureau, (202) 418–2180.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission's Order to Show Cause, MM Docket No. 97–116, adopted October 15, 1997, and released October 24, 1997. 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.

Provisions of the Regulatory Flexibility Act of l980 do not apply to this proceeding.

Members of the public should note that from the time a Notice of Proposed Rule Making is issued until the matter is no longer subject to Commission consideration or court review, all *ex parte* contacts are prohibited in Commission proceedings, such as this one, which involve channel allotments. See 47 CFR 1.1204(b) for rules governing permissible *ex parte* contact.

For information regarding proper filing procedures for comments, see 47 CFR 1.415 and 1.420.

List of Subjects in 47 CFR Part 73

Radio broadcasting.

Federal Communications Commission.

John A. Karousos,

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

[FR Doc. 97–28893 Filed 10–30–97; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 73

[MM Docket No. 97–218; RM–9172]

Radio Broadcasting Services; Colchester, IL

AGENCY: Federal Communications Commission.

ACTION: Proposed rule.

SUMMARY: The Commission requests comments on a petition filed by Gary G. Kidd proposing the allotment of Channel 244A at Colchester, Illinois, as the community's second local FM transmission service. Channel 244A can be allotted to Colchester in compliance with the Commission's minimum distance separation requirements with a site restriction 13.2 kilometers (8.2 miles) southwest to avoid a short-spacing to the construction permit site of Station KRNQ(FM), Channel 242C2, Keokuk, Iowa. The coordinates for Channel 244A at Colchester are North Latitude 40–21–48 and West Longitude 90–55–41.

DATES: Comments must be filed on or before December 15, 1997, and reply comments on or before December 30, 1997.

ADDRESSES: Federal Communications Commission, Washington, DC 20554. In addition to filing comments with the FCC, interested parties should serve the petitioner, his counsel, or consultant, as follows: Gary G. Kidd, 7 Northview Estates, Metropolis, Illinois 62960–2506 (Petitioner).

FOR FURTHER INFORMATION CONTACT: Sharon P. McDonald, Mass Media Bureau, (202) 418–2180.

SUPPLEMENTARY INFORMATION: This is a synopsis of the Commission's Notice of Proposed Rule Making, MM Docket No. 97–218, adopted October 15, 1997, and released October 24, 1997. The full text of this Commission decision is available for inspection and copying during normal business hours in the FCC 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 contractor, International Transcription Service, Inc., (202) 857–3800, 1231 20th Street, NW., Washington, DC 20036.

Provisions of the Regulatory Flexibility Act of 1980 do not apply to this proceeding.

Members of the public should note that from the time a Notice of Proposed Rule Making is issued until the matter is no longer subject to Commission consideration or court review, all *ex parte* contacts are prohibited in Commission proceedings, such as this one, which involve channel allotments. See 47 CFR 1.1204(b) for rules governing permissible *ex parte* contacts.

For information regarding proper filing procedures for comments, see 47 CFR 1.415 and 1.420.

List of Subjects in 47 CFR Part 73

Radio broadcasting.

Federal Communications Commission.

John A. Karousos,

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

[FR Doc. 97–28892 Filed 10–30–97; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 73

[MM Docket No. 97–222, RM–9180]

Radio Broadcasting Services; Sault Ste. Marie, MI

AGENCY: Federal Communications Commission.

ACTION: Proposed rule.

SUMMARY: This document requests comments on a petition filed by Northern Christian Radio, Inc. proposing the allotment of Channel 272C3 at Sault Ste. Marie, Michigan, and reservation of the channel for noncommercial educational use. The channel can be allotted to Sault Ste. Marie at a site 15.9 kilometers (9.9 miles) south of the community at coordinates 46–21–36 and 84–25–36. We will request concurrence from the Canadian government for the allotment of Channel *272C3 at Sault Ste. Marie as a specially negotiated short spaced allotment.

DATES: Comments must be filed on or before December 15, 1997, and reply comments on or before December 30, 1997.

ADDRESSES: Federal Communications Commission, Washington, DC. 20554. In addition to filing comments with the FCC, interested parties should serve the petitioner's counsel, as follows: Jeffrey D. Southmayd, Southmayd & Miller, 1220 19th Street, N.W., Suite 400, Washington, D.C. 20036.

FOR FURTHER INFORMATION CONTACT: Kathleen Scheuerle, Mass Media Bureau, (202) 418–2180.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission's Notice of Proposed Rule Making, MM Docket No. 97–222, adopted October 15, 1997, and released October 24, 1997. 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., 1231 20th Street, NW., Washington, DC. 20036, (202) 857–3800, facsimile (202) 857–3805.

Provisions of the Regulatory Flexibility Act of 1980 do not apply to this proceeding.

Members of the public should note that from the time a Notice of Proposed Rule Making is issued until the matter is no longer subject to Commission consideration or court review, all *ex parte* contacts are prohibited in Commission proceedings, such as this one, which involve channel allotments. See 47 CFR 1.1204(b) for rules governing permissible *ex parte* contact.

For information regarding proper filing procedures for comments, see 47 CFR 1.415 and 1.420.

List of Subjects in 47 CFR Part 73

Radio broadcasting.

Federal Communications Commission.

John A. Karousos,

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

[FR Doc. 97–28891 Filed 10–30–97; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 73

[MM Docket No. 97–223, RM–9014]

Radio Broadcasting Services; Ashdown and DeQueen, AR

AGENCY: Federal Communications Commission.

ACTION: Proposed rule.

SUMMARY: This document requests comments on a petition for rule making filed on behalf of Bunyard Partnership, licensee of Station KARQ(FM), Channel 221A, Ashdown, Arkansas, and Jay W. Bunyard and Anne W. Bunyard,

licensee of Station KDQN–FM, Channel 226C2, DeQueen, Arkansas, seeking the substitution of Channel 227C3 for Channel 221A at Ashdown and modification of the license of Station KARQ(FM). Additionally, to accommodate the upgrade at Ashdown, petitioners seek the substitution of Channel 221C2 for Channel 226C2 at DeQueen and modification of the license of Station KDQN–FM accordingly. Coordinates used for Channel 227C3 at Ashdown, Arkansas, are 33–40–22 and 94–11–02; coordinates used for Channel 221C2 at DeQueen, Arkansas, are 34–13–35 and 94–17–35.

As the petitioner's modification proposal is filed pursuant to the provisions of Section 1.420(g)(3) of the Commission's Rules, we will not accept competing expressions of interest in Channel 227C3 at Ashdown.

DATES: Comments must be filed on or before December 15, 1997, and reply comments on or before December 30, 1997.

ADDRESSES: Secretary, Federal Communications Commission, Washington, DC 20554. In addition to filing comments with the FCC, interested parties should serve the petitioner's counsel, as follows: John F. Garziglia, Esq., Pepper & Corazzini, L.L.P., 1776 K Street, NW., Suite 200, Washington, DC 20006.

FOR FURTHER INFORMATION CONTACT: Nancy Joyner, Mass Media Bureau, (202) 418–2180.

SUPPLEMENTARY INFORMATION: This is a synopsis of the Commission's Notice of Proposed Rule Making, MM Docket No. 97–223, adopted October 15, 1997, and released October 24, 1997. 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., 1231 20th Street, NW., Washington, DC 20036, (202) 857–3800.

Provisions of the Regulatory Flexibility Act of 1980 do not apply to this proceeding.

Members of the public should note that from the time a Notice of Proposed Rule Making is issued until the matter is no longer subject to Commission consideration or court review, all *ex parte* contacts are prohibited in Commission proceedings, such as this one, which involve channel allotments. See 47 CFR 1.1204(b) for rules governing permissible *ex parte* contacts.

For information regarding proper filing procedures for comments, See 47 CFR 1.415 and 1.420.

List of Subjects in 47 CFR Part 73

Radio broadcasting.

Federal Communications Commission.

John A. Karousos,

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

[FR Doc. 97–28890 Filed 10–30–97; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 73

[MM Docket No. 97–221, RM–9181]

Radio Broadcasting Services; Satellite Beach, FL

AGENCY: Federal Communications Commission.

ACTION: Proposed rule.

SUMMARY: This document requests comments on a petition filed by Satellite Beach Community Broadcasters proposing the allotment of Channel 253A at Satellite Beach, Florida, as that community's first local FM broadcast service. The channel can be allotted to Satellite Beach without a site restriction at coordinates 28–10–24 and 80–36–12.

DATES: Comments must be filed on or before December 15, 1997, and reply comments on or before December 30, 1997.

ADDRESSES: Federal Communications Commission, Washington, DC 20554. In addition to filing comments with the FCC, interested parties should serve the petitioner's counsel, as follows: Richard J. Hayes, Jr., 13809 Black Meadow Road, Spotsylvania, Virginia 22553.

FOR FURTHER INFORMATION CONTACT: Kathleen Scheuerle, Mass Media Bureau, (202) 418–2180.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission's Notice of Proposed Rule Making, MM Docket No. 97–221, adopted October 15, 1997, and released October 24, 1997. 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., 1231 20th Street, NW., Washington, DC 20036, (202) 857–3800, facsimile (202) 857–3805.

Provisions of the Regulatory Flexibility Act of 1980 do not apply to this proceeding.

Members of the public should note that from the time a Notice of Proposed Rule Making is issued until the matter is no longer subject to Commission consideration or court review, all *ex parte* contacts are prohibited in Commission proceedings, such as this one, which involve channel allotments. See 47 CFR 1.1204(b) for rules governing permissible *ex parte* contact.

For information regarding proper filing procedures for comments, see 47 CFR 1.415 and 1.420.

List of Subjects in 47 CFR Part 73

Radio broadcasting.

Federal Communications Commission.

John A. Karousos,

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

[FR Doc. 97–28888 Filed 10–30–97; 8:45 am]

BILLING CODE 6712–01–P

Notices

Federal Register
Vol. 62, No. 211
Friday, October 31, 1997

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

Forest Service

Intergovernmental Advisory Committee Subcommittee Meeting

AGENCY: Forest Service, USDA.

ACTION: Notice of meeting.

SUMMARY: The Intergovernmental Advisory Committee will meet on November 6, 1997, at the Double Tree Hotel, Columbia River, Portland, Oregon. The purpose of the meeting is to continue discussions on the implementation of the Northwest Forest Plan. The meeting will begin at 9:15 a.m. and continue until 3:00 p.m. Agenda items to be discussed include, but are not limited to: review accomplishments for the year, ongoing and potential activities for the coming year, and effectiveness monitoring. The IAC meeting will be open to the public and is fully accessible for people with disabilities. Interpreters are available upon request in advance. Written comments may be submitted for the record at the meeting. Time will also be scheduled for oral public comments. Interested persons are encouraged to attend.

FOR FURTHER INFORMATION CONTACT:

Questions regarding this meeting may be directed to Don Knowles, Executive Director, Regional Ecosystem Office, 333 SW 1st Avenue, P.O. Box 3623, Portland, OR 97208 (Phone: 503–808–2180).

Dated: October 24, 1997.

Donald R. Knowles,

Designated Federal Official.

[FR Doc. 97–28873 Filed 10–30–97; 8:45 am]

BILLING CODE 3410–11–M

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List; Additions

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Additions to the Procurement List.

SUMMARY: This action adds to the Procurement List commodities to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities.

EFFECTIVE DATE: December 1, 1997.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Crystal Square 3, Suite 403, 1735 Jefferson Davis Highway, Arlington, Virginia 22202–3461.

FOR FURTHER INFORMATION CONTACT: Beverly Milkman (703) 603–7740.

SUPPLEMENTARY INFORMATION: On July 11 and August 8, 1997, the Committee for Purchase From People Who Are Blind or Severely Disabled published notices (62 F.R. 37192 and 42745) of proposed additions to the Procurement List.

After consideration of the material presented to it concerning capability of qualified nonprofit agencies to provide the commodities and impact of the additions on the current or most recent contractors, the Committee has determined that the commodities listed below are suitable for procurement by the Federal Government under 41 U.S.C. 46–48c and 41 CFR 51–2.4. I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the commodities to the Government.

2. The action will not have a severe economic impact on current contractors for the commodities.

3. The action will result in authorizing small entities to furnish the commodities to the Government.

4. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46–48c) in connection with the commodities proposed for addition to the Procurement List.

Accordingly, the following commodities are hereby added to the Procurement List:

Ribbon, Typewriter

7510–01–233–0033

Short Run, Short Schedule Duplicating (Program 2979–S)

7690–00–NSH–0087

(Requirements for the Government Printing Office, San Francisco, CA)

Books and Pamphlets (Program 1995–S)

7690–00–NSH–0088

(Requirements for the Government Printing Office, San Francisco, CA)

This action does not affect current contracts awarded prior to the effective date of this addition or options that may be exercised under those contracts.

Beverly L. Milkman,

Executive Director.

[FR Doc. 97–28900 Filed 10–30–97; 8:45 am]

BILLING CODE 6353–01–P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List Proposed Additions

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Proposed additions to Procurement List.

SUMMARY: The Committee has received proposals to add to the Procurement List commodities and a service to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities.

COMMENTS MUST BE RECEIVED ON OR BEFORE: December 1, 1997.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Crystal Square 3, Suite 403, 1735 Jefferson Davis Highway, Arlington, Virginia 22202–3461.

FOR FURTHER INFORMATION CONTACT: Beverly Milkman (703) 603–7740.

SUPPLEMENTARY INFORMATION: This notice is published pursuant to 41 U.S.C. 47(a) (2) and 41 CFR 51–2.3. Its purpose is to provide interested persons an opportunity to submit comments on the possible impact of the proposed actions.

If the Committee approves the proposed additions, all entities of the Federal Government (except as otherwise indicated) will be required to procure the commodities and service listed below from nonprofit agencies employing persons who are blind or have other severe disabilities.

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the commodities and service to the Government.

2. The action does not appear to have a severe economic impact on current contractors for the commodities and service.

3. The action will result in authorizing small entities to furnish the commodities and service to the Government.

4. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46–48c) in connection with the commodities and service proposed for addition to the Procurement List. Comments on this certification are invited. Commenters should identify the statement(s) underlying the certification on which they are providing additional information.

The following commodities and service have been proposed for addition to Procurement List for production by the nonprofit agencies listed:

Commodities

Office and Miscellaneous Supplies
(Requirements for Altus Air Force Base, Oklahoma)
NPA: Beacon Lighthouse, Inc. Wichita Falls, Texas

Tape, Electronic Data Processing
7045–00–377–9235
7045–01–123–0367
7045–01–293–4809
7045–01–338–6542
7045–01–372–8260
7045–01–364–2466
7045–01–269–8115
7045–01–115–0502
7045–01–193–4994
NPA: North Central Sight Services, Inc. Williamsport, Pennsylvania

Service

Janitorial/Custodial
Mount Weather Emergency Assistance Center
Buildings 400, 401, 403, 405, 409, 411 (offices and restrooms only), 413, 431 and Walkway (between 411 & 413)
Bluemont, Virginia
NPA: Northwestern Workshop, Inc., Winchester, Virginia

Beverly L. Milkman,

Executive Director.

[FR Doc. 97–28901 Filed 10–30–97; 8:45 am]

BILLING CODE 6353–01–P

DEPARTMENT OF COMMERCE

Foreign-Trade Zones Board

[Docket 76–97]

Foreign-Trade Zone 143—Sacramento, CA; Application for Subzone Status; The Gymboree Corporation (Apparel, Accessories and Toys), Dixon, California

An application has been submitted to the Foreign-Trade Zones Board (the Board) by the Port of Sacramento, grantee of FTZ 143, requesting subzone status for the warehousing/distribution facility of the Gymboree Corporation (Gymboree), located in Dixon, California, some 25 miles west of Sacramento. The application was submitted pursuant to the provisions of the Foreign-Trade Zones Act, as amended (19 U.S.C. 81a–81u), and the regulations of the Board (15 CFR part 400). It was formally filed on October 24, 1997.

The facility (300,000 sq. ft. on 15 acres; 100 employees) is located at 2299 Kids Way in Dixon. It is used to store, distribute and repackage a wide range of consumer products, including children's apparel, accessories, shoes and toys, most of which are sourced from abroad. The products are distributed throughout the U.S. and abroad.

Zone procedures would exempt Gymboree from Customs duty payments on the foreign products that are reexported. On its domestic sales, it would be able to defer Customs duty payments on foreign-sourced items. The application indicates that zone savings would help improve the international competitiveness of the distribution facility.

In accordance with the Board's regulations, a member of the FTZ staff has been appointed examiner to investigate the application and report to the Board.

Public comment is invited from interested parties. Submissions (original and 3 copies) shall be addressed to the Board's Executive Secretary at the address below. The closing period for their receipt is December 30, 1997. Rebuttal comments in response to material submitted during the foregoing period may be submitted during the subsequent 15-day period January 14, 1998.

A copy of the application and accompanying exhibits will be available for public inspection at each of the following locations:

U.S. Department of Commerce Export Assistance Center, 917 7th St., 2nd Floor, Sacramento, California 95814
Office of the Executive Secretary, Foreign-Trade Zones Board, Room 3716, U.S. Department of Commerce, 14th & Pennsylvania Avenue, NW., Washington, D.C. 20230.

John J. Da Ponte, Jr.,

Executive Secretary.

[FR Doc. 97–28938 Filed 10–30–97; 8:45 am]

BILLING CODE 3510–DS–M

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

ENVIRONMENTAL PROTECTION AGENCY

Coastal Nonpoint Pollution Control Program: Proposed Findings Documents, Environmental Assessments, and Findings of No Significant Impact

AGENCY: National Oceanic and Atmospheric Administration, U.S. Department of Commerce, and the The U.S. Environmental Protection Agency.

ACTION: Notice of availability of proposed findings documents, environmental assessments, and findings of no significant impact on approval of coastal nonpoint pollution control programs for Connecticut, North Carolina and Maine.

SUMMARY: Notice is hereby given of the availability of the Proposed Findings Documents, Environmental Assessments (EA's), and Findings of No Significant Impact for Connecticut, North Carolina and Maine. Coastal states and territories were required to submit their coastal nonpoint programs to the National Oceanic and Atmospheric Administration (NOAA) and the U.S. Environmental Protection Agency (EPA) for approval in July 1995. The Findings

documents were prepared by NOAA and EPA to provide the rationale for the agencies' decision to approve each state and territory coastal nonpoint pollution control program. Section 6217 of the Coastal Zone Act Reauthorization Amendments (CZARA), 16 U.S.C. section 1455b, requires states and territories with coastal zone management programs that have received approval under section 306 of the Coastal Zone Management Act to develop and implement coastal nonpoint pollution control programs. The EA's were prepared by NOAA, pursuant to the National Environmental Policy Act (NEPA), 42 U.S.C. sections 4321 *et seq.*, to assess the environmental impacts associated with the approval of the coastal nonpoint pollution control programs submitted to NOAA and EPA by Connecticut, North Carolina and Maine.

NOAA and EPA have proposed to approve, with conditions, the coastal nonpoint pollution control programs submitted by Connecticut, North Carolina and Maine. The requirements of 40 CFR Parts 1500–1508 (Council on Environmental Quality (GEQ) regulations to implement the National Environmental Policy Act) apply to the preparation of the Environmental Assessments. Specifically, 40 CFR section 1506.6 requires agencies to provide public notice of the availability of environmental documents. This notice is part of NOAA's action to comply with this requirement.

Copies of the Proposed Findings Documents, Environmental Assessments, and Findings of No Significant Impact may be obtained upon request from : Joseph P. Flanagan, Coastal Programs Division (N/ORM3), Office of Ocean and Coastal Resource Management, NOS, NOAA, 1305 East-West Highway, Silver Spring, Maryland, 20910, tel. (301) 713–3121, x201.

DATES: Individuals or organizations wishing to submit comments on the proposed Findings or Environmental Assessments should do so by December 1, 1997.

ADDRESSES: Comments should be made to: Joseph A Uravitch, Coastal Programs Division (N/ORM3), Office of Ocean and Coastal Resource Management, NOS, NOAA, 1305 East-West Highway, Silver Spring, Maryland, 20910, tel. (301) 713–3155, x195.

(Federal Domestic Assistance Catalog 11.419 Coastal Zone Management Program Administration)

Dated: October 28, 1997.

Nancy Foster,

Assistant Administrator for Ocean Services and Coastal Zone Management, National Oceanic and Atmospheric Administration.

Geoffrey H. Grubbs,

Director, Assessment and Watershed Protection Division, Environmental Protection Agency.

[FR Doc. 97–28902 Filed 10–30–97; 8:45 am]

BILLING CODE 3510–12–M

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

ENVIRONMENTAL PROTECTION AGENCY

Coastal Nonpoint Pollution Control Program: Conditional Approvals, Findings Documents, Responses to Comments, and Records of Decision

AGENCY: National Oceanic and Atmospheric Administration, U.S. Department of Commerce and the U.S. Environmental Protection Agency.

ACTION: Notice of conditional approval of Coastal Nonpoint Pollution Control Programs and availability of findings documents, responses to comments, and records of decision for Rhode Island, Massachusetts, Michigan, and Wisconsin.

SUMMARY: Notice is hereby given of the conditional approval of the Coastal Nonpoint Pollution Control Programs (coastal nonpoint programs) and of the availability of the Findings Documents, Responses to Comments, and Records of Decision for Rhode Island, Massachusetts, Michigan, and Wisconsin. Section 6217 of the Coastal Zone Act Reauthorization Amendments (CZARA), 16 U.S.C. section 1455b, requires states and territories with coastal zone management programs that have received approval under section 306 of the Coastal Zone Management Act to develop and implement coastal nonpoint programs. Coastal states and territories were required to submit their coastal nonpoint programs to the National Oceanic and Atmospheric Administration (NOAA) and the U.S. Environmental Protection Agency (EPA) for approval in July 1995.

NOAA and EPA have approved, with conditions, the coastal nonpoint programs submitted by Rhode Island, Massachusetts, Michigan, and Wisconsin.

NOAA and EPA have prepared a Findings Document for each 6217 program submitted for approval. The Findings Documents were prepared by NOAA and EPA to provide the rationale for the agencies' decision to approve each state and territory coastal nonpoint program. Proposed Findings Documents, Environmental Assessments, and Findings of No Significant Impact prepared for the coastal nonpoint programs submitted by Rhode Island, Massachusetts, Michigan, and Wisconsin were made available for public comment in the **Federal Register**. Public comments were received and responses prepared on the program submitted by Rhode Island. No public comments were received on the programs submitted by Massachusetts, Michigan, and Wisconsin.

In accordance with the National Environmental Policy Act (NEPA), NOAA has also prepared a Record of Decision on each program. The requirements of 40 CFR Parts 1500–1508 (Council on Environmental Quality (CEQ) regulations to implement the National Environmental Policy Act) apply to the preparation of a Record of Decision. Specifically, 40 CFR section 1505.2 requires an agency to prepare a concise public record of decision at the time of its decision on the action proposed in an environmental impact statement. The Record of Decision shall: (1) state what the decision was; (2) identify all alternatives considered, specifying the alternative considered to be environmentally preferable; and (3) state whether all practicable means to avoid or minimize environmental harm from the alternative selected have been adopted.

In March 1996, NOAA published a programmatic environmental impact statement (PEIS) that assessed the environmental impacts associated with the approval of state and territory coastal nonpoint programs. The PEIS forms the basis for the environmental assessments NOAA has prepared for each state and territorial coastal nonpoint program submitted to NOAA and EPA for approval. In the PEIS, NOAA determined that the approval and conditional approval of coastal nonpoint programs will not result in any significant adverse environmental impacts and that these actions will have an overall beneficial effect on the environment. Because the PEIS served only as a ''framework for decision'' on individual state and territorial coastal nonpoint programs, and no actual decision was made following its publication, NOAA has prepared a NEPA Record of Decision on each individual state and territorial program submitted for review.

Copies of the Findings Documents, Responses to Comments, and Records of Decision may be obtained upon request

from: Joseph A. Uravitch, Chief, Coastal Programs Division (N/ORM3), Office of Ocean and Coastal Resource Management, NOS, NOAA, 1305 East-West Highway, Silver Spring, Maryland, 20910, tel. (301) 713–3155, x195.

(Federal Domestic Assistance Catalog 11.419 Coastal Zone Management Program Administration)

Dated: October 28, 1997.

Nancy Foster,

Assistant Administrator for Ocean Services and Coastal Zone Management, National Oceanic and Atmospheric Administration.

Robert H. Wayland, III,

Director, Office of Wetlands, Oceans and Watersheds, Environmental Protection Agency.

[FR Doc. 97–28903 Filed 10–30–97; 8:45 am]

BILLING CODE 3510–12–M

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

ENVIRONMENTAL PROTECTION AGENCY

Coastal Nonpoint Pollution Control Program: Conditional Approvals, Findings Documents, Responses to Comments, and Records of Decision

AGENCY: National Oceanic and Atmospheric Administration, U.S. Department of Commerce and the U.S. Environmental Protection Agency.

ACTION: Notice of conditional approval of Coastal Nonpoint Pollution Control Programs and availability of Findings Documents, Responses to Comments, and Records of Decision for America Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Delaware, Maryland, and Pennsylvania.

SUMMARY: Notice is hereby given of the conditional approval of the Coastal Nonpoint Pollution Control Programs (coastal nonpoint programs) and of the availability of the Findings Documents, Responses to Comments, and Records of Decision for American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Delaware, Maryland, and Pennsylvania. Section 6217 of the Coastal Zone Act Reauthorization Amendments (CZARA), 16 U.S.C. section 1455b, requires states and territories with coastal zone management programs that have received approval under section 306 of the Coastal Zone Management Act to develop and implement coastal nonpoint programs. Coastal states and territories were required to submit their coastal nonpoint programs to the National Oceanic and Atmospheric Administration (NOAA) and the U.S. Environmental Protection Agency (EPA) for approval in July 1995.

NOAA and EPA have approved, with conditions, the coastal nonpoint programs submitted by American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Delaware, Maryland, and Pennsylvania.

NOAA and EPA have prepared a Findings Document for each 6217 program submitted for approval. The Findings Documents were prepared by NOAA and EPA to provide the rationale for the agencies' decision to approve each state and territory coastal nonpoint program. Proposed Findings Documents, Environmental Assessments, and Findings of No Significant Impact prepared for the coastal nonpoint programs submitted by American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Delaware, Maryland, and Pennsylvania were made available for public comment in the **Federal Register**. Public comments were received and responses prepared on the programs submitted by Delaware, Maryland, and Pennsylvania. No public comments were received on the programs submitted by American Samoa, the Commonwealth of the Northern Mariana Islands, and Guam.

In accordance with the National Environmental Policy Act (NEPA), NOAA has also prepared a Record of Decision on each program. The requirements of 40 CFR Parts 1500–1508 (Council on Environmental Quality (CEQ) regulations to implement the National Environmental Policy Act) apply to the preparation of a Record of Decision. Specifically, 40 CFR section 1505.2 requires an agency to prepare a concise public record of decision at the time of its decision on the action proposed in an environmental impact statement. The Record of Decision shall: (1) State what the decision was; (2) identify all alternatives considered, specifying the alternative considered to be environmentally preferable; and (3) state whether all practicable means to avoid or minimize environmental harm from the alternative selected have been adopted.

In March 1996, NOAA published a programmatic environmental impact statement (PEIS) that assessed the environmental impacts associated with the approval of state and territory coastal nonpoint programs. The PEIS forms the basis for the environmental assessment NOAA has prepared for each state and territorial coastal nonpoint program submitted to NOAA and EPA for approval. In the PEIS, NOAA determined that the approval and conditional approval of coastal nonpoint programs will not result in any significant adverse environmental impacts and that these actions will have an overall beneficial effect on the environment. Because the PEIS served only as a ''framework for decision'' on individual state and territorial coastal nonpoint programs, and no actual decision was made following its publication, NOAA has prepared a NEPA Record of Decision on each individual state and territorial program submitted for review.

Copies of the Findings Documents, Responses to Comments, and Records of Decision may be obtained upon request from: Joseph A. Uravitch, Chief, Coastal Programs Division (N/ORM3), Office of Ocean and Coastal Resource Management, NOS, NOAA, 1305 East-West Highway, Silver Spring, Maryland, 20910, tel. (301) 713–3155, x195.

(Federal Domestic Assistance Catalog 11.419 Coastal Zone Management Program Administration)

Dated: October 28, 1997.

Nancy Foster,

Assistant Administrator for Ocean Services and Coastal Zone Management, National Oceanic and Atmospheric Administration.

Robert H. Wayland, III,

Director, Office of Wetlands, Oceans and Watersheds, Environmental Protection Agency.

[FR Doc. 97–28904 Filed 10–30–97; 8:45 am]

BILLING CODE 3510–12–M

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 102297B]

Pacific Fishery Management Council; Public Meetings

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

ACTION: Notice of public meetings.

SUMMARY: The Pacific Fishery Management Council's Coastal Pelagic Species Plan Development Team will hold a series of public meetings.

DATES: The meetings will be held Thursday, November 13, 1997; Thursday, December 11, 1997; Friday, January 16, 1998; Thursday, February 19, 1998. All sessions will begin at 10 a.m. and may go into the evening until business for the day is completed. See **SUPPLEMENTARY INFORMATION** for the schedule of meetings.

ADDRESSES: Meetings in La Jolla will be in the large conference room at NMFS Southwest Fisheries Science Center,

8604 La Jolla Shores Drive, La Jolla, CA. The meeting in Monterey will be held at the California Department of Fish and Game office, 20 Lower Ragsdale Drive, Suite 100, Monterey, CA.

Council address: Pacific Fishery Management Council, 2130 SW Fifth Avenue, Suite 224, Portland, OR 97201.

FOR FURTHER INFORMATION CONTACT: Dr. Larry Jacobson; telephone: (619) 546–7117; or Dr. Doyle Hanan; telephone: (619) 546–7170.

SUPPLEMENTARY INFORMATION: The exact schedule is as follows:

Group Location Time Date

Team La Jolla 10:00 a.m. November 13

Team La Jolla 10:00 a.m. December 11

Team La Jolla 10:00 a.m. January 16

Team Monterey 10:00 a.m. February 19

The primary purpose of the meetings is to revise and update the proposed fishery management plan for resubmission. Current work is focused on options for limited entry (squid and finfish), control dates, framework management, establishing maximum sustainable yield control rules, and identifying essential fish habitat.

Although other issues not contained in this agenda may come before this Team for discussion, in accordance with the Magnuson-Stevens Fishery Conservation and Management Act, those issues may not be the subject of formal Team action during these meetings. Team action will be restricted to those issues specifically identified in the agenda listed in this notice.

Special Accommodations

These meetings are physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to Mr. Eric Greene at (503) 326–6352 at least 5 days prior to the meeting date.

Dated: October 27, 1997.

Bruce C. Morehead,

Acting Director, Office of Sustainable Fisheries, National Marine Fisheries Service.

[FR Doc. 97–28958 Filed 10–30–97; 8:45 am]

BILLING CODE 3510–22–F

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 102197A]

Endangered Species; Permits

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

ACTION: Receipt of an application for a scientific research permit (1102).

SUMMARY: Notice is hereby given that the Washington Department of Fish and Wildlife at White Salmon, WA (WDFW) has applied in due form for a permit that would provide authorization for takes of endangered and threatened anadromous fish species for the purpose of scientific research.

DATES: Written comments or requests for a public hearing on this application must be received on or before December 1, 1997.

ADDRESSES: The application and related documents are available for review in the following offices, by appointment:

Office of Protected Resources, F/PR3, NMFS, 1315 East-West Highway, Silver Spring, MD 20910–3226 (301–713–1401); and

Protected Resources Division, F/NWO3, 525 NE Oregon Street, Suite 500, Portland, OR 97232–4169 (503–230–5400).

Written comments or requests for a public hearing should be submitted to the Chief, Protected Resources Division in Portland, OR.

FOR FURTHER INFORMATION CONTACT: Robert Koch, Protected Resources Division, 503–230–5400.

SUPPLEMENTARY INFORMATION: WDFW requests a permit under the authority of section 10 of the Endangered Species Act of 1973 (ESA) (16 U.S.C. 1531–1543) and the NMFS regulations governing ESA-listed fish and wildlife permits (50 CFR parts 217–227).

WDFW (1102) requests a 3-year permit for an annual take of adult, endangered, naturally-produced and artificially-propagated, upper Columbia River steelhead trout (*Oncorhynchus mykiss*); adult, threatened, Snake River steelhead trout (*Oncorhynchus mykiss*); adult, threatened, Snake River spring/summer chinook salmon (*Oncorhynchus tshawytscha*); and adult, threatened, Snake River fall chinook salmon (*Oncorhynchus tshawytscha*) associated with scientific research to determine the number and timing of wild and hatchery steelhead trout that pass Bonneville Dam on the Columbia River in the Pacific Northwest and to determine the number and timing of wild and hatchery steelhead trout in the treaty fishery conducted by Native Americans on the river. Data will be used to determine the fishery impacts to ESA-listed stocks and if possible, to shape fisheries to reduce impacts to ESA-listed or depressed stocks while focusing harvest on healthy stocks. Tissue analysis by starch-gel electrophoresis will be the genetic stock identification tool used to differentiate steelhead trout groups by Evolutionarily Significant Unit (ESU). Current steelhead trout accounting methods (date or fork length) are insufficient to differentiate the passage, timing, and harvest impacts on specific ESUs, stocks, or genetic groups. ESA-listed adult fish are proposed to be captured at Bonneville Dam, anesthetized, measured and sampled for tissues and scales, allowed to recover from the anesthetic, and released. ESA-listed adult fish carcasses are also proposed to be sampled for tissues and scales.

Those individuals requesting a hearing (see **ADDRESSES**) should set out the specific reasons why a hearing on this application would be appropriate. The holding of such hearing is at the discretion of the Assistant Administrator for Fisheries, NOAA. All statements and opinions contained in this application summary are those of the applicant and do not necessarily reflect the views of NMFS.

Dated: October 27, 1997.

Nancy Chu,

Chief, Endangered Species Division, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. 97–28834 Filed 10–30–97; 8:45 am]

BILLING CODE 3510–22–F

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 102497A]

Marine Mammals, Endangered or Threatened Species, Scientific Research Permit (File No. 473–1433)

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

ACTION: Receipt of application.

SUMMARY: Notice is hereby given that Ms. Janice M. Straley, P.O.Box 273, Sitka, Alaska 99835, has applied in due form for a Scientific Research permit to take several species of cetaceans for purposes of scientific research.

DATES: Written comments must be received on or before December 1, 1997.

ADDRESSES: The application and related documents are available for review upon written request or by appointment in the following office(s): Permits Division, Office of Protected Resources, NMFS, 1315 East-West Highway, Room 13705, Silver Spring, MD 20910 (301/713–2289); and

Regional Administrator, Alaska Region, NMFS, P.O. Box 21668, Juneau, AK 99802–1668 (907/586–7221).

Written data or views, or requests for a public hearing on this application, should be submitted to the Director, Office of Protected Resources, NMFS, 1315 East-West Highway, Room 13705, Silver Spring, MD 20910. Those individuals requesting a hearing should set forth the specific reasons why a hearing on this application would be appropriate.

Concurrent with the publication of this notice in the **Federal Register**, NMFS is forwarding copies of this application to the Marine Mammal Commission and its Committee of Scientific Advisors.

SUPPLEMENTARY INFORMATION: The subject permit is requested under the authority of the Marine Mammal Protection Act of 1972, as amended (MMPA; 16 U.S.C. 1361 et seq.), the Regulations Governing the Taking and Importing of Marine Mammals (50 CFR part 216), the Endangered Species Act of 1973, as amended (ESA; 16 U.S.C. 1531 et seq.) and the regulations governing the taking, importing, and exporting of endangered fish and wildlife (50 CFR 222.23).

Ms. Straley proposes to conduct photo-identification scientific research on up to 1,000 humpback whales (*Megaptera novaeangliae*) from December 1, 1997, to November 30, 2002, in Alaska waters. The objective of the proposed research is to develop long-term sighting histories of individual humpback whales to assess stock structure, life history parameters, feeding behaviors, social behaviors of feeding populations, and population estimates. Up to 500 killer whales (*Orcinus orca*), 20 minke whales (*Balaenoptera acutorostrata*), 200 gray whales (*Eschrichtius robustus*), and 500 fin whales (*B. physalus*) may be opportunistically photo-identified during the course of the research.

In compliance with the National Environmental Policy Act of 1969 (42 U.S.C. 4321 *et seq.*), an initial determination has been made that the activity proposed is categorically excluded from the requirement to prepare an environmental assessment or environmental impact statement.

Dated: October 24, 1997.

Ann D. Terbush,

Chief, Permits and Documentation Division, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. 97–28833 Filed 10–30–97; 8:45 am]

BILLING CODE 3510–22–F

COMMITTEE FOR THE IMPLEMENTATION OF TEXTILE AGREEMENTS

Adjustment of an Import Limit and Sublimit for Certain Cotton and Man-Made Fiber Textile Products Produced or Manufactured in Fiji

October 27, 1997.

AGENCY: Committee for the Implementation of Textile Agreements (CITA).

ACTION: Issuing a directive to the Commissioner of Customs increasing a limit and sublimit.

EFFECTIVE DATE: November 4, 1997.

FOR FURTHER INFORMATION CONTACT: Ross Arnold, International Trade Specialist, Office of Textiles and Apparel, U.S. Department of Commerce, (202) 482–4212. For information on the quota status of these limits, refer to the Quota Status Reports posted on the bulletin boards of each Customs port or call (202) 927–5850. For information on embargoes and quota re-openings, call (202) 482–3715.

SUPPLEMENTARY INFORMATION:

Authority: Executive Order 11651 of March 3, 1972, as amended; section 204 of the Agricultural Act of 1956, as amended (7 U.S.C. 1854); Uruguay Round Agreements Act.

The current limit for Categories 338/339/638/639 and sublimit for Categories 338–S/339–S/638–S/639–S are being increased, respectively, for carryover and carryforward.

A description of the textile and apparel categories in terms of HTS numbers is available in the CORRELATION: Textile and Apparel Categories with the Harmonized Tariff Schedule of the United States (see **Federal Register** notice 61 FR 66263, published on December 17, 1996). Also see 61 FR 54985, published on October 23, 1996.

The letter to the Commissioner of Customs and the actions taken pursuant to it are not designed to implement all of the provisions of the the Uruguay Round Agreements Act and the Uruguay Round Agreement on Textiles and Clothing, but are designed to assist only in the implementation of certain of their provisions.

Troy H. Cribb,

Chairman, Committee for the Implementation of Textile Agreements.

Committee for the Implementation of Textile Agreements

October 27, 1997.

Commissioner of Customs,
Department of the Treasury, Washington, DC 20229.

Dear Commissioner: This directive amends, but does not cancel, the directive issued to you on October 16, 1996, by the Chairman, Committee for the Implementation of Textile Agreements. That directive concerns imports of certain cotton and man-made fiber textile products, produced or manufactured in Fiji and exported during the twelve-month period which began on January 1, 1997 and extends through December 31, 1997.

Effective on November 4, 1997, you are directed to increase the limit and sublimit for the following categories, as provided for under the Uruguay Round Agreements Act and the Uruguay Round Agreement on Textiles and Clothing:

Category	Adjusted twelve-month limit [1]
338/339/638/639	1,266,110 dozen of which not more than 977,923 dozen shall be in Categories 338–S/339–S/638–S/639–S [2].

[1] The limits have not been adjusted to account for any imports exported after December 31, 1996.

[2] Category 338–S: only HTS numbers 6103.22.0050, 6105.10.0010, 6105.10.0030, 6105.90.8010, 6109.10.0027, 6110.20.1025, 6110.20.2040, 6110.20.2065, 6110.90.9068, 6112.11.0030 and 6114.20.0005; Category 339–S: only HTS numbers 6104.22.0060, 6104.29.2049, 6106.10.0010, 6106.10.0030, 6106.90.2510, 6106.90.3010, 6109.10.0070, 6110.20.1030, 6110.20.2045, 6110.20.2075, 6110.90.9070, 6112.11.0040, 6114.20.0010 and 6117.90.9020; Category 638–S: all HTS numbers except 6109.90.1007, 6109.90.1009, 6109.90.1013 and 6109.90.1025; Category 639–S: all HTS numbers except 6109.90.1050, 6109.90.1060, 6109.90.1065 and 6109.90.1070.

The Committee for the Implementation of Textile Agreements has determined that these actions fall within the foreign affairs exception to the rulemaking provisions of 5 U.S.C.553(a)(1).

Sincerely,

Troy H. Cribb,

Chairman, Committee for the Implementation of Textile Agreements.

[FR Doc.97–28928 Filed 10–30–97; 8:45 am]

BILLING CODE 3510–DR–F

COMMITTEE FOR THE IMPLEMENTATION OF TEXTILE AGREEMENTS

Consolidation and Amendment of Export Visa Requirements to Include the Electronic Visa Information System for Certain Cotton, Wool, Man-Made Fiber, Silk Blend and Other Vegetable Fiber Textiles and Textile Products Produced or Manufactured in Taiwan

October 29, 1997.

AGENCY: Committee for the Implementation of Textile Agreements (CITA).

ACTION: Issuing a directive to the Commissioner of Customs consolidating and amending visa requirements.

EFFECTIVE DATE: November 1, 1997.

FOR FURTHER INFORMATION CONTACT: Lori E. Mennitt, International Trade Specialist, Office of Textiles and Apparel, U.S. Department of Commerce, (202) 482–3400.

SUPPLEMENTARY INFORMATION:

Authority: Executive Order 11651 of March 3, 1972, as amended; section 204 of the Agricultural Act of 1956, as amended (7 U.S.C. 1854).

In exchange of letters, the American Institute in Taiwan (AIT) and the Taipei Economic and Cultural Representative Office (TECRO) agreed to amend the existing visa arrangement for textile products, produced or manufactured in Taiwan and exported on and after November 1, 1997. The amended arrangement consolidates existing and new provisions of the export visa arrangement, including provisions for the Electronic Visa Information System (ELVIS). In addition to the ELVIS requirements, shipments will continue to be accompanied by an original visa stamped on the front of the original commercial invoice issued by TECRO. Goods which currently require an exempt certificate shall not require an ELVIS transmission, but will continue to require the exempt certificate.

In the letter published below, the Chairman of CITA directs the Commissioner of Customs to amend the existing visa requirements for textile products produced or manufactured in Taiwan and exported on and after November 1, 1997.

A description of the textile and apparel categories in terms of HTS numbers is available in the CORRELATION: Textile and Apparel Categories with the Harmonized Tariff Schedule of the United States (see **Federal Register** notice 61 FR 66263, published on December 17, 1996). Also see 56 FR 26656, published on June 10, 1991.

Interested persons are advised to take all necessary steps to ensure that textile products that are entered into the United States for consumption, or withdrawn from warehouse for consumption, will meet the visa requirements set forth in the letter published below to the Commissioner of Customs.

Troy H. Cribb,

Chairman, Committee for the Implementation of Textile Agreements.

Committee for the Implementation of Textile Agreements

October 29, 1997.

Commissioner of Customs,
Department of the Treasury, Washington, DC 20229.

Dear Commissioner: This directive amends, but does not cancel, the directive issued to you on June 5, 1991, by the Chairman, Committee for the Implementation of Textile Agreements, that directed you to prohibit entry of certain cotton, wool, man-made fiber, silk blend and other vegetable fiber textiles and textile products, produced or manufactured in Taiwan for which the Coordination Council for North American Affairs (CCNAA) has not issued an appropriate export visa or exempt certification.

Under the terms of section 204 of the Agricultural Act of 1956, as amended (7 U.S.C. 1854); and pursuant to the Export Visa Arrangement, effected by exchange of letters dated September 3 and 23, 1997, between the American Institute in Taiwan (AIT) and the Taipei Economic and Cultural Representative Office (TECRO) (formerly the CCNAA); and in accordance with the provisions of Executive Order 11651 of March 3, 1972, as amended, you are directed to prohibit, effective on November 1, 1997, entry into the Customs territory of the United States (i.e., the 50 states, the District of Columbia and the Commonwealth of Puerto Rico) for consumption and withdrawal from warehouse for consumption of cotton, wool, man-made fiber, silk blend and other vegetable fiber textiles and textile products in Categories 200–239, 300–369, 400–469, 600–670 and 800–899, including part categories and merged categories (see Annex I), produced or manufactured in Taiwan and exported on and after November 1, 1997 for which TECRO has not issued an appropriate export visa and Electronic Visa Information System (ELVIS) transmission or exempt certification fully described below. Should additional categories, part categories or merged categories become subject to import quota the entire category(s), part category(s) or merged category(s) shall be included in the coverage of this arrangement. Merchandise exported on or after the date the category(s) is added to the agreement or becomes subject to import quotas shall require a visa signifying the new designation.

A visa must accompany each commercial shipment of the aforementioned textile products. A circular stamped marking in blue ink will appear on the front of the original commercial invoice (also known as the Textile Export Visa). The original visa shall not be stamped on duplicate copies of the invoice. The original invoice with the original visa stamp will be required to enter the shipment into the United States. Duplicates of the invoice and/or visa may not be used for this purpose.

Each visa stamp shall include the following information:

1. The visa number. The visa number shall be in the standard nine digit letter format, beginning with one numeric digit for the last digit of the year of export, followed by the two character alpha country code specified by the International Organization for Standardization (ISO) (the code for Taiwan is ''TW''), and a six digit numerical serial number identifying the shipment; e.g., 7TW123456.

2. The date of issuance. The date of issuance shall be the day, month and year on which the visa was issued.

3. The original signature of the issuing official of Taiwan.

4. The correct category(s), merged category(s), part category(s), quantity(s) and unit(s) of quantity in the shipment in the unit(s) of quantity provided for in the U.S. Department of Commerce Correlation and in the Harmonized Tariff Schedule of the United States, Annotated (HTS or successor documents) shall be reported in the spaces provided within the visa stamp (e.g., ''Cat. 340–510 DOZ'').

Quantities must be stated in whole numbers. Decimals or fractions will not be accepted. Merged category quota merchandise may be accompanied by either the appropriate merged category visa or the correct category visa corresponding to the actual shipment (e.g., quota Category 347/348 may be visaed as 347/348 or if the shipment consists solely of Category 347 merchandise, the shipment may be visaed as ''Category 347,'' but not as ''Category 348'').

U.S. Customs shall not permit entry if the shipment does not have a visa, or if the visa number, date of issuance, signature, category, quantity or units of quantity are missing, incorrect or illegible, or have been crossed out or altered in any way. If the quantity indicated on the visa is less than that of the shipment, entry shall not be permitted. If the quantity indicated on the visa is more than that of the shipment, entry shall be permitted and only the amount entered shall be charged to any applicable quota.

If the visa is not acceptable then a new visa must be obtained from TECRO or its authorized agents or a waiver may be issued by the U.S. Department of Commerce at the request of TECRO or its authorized agents in Washington, DC., and presented to the U.S. Customs Service before any portion of the shipment will be released. The waiver, if used, only waives the requirement to present a visa with the shipment. It does not waive the quota requirement. Visa waivers will only be issued for classification disputes or for one time special purpose shipments that are not part of an ongoing commercial enterprise.

If the visaed invoice is deficient, the U.S. Customs Service will not return the original document after entry, but will provide a certified copy of that visaed invoice for use in obtaining a new correct original visaed invoice, or a visa waiver. A new visa number must begin with the numeric digit corresponding with the last digit of the year of export as previously stated.

The complete name and address of a company actually involved in the manufacturing process of the textile product covered by the visa shall be provided on the textile visa document.

ELVIS Requirements:

An ELVIS transmission as well as an export visa is required for each non-exempt entry subject to this directive.

A. Each ELVIS message will include the following information:

I. The visa number. The visa number shall be in the standard nine digit letter format, beginning with one numeric digit for the last digit of the year of export, followed by the two character alpha country code specified by the International Organization for Standardization (ISO) (the code for Taiwan is ''TW''), and a six digit numerical serial number identifying the shipment; e.g., 7TW123456.

II. The date of issuance. The date of issuance shall be the day, month and year on which the visa was issued.

III. The correct category(s), merged category(s), part category(s), quantity(s) and unit(s) of quantity of the shipment in the unit(s) of quantity provided for in the U.S. Department of Commerce Correlation and in the Harmonized Tariff Schedule of the United States, Annotated (HTS or successor documents).

IV. The manufacturer ID number (MID). The MID shall begin with ''TW,'' followed by the first three characters from each of the first two words of the name of the manufacturer, followed by the largest number on the address line up to the first four digits, followed by three letters from the city name.

B. Entry of a shipment shall not be permitted:

I. if an ELVIS transmission has not been received for the shipment from the country of orgin;

II. if the ELVIS transmission for that shipment is missing any of the following:

a. visa number
b. category or part category
c. quantity
d. unit of measure
e. date of issuance
f. manufacturer ID number

III. if the ELVIS transmission for the shipment does not match the information supplied by the importer or the Customs Broker acting as an agent on behalf of the importer, with regard to any of the following:

a. visa number
b. category or part category
c. unit of measure

IV. if the quantity being entered is greater than the quantity transmitted, or

V. if the visa number has previously been used, or canceled, except in the case of a split shipment, or if an entry has already been made using the visa number.

C. A new, correct ELVIS transmission from the country of origin is required before a shipment that has been denied entry for one of the circumstances mentioned in paragraph B.I–V will be released. Visa waivers will only be considered for circumstances described in paragraph B.I, if the shipment qualifies as a one time special purpose shipment that is not part of an ongoing commercial enterprise or for legitimate classification disputes.

D. A new correct ELVIS transmission from the country of origin is required for entries made using a visa waiver under the procedure described above.

E. Shipments will not be released for forty-eight hours in the event of a system failure. If system failure exceeds forty-eight hours, for the remaining period of the system failure the U.S. Customs Service will release shipments on the basis of the paper visaed document.

F. If a shipment from Taiwan has been allowed entry into the commerce of the United States with an incorrect visa, no visa, an incorrect ELVIS transmission, or no ELVIS transmission, and redelivery is requested but cannot be made, the shipment will be charged to the correct category limit whether or not a replacement visa or waiver is provided or a new ELVIS message is transmitted.

Annex II lists all the exempt products which will require a ''Non-Quota Exempt Certification.''

Other Provision:

Merchandise imported for the personal use of the importer and not for resale, regardless of value, and properly marked commercial sample shipments valued at U.S.$250 or less do not require a visa or exempt certification for entry and shall not be charged to the agreement levels. All other commerical shipments of the above mentioned require a visa along with an ELVIS transmission, or an exempt certification for entry.

Any shipment which is not accompanied by a valid and correct visa with an ELVIS transmission or exempt certification in accordance with the foregoing provisions shall be denied entry by the American Institute in Taiwan unless TECRO authorizes the entry and any charges to the agreement levels.

The actions taken concerning Taiwan with respect to imports of textiles and textile products in the foregoing categories have been determined by the Committee for the Implementation of Textile Agreements to involve foreign affairs functions of the United States. Therefore, these directions to the Commissioner of Customs, which are necessary for the implementation of such actions, fall within the foreign affairs exception to the rulemaking provisions of 5 U.S.C. 553(a)(1). This letter will be published in the **Federal Register**.

Sincerely,

Troy H. Cribb,

Chairman, Committee for the Implementation of Textile Agreements.

Annex I

Part Categories (Descriptions below are for general reference only. Other miscellaneous products may also be included.)

347–W	Men's and boys' woven cotton pants: only HTS numbers 6103.19.2015, 6103.19.9020, 6103.22.0030, 6103.42.1020, 6103.42.1040, 6103.49.8010, 6112.11.0050, 6113.00.9038, 6203.19.1020, 6203.19.9020, 6203.22.3020, 6203.42.4005, 6203.42.4010, 6203.42.4015, 6203.42.4025, 6203.42.4035, 6203.42.4045, 6203.49.8020, 6210.40.9033, 6211.20.1520, 6211.20.3810 and 6211.32.0040.

Annex I—Continued

348–W	Women's and girls' woven cotton pants: only HTS numbers 6204.12.0030, 6204.19.8030, 6204.22.3040, 6204.22.3050, 6204.29.4034, 6204.62.3000, 6204.62.4005, 6204.62.4010, 6204.62.4020, 6204.62.4030, 6204.62.4040, 6204.62.4050, 6204.62.4055, 6204.62.4065, 6204.69.6010, 6204.69.9010, 6210.50.9060, 6211.20.1550, 6211.20.6810, 6211.42.0030 and 6217.90.9050.
359–C	Coveralls and overalls: only HTS numbers 6103.42.2025, 6103.49.8034, 6104.62.1020, 6104.69.8010, 6114.20.0048, 6114.20.0052, 6203.42.2010, 6203.42.2090, 6204.62.2010, 6211.32.0010, 6211.32.0025 and 6211.42.0010.
359–H	Headwear: only HTS numbers 6505.90.1540 and 6505.90.2060.
359–O	Other: all HTS numbers except those in Category 359–C and Category 359–H.
369–L	Luggage: only HTS numbers 4202.12.4000, 4202.12.8020, 4202.12.8060, 4202.92.1500, 4202.92.3015 and 4202.92.6090.
369–S	Shop towels: only HTS number 6307.10.2005.
369–O	Other: all HTS numbers except those in Category 369–L and Category 369–S.
640–Y	Shirts with two or more colors in the warp and/or filling: only HTS numbers 6205.30.2010, 6205.30.2020, 6205.30.2050 and 6205.30.2060.
640–O	Other shirts: all HTS numbers except those in Category 640–Y.
641–Y	Blouses with two or more colors in the warp and/or filling: only HTS numbers 6204.23.0050, 6204.29.2030, 6206.40.3010 and 6206.40.3025.
641–O	Other blouses: all HTS numbers except those in Category 641–Y.
647–W	Men's and boys' woven man-made fiber pants: only HTS numbers 6203.23.0060, 6203.23.0070, 6203.29.2030, 6203.29.2035, 6203.43.2500, 6203.43.3500, 6203.43.4010, 6203.43.4020, 6203.43.4030, 6203.43.4040, 6203.49.1500, 6203.49.2015, 6203.49.2030, 6203.49.2045, 6203.49.2060, 6203.49.8030, 6210.40.5030, 6211.20.1525, 6211.20.3820 and 6211.33.0030.

Annex I—Continued

648–W	Women's and girls' woven man-made fiber pants: only HTS numbers 6204.23.0040, 6204.23.0045, 6204.29.2020, 6204.29.2025, 6204.29.4038, 6204.63.2000, 6204.63.3000, 6204.63.3510, 6204.63.3530, 6204.63.3532, 6204.63.3540, 6204.69.2510, 6204.69.2530, 6204.69.2540, 6204.69.2560, 6204.69.6030, 6204.69.9030, 6210.50.5035, 6211.20.1555, 6211.20.6820, 6211.43.0040 and 6217.90.9060.
659–C	Coveralls and overalls: only HTS numbers 6103.23.0055, 6103.43.2020, 6103.43.2025, 6103.49.2000, 6103.49.8038, 6104.63.1020, 6104.63.1030, 6104.69.1000, 6104.69.8014, 6114.30.3044, 6114.30.3054, 6203.43.2010, 6203.43.2090, 6203.49.1010, 6203.49.1090, 6204.63.1510, 6204.69.1010, 6210.10.9010, 6211.33.0010, 6211.33.0017 and 6211.43.0010.
659–H	Headwear: only HTS numbers 6502.00.9030, 6504.00.9015, 6504.00.9060, 6505.90.5090, 6505.90.6090, 6505.90.7090 and 6505.90.8090.
659–S	Swimwear: only HTS numbers 6112.31.0010, 6112.31.0020, 6112.41.0010, 6112.41.0020, 6112.41.0030, 6112.41.0040, 6211.11.1010, 6211.11.1020, 6211.12.1010 and 6211.12.1020.
659–O	Other: all HTS numbers except those in Category 659–C, Category 659–H and Category 659–S.
669–P	Polypropylene bags: only HTS numbers 6305.32.0010, 6305.32.0020, 6305.33.0010, 6305.33.0020 and 6305.39.0000.
669–T	Tents and tarpaulins: only HTS numbers 6306.12.0000, 6306.19.0010 and 6306.22.9030.
669–O	Other: all HTS numbers except those in Category 669–P and Category 669–T.
670–H	Handbags: only HTS numbers 4202.22.4030 and 4202.22.8050.
670–L	Luggage: only HTS numbers 4202.12.8030, 4202.12.8070, 4202.92.3020, 4202.92.3030 and 4202.92.9025.
670–O	Other: all HTS numbers except those in Category 670–H and Category 670–L.

Merged Categories and Subcategories

225/317/326
300/301/607
333/334/335
338/339
347/348
347–W/348–W
350/650
352/652
359–C/659–C
359–H/659–H
369–L/670–L/870
445/446
447/448
613/614/615/617

Annex I—Continued

619/620
625/626/627/628/629
633/634/635
633/634
638/639
645/646
647/648
647–W/648–W

Annex II

Exempt Products Requiring Exempt Certification

1. Pincushions.
2. Embroideries (needle work), of man-made fibers with designs embroidered with wool thread.
3. Hand-made carpets, i.e., in which the pile was inserted or knotted by hand.
4. Christmas or Easter ornaments having a non-textile core or a non-textile structural frame and man-made fiber textile covering.
5. Martial arts uniforms, such as Kung Fu, Karate, and Judo uniforms.
6. Toy (novelty) animals, birds or insects with a plastic wire or other non-textile core that are covered or decorated with a textile thread or fiber.
7. Traditional Chinese caps.
8. Traditional Chinese garments:

• Jackets—three quarter length or shorter, or woven fabrics, usually with Chinese figures in the weave but may be plain/woven otherwise figured or printed. They have a low Mandarin collar, long sleeves and full frontal openings, with ''front'' type closures (looped fastenings made of braid, cording, etc., used with a matching knot or toggle of the same material.)

• Fur or imitation fur-lined jackets— which may or may not be reversible and are otherwise identical in appearance and construction with the jackets described above.

• Vests—sleeveless garments extending from the neck area to waist with or without pockets at the waist. They are otherwise identical in appearance and construction with the jackets described above.

[FR Doc. 97–29006 Filed 10–30–97; 8:45 am]

BILLING CODE 3510–DR–F

DEPARTMENT OF DEFENSE

Department of the Army

Movement of Foreign Military Sales (FMS) Shipments—Proposed Policy Change

AGENCY: Military Traffic Management Command.

ACTION: Notice.

SUMMARY: The Military Traffic management command (MTMC) proposes to change the application of the Guaranteed Traffic (GT) and related freight movement programs to include movement of Foreign Military Sales (FMS) material. This proposed new policy was previously announced in the **Federal Register** on December 13, 1995, but was declared invalid on substantive and procedural grounds by the United States District Court for the District of Columbia in the case of *Munitions Carriers Conference, Inc., et al* versus *United States of America* 932F. Supp. 334 (D.D.C. June 19, 1996) (''MTMC I''). The government's appeal of that decision is presently pending before the United States Court of Appeals for the District of Columbia Circuit in Appeal No. 97–5119. Accordingly, MTMC does not propose to put the proposed policy into effect unless and until the District Court's decision in *MTMC I* is modified or reversed on appeal. The instant notice of proposed policy change is nevertheless being published at this time both to provide an opportunity for public comment on the proposed policy, and in an effort to address certain jurisdictional issues that might otherwise interfere with meaningful judicial review of the District Court's substantive ruling in *MTMC I.*

The policy change, if adopted, will be effective for new movements and for resolicited MTMC GT freight solicitations no earlier than 60 days after publication of this notice. This policy change will also apply, if adopted, to all other applicable effective MTMC GT movements and related freight movement programs. Carriers performing under existing GT agreements and related freight movement programs will be given the opportunity to voluntarily participate in the FMS movements. FMS movements will only be offered to those carriers who voluntarily participate. This policy change is the result of congressional repeal of most tariff requirements for motor carriers (other than carriers of household goods) in the Interstate Commerce Act.

DATES: This policy change, if adopted, will be effective no earlier than December 30, 1997. Interested parties are requested to submit comments on this proposal. All comments submitted within 60 days of publication of this notice will be considered prior to any decision on whether to adopt this proposal.

ADDRESSES: Comments should be addressed to Headquarters, Military Traffic Management Command, Room 117, 5611 Columbia Pike, Falls Church, VA 22041–5050, ATTN: MTTM–D (Barbara McGinnis).

FOR FURTHER INFORMATION CONTACT:

Ms. Barbara McGinnis, (703) 681–6103.

SUPPLEMENTARY INFORMATION:
Historically, the Interstate Commerce Act provided that carriers could provide transportation only at the rates set forth in a tariff filed with the Interstate Commerce Commission. A carrier could not charge a shipper any rate different from the filed tariff rate, with the exception that under 49 U.S.C. 10721 the carrier could transport property for the U.S. Government ''at reduced rates'', meaning rates that were reduced from the common carrier's tariff rates. By Pub. L. 103–311 (The Trucking Industry reform Act of 1994), effective 26 August 1994, and Pub. L. 104–88 (The ICC Termination Act of 1995), effective 29 December 1995, congress repealed the requirement that motor carriers (other than carriers of household goods) file a tariff and apply that tariff. With some exceptions, tariffs are no longer filed by motor carriers with the Interstate Commerce Commission, and there is, accordingly, no requirement that carriers apply a tariff rate to FMS traffic. MTMC's policy change in its movement programs will require motor carriers to participate in FMS shipments for new movements and resolicited GT agreements; and, will accommodate motor carrier's voluntary agreements to include FMS shipments in currently effective GT agreements and related freight movement programs.

Gregory D. Showalter,

Army Federal Register Liaison Officer.

[FR Doc. 97–28877 Filed 10–30–97; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Corps of Engineers; Department of the Army

Intent To Prepare Draft Environmental Impact Statements for the Evaluation of Water Allocation Formulas for the Alabama-Coosa-Tallapoosa (ACT) and Apalachicola-Chattahoochee-Flint (ACF) River Basins, located in Alabama, Florida, and Georgia

AGENCY: U.S. Army Corps of Engineers, DoD.

ACTION: Notice of intent.

SUMMARY: The Mobile District, U.S. Army Corps of Engineers (Corps), in cooperation with several Federal cooperating agencies, intends to prepare Draft Environmental Impact Statements (EISs), to address proposed water allocation formulas for the equitable apportionment of water in the ACT and ACF River Basins. The formulas will be developed by the States of Alabama and Georgia for the ACT basin; and by the States of Alabama, Florida and Georgia for the ACF basin. The States will develop these formulas, in conjunction with the United States, and subject to concurrence by a federal Commissioner. A separate EIS will be prepared to evaluate the formulas for each basin: ACT Basin and ACF Basin.

FOR FURTHER INFORMATION CONTACT:
Questions about these EISs or the NEPA process can be answered by: Ms. Joanne Brandt (ACF) or Mr. Michael J. Eubanks (ACT), Inland Environment Section, U. S. Army Engineer District-Mobile, Post Office Box 2288, Mobile, Alabama 36628–0001; Telephone (334) 690–3260 or (334) 694–3861, respectively. Electronic mail may be addressed to:

michael.j.eubanks@sam.usace.army.mil

or

joanne.u.brandt@sam.usace.army.mil

Also, brief messages may be left on a toll-free line answering machine at 1–800–421–7637, or delivered by electronic facsimile at (334) 694–3815. For current information, you may also visit the Mobile District Web Page:

http://www.sam.usace.army.mil/sam/pd/actacfeis

SUPPLEMENTARY INFORMATION:

1. Public Participation

a. The Corps invites full public participation to promote open communication and better decision making. All persons and organizations that have an interest in the water allocation formulas, including minority, low-income, disadvantaged and native American Groups, are urged to participate in this National Environmental Policy Act (NEPA) environmental analysis process. Assistance will be provided upon request to anyone having difficulty with learning how to participate.

b. Public comments are welcomed anytime throughout the NEPA process. Formal opportunities for public participation include:

(1) Response to the Scoping Brochure/Questionnaire—Anytime during the NEPA process.

(2) Review and Comment on the Draft EISs—Oct–Nov 1998.

(3) Comments/Presentation on the draft EISs at Public Workshops—Nov 1998.

(4) Review of the Final EISs—Summer 1999.

c. Precise schedules and locations will be announced in the local news media. You may also request to be included on the mailing list for public distribution of meeting announcements and documents.

2. Background

a. The States of Alabama, Florida, and Georgia, in conjunction with the United States, will soon be developing water allocation formulas for the ACT and ACF River Basins, in accordance with interstate water compacts. The States have ratified the compacts and implementing provisions are currently being developed in consent legislation before Congress. The purpose of the compacts would be to promote interstate comity, remove causes of present and future controversies, equitably apportion surface waters of the ACT and ACF Basins, engage in water planning, and develop and share common data bases.

b. Pursuant to the ACT and ACF interstate compacts, allocation formulas would be developed by Commissions established for each basin. A Federal Commissioner will be appointed as a non-voting advisory member for each compact Commission. The compacts would provide for approval of allocation formulas by unanimous vote of the State Commissioners and concurrence of the Federal Commissioner. Federal agency evaluations and these EISs will form the basis for the Federal Commissioner's decision to concur or nonconcur with the water allocation formulas developed in accordance with the compacts.

c. The Corps, in partnership with the States of Alabama, Florida, and Georgia, is currently conducting a Comprehensive Study of the ACT and ACF river basins. The Comprehensive Study was initiated in January 1992, under a Memorandum of Agreement among the three States and the U.S. Department of the Army. The Comprehensive Study has developed substantial data and predictive models useful for the development of water allocation formulas. The Comprehensive Study partners have also recommended development of interstate compacts as the mechanisms for coordinated management of the basins.

d. The Corps, in conjunction with the Federal cooperating agencies, will prepare separate EISs to evaluate the environmental and socioeconomic impacts of the proposed allocation formula for each basin. In addition to information available from the Comprehensive Study, a preliminary scope of evaluations necessary to assist the Federal Commissioner in a decision has been identified in a Federal Interagency Management Plan. Agency evaluations will be incorporated into the completed EISs, which may be used as supporting documentation for a decision by the Federal Commissioner on the acceptability of the water

allocation formulas. The EISs may also serve as supporting documents for future decisions related to the management of the basins.

e. The completion schedule for these EISs is coordinated with the legislated timelines mandated by the compact agreements.

The State Commissioners must agree on proposed allocation formulas by December 31, 1998, unless they agree on an extension. Following approval of an allocation formula by the State Commissioners, the Federal Commissioner must make a concurrence decision within 255 days thereafter. This timeline specified in the pending compacts warrants immediate commencement of the EISs, even though the allocation formulas have not yet been developed. The initial EIS work will include completion of field studies, gathering of environmental, socioeconomic and hydrologic baseline information. The public involvement process will be initiated as well.

f. The EISs will display the range of flows experienced by current water management operations, compared to a foreseeable range of reasonable alternative flows which may result from proposed allocation formulas. The alternative ranges of flows, along with the associated environmental impacts, will create the framework upon which the allocation formulas may be evaluated. Further NEPA analysis and other documentation will be prepared, as necessary, to address proposed actions that may become apparent under the allocation formulas or compacts, if the actions are not addressed by these EISs.

3. Cooperating Agencies

The lead responsibility for these EISs rests with the Corps. Federal cooperating agencies include:

Department of Interior's Fish and Wildlife Service, Geological Survey, and National Park Service; Environmental Protection Agency; Department of Agriculture's Natural Resource Conservation Service and Forest Service; Department of Commerce's National Ocean Service and National Marine Fisheries Service; Department of Energy's Southeastern Power Administration; and Department of Transportation's Maritime Administration. Each of the cooperating Federal agencies will provide their expertise in compiling information and evaluating potential impacts.

4. Scoping

a. The ACT/ACF Comprehensive Study involved the States, stakeholders and the public in identifying areas of concern; collecting and developing water resource, environmental, and socioeconomic data; and developing tools to assist in decisions affecting an equitable allocation of water resources within the two basins. Scoping for these EISs will continue to build upon the knowledge and information developed during the Comprehensive Study. Additional meetings with agencies and stakeholders groups will continue to identify significant issues and data gaps, and focus on the alternatives to be evaluated.

b. A significant component of the scoping process will be development and distribution of a Scoping Brochure/Questionnaire, and review of responses to the questionnaire. The Scoping Brochure/Questionnaire invites comments and participation in the scoping process by the public; Federal, State, and local agencies and officials; affected Indian tribes; and other interested parties.

c. An Internet Web Page has been established, to provide for public access to information related to the ACT and ACF Water Allocation Formulas development and the EIS evaluation process. The Scoping Brochure/Questionnaire, in addition to mail distribution, is located on the Web Page, and allows for receipt of public comments at any point during the NEPA process. Current information on the associated Comprehensive Basin Study results or Interstate Compact developments will also be presented on the Web Page.

5. Environmental Review and Consultation Requirements

Coordination with the U.S. Fish and Wildlife Service will be accomplished in compliance with the Endangered Species Act and the Fish and Wildlife Coordination Act. Coordination required by other laws and regulations will also be conducted.

Gregory D. Showalter,

Army Federal Register Liaison Officer.

[FR Doc. 97–28879 Filed 10–30–97; 8:45 am]

BILLING CODE 3710–CR–M

DEPARTMENT OF DEFENSE

Department of the Army; Corps of Engineers

Intent To Prepare Draft Supplement II to a Final Environmental Impact Statement (EIS) for Proposed Construction of a Water Supply Reservoir on Sugar Creek in Williamson and Johnson Counties, IL

AGENCY: U.S. Army Corps of Engineers, DoD.

ACTION: Notice of intent.

SUMMARY: The U.S. Army Engineer District, Louisville Corps of Engineers is initiating the preparation of Draft Supplement II to a Final EIS for a regulatory permit application from the City of Marion, IL. The proposed action by the City of Marion is the construction of a water supply reservoir on Sugar Creek in Williamson and Johnson Counties, Illinois. The Draft Supplement II will address combinations of alternative actions, including separable alternatives, to provide water to the City of Marion, IL and Lake of Egypt Water District from various sources in southern Illinois.

FOR FURTHER INFORMATION CONTACT: Questions or comments concerning the preparation of this Draft Supplement II to the Final EIS should be addressed to Mr. Terry Siemsen, U.S. Army Engineer District, Louisville, Corps of Engineers, CELRL–PD–R, P.O. Box 59, Louisville, Kentucky 40201–0059 or phone (502) 582–5550.

SUPPLEMENTARY INFORMATION: The Louisville District prepared a Draft and Final EIS (Final EIS completed July 1995) for this permit application as well as a Draft and Final Supplement I to the Final EIS (Final Supplement I completed May 1996). A Record of Decision was prepared and a Department of the Army permit was issued (July 1996) to the City of Marion for placement of material in Sugar Creek as part of the construction of their proposed water supply reservoir.

The Department of the Army permit was contested in the U.S. District Court for the Southern District of Illinois and the issuance of the permit was upheld (December 1996). The Department of the Army permit was vacated, however, by order of the 7th Circuit Court of Appeals on July 14, 1997. The 7th Circuit Court of Appeals indicated that alternatives of supplying the water needs of the City of Marion, IL and Lake of Egypt Water District from separate sources were not sufficiently described in the completed Final EIS and Final Supplement I to the Final EIS.

The City of Marion has reinstated their application for a Department of the Army permit that will be needed to construct the proposed water supply reservoir. Because of the request by the City of Marion, the Draft Supplement II to the Final EIS will be prepared and will address separate water source options.

Gregory D. Showalter,

Army Federal Register Liaison Officer.

[FR Doc. 97–28875 Filed 10–30–97; 8:45 am]

BILLING CODE 3710–JB–M

DEPARTMENT OF DEFENSE

Corps of Engineers; Department of the Army

Intent to Prepare an Environmental Impact Statement (EIS) for the Western Branch, Patuxent River, Water Resources Feasibility Study in Prince George's County, Maryland and Hold a Public Scoping Workshop

AGENCY: U.S. Army Corps of Engineers, DoD.

ACTION: Notice of intent.

SUMMARY: In accordance with the National Environmental Policy Act (NEPA), the Baltimore District, U.S. Army Corps of Engineers is initiating the Western Branch, Patuxent River, Water Resources Feasibility Study. The riparian and aquatic environmental integrity of the Western Branch watershed has been severely degraded by urbanization, inadequate infrastructure and industrial encroachment. Potential environmental restoration of streambanks, wetlands and forest buffers could restore riparian and aquatic habitat, improve water quality through habitat restoration, restore stream channel stability, and reduce erosion and sedimentation. An EIS will be integrated into the feasibility study to document existing conditions, project actions, and project effects and products. Prince George's County and the Maryland Department of the Environment are the non-Federal sponsors for the project.

FOR FURTHER INFORMATION: Questions about the proposed action and DEIS can be addressed to Ms. Michele A. Bistany, Study Manager, Baltimore District, U.S. Army Corps of Engineers, Attn: CENAB–PL–P, P.O. Box 1715, Baltimore, Maryland 21203–1715, telephone (410) 962–4934, E-mail address:

michele.a.bistany@usace.army.mil

SUPPLEMENTARY INFORMATION:

1. The Patuxent River Water Resources Reconnaissance Study was authorized by a resolution of the Committee on Public Works and Transportation of the United States House of Representatives, adopted 28 September 1994.

2. The area proposed for environmental restoration is known as the Western Branch, Patuxent River watershed. The most significant problems in the Western Branch watershed are the loss of aquatic and riparian habitat and the instability of the streambeds and channels. This excessive degradation includes: rapid stormwater flows that cause streambank erosion and sedimentation, encroachment of development which limits riparian habitat and wetlands, and polluted runoff which contributes to poor water quality. These factors negatively impact the present aquatic and riparian environment and will continue to cause further degradation in the future.

3. On 24 July 1997, the Baltimore District and Prince George's County executed a feasibility cost-sharing agreement to prepare a study on the Western Branch watershed. This watershed study is being conducted to investigate the feasibility of restoring habitat and the environmental integrity of the watershed. The purpose of this study is to better define problems within the watershed including sedimentation and erosion, reduction of aquatic and riparian habitat, and degradation of wetland habitat and to determine solutions to these problems. The goal of this study is to improve the aquatic and riparian ecosystem, and reduce sedimentation and erosion within the Western Branch watershed. To achieve this goal, the Corps will further define the problems, needs, and opportunities in the watershed; analyze and forecast environmental resource conditions; formulate, evaluate, and compare alternative concept plans for numerous sites within the watershed; develop detailed designs and costs for the selected concepts; and recommend a cost effective overall plan for the watershed.

4. Throughout the feasibility study, potential restoration sites within the watershed will be identified, evaluated, and selected. To achieve the proposed watershed restoration, the alternatives to be evaluated will include stabilization of eroding stream channels, creation and enhancement of wetlands, restoration of floodplains, construction of or improvements to stormwater detention ponds, and construction of fish passage structures. Fish habitat structures would also be installed, if necessary, to restore aquatic habitat and provide added cover for spawning. Stream restoration alternatives may include stabilization techniques, such as plantings, and placement of geotextile tubes or natural materials.

5. The decision to implement these actions will be based on an evaluation of the probable impact of the proposed activities on the public interest, reflecting the national concern for both protection and utilization of important resources. The benefit that reasonably may be expected to accrue from the proposal will be balanced against its reasonably foreseeable costs. The Baltimore District is preparing an EIS that will describe the impacts of the proposed projects on environmental and cultural resources in the study area and the overall public interest. The EIS will be in accordance with NEPA and will document all factors that may be relevant to the proposal, including the cumulative effects thereof. Among these factors are conservation, economics, aesthetics, general environmental concerns, wetlands, cultural and historic values, fish and wildlife values, threatened and endangered species, flood hazards, floodplain values, land use, recreation, water supply and conservation, water quality, air quality, hazardous and toxic substances, safety, and the general needs and welfare of the people. If applicable, the EIS will also apply guidelines issued by the Environmental Protection Agency, under the authority of Section 404(b)(1) of the Clean Water Act of 1977 (Public Law 95–217).

6. The public involvement program will include public workshops, meetings, and other coordination with interested private individuals and organizations, as well as with concerned Federal, state and local agencies. Coordination letters and newsletters have been sent to appropriate agencies, organizations, and individuals on an extensive mailing list. Additional public information will be provided through print media, mailings, and radio and television announcements.

7. In addition to the Corps, Prince George's County, and the Maryland Department of the Environment, other participants that will be involved in the study and EIS process include the following: U.S. Environmental Protection Agency; U.S. Fish and Wildlife Service; U.S. Forest Service; U.S. Geological Survey; National Marine Fisheries Service; Natural Resource Conservation Service; and the Maryland Department of Natural Resources. The Baltimore District invites potentially

affected Federal, state, and local agencies, and other organizations and entities to participate in this study.

8. A public scoping workshop will be held on 6 November 1997 from 7–9 p.m. at Largo High School in Upper Marlboro, Maryland. The purpose of the meeting is to solicit public concerns and comments on the study area and the study process.

9. The DEIS is tentatively scheduled to be available for public review in July of 1999.

Gregory D. Showalter,

Army Federal Register Liaison Officer.

[FR Doc. 97–28878 Filed 10–30–97; 8:45 am]

BILLING CODE 3710–41–M

DEPARTMENT OF DEFENSE

Department of the Navy

Notice of an Additional Public Hearing In Manteo, NC for the Draft Environmental Impact Statement (DEIS) for Realignment of F/A–18 Aircraft and Operational Functions from Naval Air Station (NAS) Cecil Field, Florida to Other East Coast Installations

SUMMARY: Pursuant to Section 102(2) of the National Environmental Policy Act (NEPA) of 1969 as implemented by the Council on Environmental Quality regulations (40 CFR 1500–1508), the Department of the Navy has prepared and filed with the U.S. Environmental Protection Agency a Draft Environmental Impact Statement (DEIS) to evaluate the realignment of F/A–18 aircraft and operational functions from Naval Air Station (NAS) Cecil Field, Florida to other Navy and Marine Corps air stations on the east coast of the United States. In accordance with these laws and regulations, this notice announces the date and location of an additional public hearing for the DEIS. A public hearing has been scheduled for Monday, November 17, 1997, at the North Carolina Aquarium on Roanoke Island, Airport Road, Manteo, North Carolina to provide information and to receive public input on the DEIS for the realignment of F/A–18 aircraft and associated functions from NAS Cecil Field, Florida to east coast installations. On October 23, 1997, the Department of the Navy conducted a public hearing at the North Carolina Aquarium in Manteo. Notice of this public hearing was made in the Federal Register on October 3, 1997. However, subsequent to the October 23 hearing, the Navy received information that indicated that the notice of the public hearing was not well publicized in the primary local newspaper serving the Manteo/Dare County area (The Virginian-Pilot, North Carolina edition). Therefore, the Department of the Navy has decided to conduct an additional public hearing at the North Carolina Aquarium on Monday, November 17, 1997, to ensure the public has an opportunity to obtain information and provide comment on the DEIS. An open information session, which will precede the scheduled public hearing will allow individuals to review the data presented in the DEIS. Navy representatives will be available during the information session to answer questions and/or clarify information related to the DEIS. The open information session is scheduled from 5:00 p.m. to 7:00 p.m., followed by the public hearing, which will begin at 7:30 p.m.

Navy will conduct the public hearing. Federal, state and local agencies and interested parties are invited and urged to be present or represented at the hearing. Oral statements will be heard and transcribed by a stenographer; however, to ensure the accuracy of the record, all statements should be submitted in writing. All statements, both oral and written, will become part of the public record on the DEIS and will be responded to in the Final Environmental Impact Statement (FEIS). Equal weight will be given to both oral and written statements.

In the interest of available time and to ensure all that wish to give an oral statement have the opportunity to do so, each speaker will be asked to limit comments to three (3) minutes. If longer statements are to be presented, they should be summarized at the public hearing and submitted in writing either at the hearing or mailed or faxed to Mr. Dan Cecchini at: Commander, Atlantic Division, Naval Facilities Engineering Command, Attn: Mr. J. Dan Cecchini (Code 2032DC), 1510 Gilbert Street, Norfolk, Virginia 23511; Fax: (757) 322–4894.

ADDRESSES: The DEIS has been distributed to various Federal, state, and local agencies, as well as other interested individuals and organizations. In addition, copies of the DEIS have been distributed to the following libraries for public review: Virginia Beach Central Library, 4100 Virginia Beach Boulevard, Virginia Beach, Virginia; Great Neck Library, 1251 Bayne Drive, Virginia Beach, Virginia; Chesapeake Central Library, 298 Cedar Road, Chesapeake, Virginia; Craven County Library, 300 Miller Boulevard, Havelock, North Carolina; Beaufort County Library, 311 Scott Street, Beaufort, South Carolina; Dare County Library, 700 North U.S. 64/264, Manteo, North Carolina; Pamlico County Library, 603 Main Street, Bayboro, North Carolina; Ida Hilton Library, 1105 North Way, Darien, Georgia. A limited number of single copies are available upon request by contacting Mr. J. Dan Cecchini at (757) 322–4891.

POINT OF CONTACT: Additional information concerning this notice may be obtained by contacting Mr. Cecchini at (757) 322–4891.

Dated: October 29, 1997.

Darse E. Crandall,

LCDR, JAGC, USN, Federal Register Liaison Officer.

[FR Doc. 97–29033 Filed 10–30–97; 8:45 am]

BILLING CODE 3810–FF–N

DEPARTMENT OF DEFENSE

Department of the Navy

Notice of the Board of Advisors to the President, Naval War College, Open Meeting

SUMMARY: Pursuant to the provisions of the Federal Advisory Committee Act (5 U.S.C. App. 2), notice is given that the Board of Advisors to the President, Naval War College, will meet from 0830–1700 on November 21, 1997 in Conolly Hall, Naval War College, 686 Cushing Road, Newport, Rhode Island. The meeting will be open to the public.

The purpose of the meeting is to elicit the advice of the Board on educational, doctrinal and research policies and programs. The agenda will consist of presentations and discussions on the curriculum, programs and plans of the college since the last meeting of the Board on May 29 and 30, 1996. Naval War College.

FOR FURTHER INFORMATION CONTACT: Mrs. Mary E. Estabrooks, Assistant to the Dean of Academics, Naval War College, 686 Cushing Road, Newport, RI 02841–1207. Telephone number (401) 841–3589.

Dated: October 21, 1997.

Darse E. Crandall,

LCDR, JAGC, USN, Federal Register Liaison Officer.

[FR Doc. 97–28868 Filed 10–30–97; 8:45 am]

BILLING CODE 3810–FF–P

DEPARTMENT OF ENERGY

Office of Fossil Energy

[Docket No. FE C&E 97–03—Certification Notice—156]

Dighton Power Associates Limited Partnership Notice of Filing of Coal Capability Powerplant and Industrial Fuel Use Act

AGENCY: Office of Fossil Energy, Department of Energy.

ACTION: Notice of Filing.

SUMMARY: On October 10, 1997, Dighton Power Associates Limited Partnership submitted a coal capability self-certification pursuant to section 201 of the Powerplant and Industrial Fuel Use Act of 1978, as amended.

ADDRESSES: Copies of self-certification filings are available for public inspection, upon request, in the Office of Coal & Power Im/Ex, Fossil Energy, Room 3F–056, FE–27, Forrestal Building, 1000 Independence Avenue, S.W., Washington, D.C. 20585.

FOR FURTHER INFORMATION CONTACT: Ellen Russell at (202) 586–9624.

SUPPLEMENTARY INFORMATION: Title II of the Powerplant and Industrial Fuel Use Act of 1978 (FUA), as amended (42 U.S.C. 8301 et seq.), provides that no new baseload electric powerplant may be constructed or operated without the capability to use coal or another alternate fuel as a primary energy source. In order to meet the requirement of coal capability, the owner or operator of such facilities proposing to use natural gas or petroleum as its primary energy source shall certify, pursuant to FUA section 201(d), to the Secretary of Energy prior to construction, or prior to operation as a base load powerplant, that such powerplant has the capability to use coal or another alternate fuel. Such certification establishes compliance with section 201(a) as of the date filed with the Department of Energy. The Secretary is required to publish a notice in the **Federal Register** that a certification has been filed. The following owner/operator of the proposed new baseload powerplant has filed a self-certification in acccordance with section 201(d).

Owner: Dighton Power Associates Limited Partnership.

Operator: Dighton Power Associates Limited Partnership.

Location: Dighton, MA.

Plant Configuration: combined-cycle.

Capacity: 168 megawatts.

Fuel: Natural gas.

Purchasing Entities: Output will be sold to the regional electric power grid as a merchant plant.

In-Service Date: April 1999.

Issued in Washington, D.C., October 24, 1997.

Anthony J. Como,

Director, Electric Power Regulation, Office of Coal & Power Im/Ex, Office of Coal & Power systems, Office of Fossil Energy.

[FR Doc. 97–28909 Filed 10–30–97; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Office of Energy Research

Continuation of Solicitation for the Office of Energy Research Financial Assistance Program Notice 98–01

AGENCY: U.S. Department of Energy.

ACTION: Annual notice of continuation of availability of grants and cooperative agreements.

SUMMARY: The Office of Energy Research (ER) of the Department of Energy hereby announces its continuing interest in receiving applications for grants and cooperative agreements supporting work in the following programs: Basic Energy Sciences, High Energy Physics, Nuclear Physics, Computational and Technology Research, Fusion Energy Sciences, Biological and Environmental Research and Energy Research Analyses. On September 3, 1992, (57 FR 40582), DOE published in the **Federal Register** the Office of Energy Research Financial Assistance Program, 10 CFR Part 605, Final Rule, which contained a solicitation for this program. Information about submission of applications, eligibility, limitations, evaluation and selection processes and other policies and procedures are specified in 10 CFR Part 605.

DATES: Applications may be submitted at any time in response to this Notice of Availability. This Notice is published annually and remains in effect until it is superseded by another issuance by the Office of Energy Research.

ADDRESSES: Applications must be sent to: Director, Grants and Contracts Division, Office of Energy Research, ER–64, U.S. Department of Energy, 19901 Germantown Road, Germantown, MD 20874–1290. When preparing applications, applicants should use the Office of Energy Research Financial Assistance Program Application Guide and Forms located on the World Wide Web at: http://www.er.doe.gov/production/grants/grants.html. Applicants without Internet access may call 301–903–5544 for information.

SUPPLEMENTARY INFORMATION: It is anticipated that approximately $400 million will be available for grant and cooperative agreement awards in FY 1998. The DOE is under no obligation to pay for any costs associated with the preparation or submission of an application. DOE reserves the right to fund, in whole or in part, any, all, or none of the applications submitted in response to this Notice.

In addition, the following program descriptions are offered to provide more in-depth information on scientific and technical areas of interest to the Office of Energy Research.

1. Basic Energy Sciences

The Basic Energy Sciences (BES) program supports fundamental research in the natural sciences and engineering leading to new and improved energy technologies and to understanding and mitigating the environmental impacts of energy technologies. The science divisions and their objectives are as follows.

(a) Materials Sciences

The objective of this program is to increase the understanding of phenomena and properties important to materials behavior that will contribute to meeting the needs of present and future energy technologies. It is comprised of the subfields metallurgy, ceramics, solid state physics, materials chemistry, and related disciplines where the emphasis is on the science of materials. *Program Contact:* (301) 903–3427.

(b) Chemical Sciences

The objective of this program is to expand, through support of basic research, knowledge of various areas of chemistry, chemical engineering and atomic molecular and optical physics with a goal of contributing to new or improved processes for developing and using domestic energy resources in an efficient and environmentally sound manner. Disciplinary areas where research is supported include atomic molecular and optical physics; physical, inorganic and organic chemistry; chemical physics; photochemistry; radiation chemistry; analytical chemistry; separations science; actinide chemistry; and chemical engineering sciences.

Program Contact: (301) 903–5804.

(c) Engineering Research

This program's objectives are: (1) to extend the body of knowledge underlying current engineering practice in order to open new ways for enhancing energy savings and production, prolonging useful equipment life, and reducing costs

while maintaining output performance, and environmental quality; and (2) to broaden the technical and conceptual base for solving future engineering problems in the energy technologies. Long-term research topics of current interest include: foundations of bioprocessing of fuels and energy related wastes, fracture mechanics, experimental and theoretical studies of multi phase flows, intelligent machines, and diagnostics and control for plasma processing of materials.

Program Contact: (301) 903–5822.

(d) Geosciences

The goal of this program is to develop a quantitative and predictive understanding of the energy-related aspects of processes in the earth. The emphasis is on the upper levels of the earth's crust and the focus is on geophysics, geomechanics and geochemistry of rock-fluid systems and interactions emphasizing processes taking place at the atomic and molecular scale. Specific topical areas receiving emphasis include: high resolution geophysical imaging; rock physics, fundamental properties and interactions of rocks, minerals, and fluids; and sedimentary basin systems. The resulting improved understanding and knowledge base are needed to assist efforts in the utilization of the Nation's energy resources in an environmentally acceptable fashion.

Program Contact: (301) 903–5822.

(e) Energy Biosciences

The primary objective of this program is to generate the fundamental understanding of biological mechanisms in the areas of botanical and microbiological sciences that will support biotechnological developments related to DOE's mission. The research serves as the basic information foundation with respect to an environmentally responsible renewable resource production for fuels and chemicals, microbial conversions of renewable materials and biological systems for the conservation of energy. This office has special requirements for the submission of preapplications, when to submit, and the length of the applications. Applicants are encouraged to contact the office regarding these requirements.

Program Contact: (301) 903–2873.

2. High Energy and Nuclear Physics

This program supports about 90% of the U.S. efforts in high energy and nuclear physics. The objectives of these programs are indicated below.

(a) High Energy Physics

The primary objectives of this program are to understand the ultimate structure of matter in terms of the properties and interrelations of its basic constituents, and to understand the nature and relationships among the fundamental forces of nature. The research falls into three broad categories: experimental research, theoretical research, and technology R&D in support of the high energy physics program.

Program Contact: (301) 903–3624.

(b) Nuclear Physics (Including Nuclear Data Program)

The primary objectives of this program are an understanding of the interactions and structures of atomic nuclei and nuclear matter at the most elementary level possible, and an understanding of the fundamental forces of nature as manifested in nuclear matter.

Program Contact: (301) 903–3613.

3. Computational and Technology Research

The goal of this program is to conduct an integrated program in applied mathematical sciences, high performance computing and communications, information infrastructure, advanced energy projects research, and technology research, to address complex problems. Research in forefront and diverse programs is becoming more multi disciplinary and requires new approaches to the solution of these complex problems. The program exploits the capabilities and research skills at universities, national laboratories, and industrial research laboratories. The program provides technical, analytical, and management direction for development, implementation, and evaluation of research programs that include activities from fundamental research to technology development. The goal of the program is accomplished through the effort of the following two divisions.

(a) Mathematical, Information, and Computational Sciences

This is a diverse research program in applied mathematical sciences, high performance computing, communications and information infrastructure technologies that spans the spectrum of activities from strategic fundamental research to technology development and demonstration. The diverse activities supported by this program are integrated to support two major strategic directions that support the underlying mathematical concepts and information technology needs of all Department of Energy (DOE) mission areas. These two strategic directions are:

- National Collaboratories—developing a set of tools and capabilities to permit scientists and engineers to access facilities and collaborate on experiments system-wide, as easily as if they were in the same building.
- Advanced Computational Testing and Simulation—developing an integrated set of algorithms, software frameworks, and network infrastructures to enable simulation to complement experimentation when actual experiments would be dangerous, expensive, or infeasible.

Program Contact: (301)–903–5800.

(b) Advanced Energy Projects/ Laboratory Technology Research

Advanced Energy Projects

This activity funds research to establish the feasibility of novel, energy-related concepts. These concepts are usually derived from recent advances in basic research, but require additional research to establish their feasibility. A common theme for each concept is the initial linkage of new, or previously neglected, research results to a practical energy payoff for the Nation.

Laboratory Technology Research

This activity conducts technology research projects to reduce technical risk associated with a technology or process development. The program couples basic research advances at ER national laboratories into the advanced energy technology arena through leveraged collaborations with industry. The program is focused on critical technology research areas, i.e., tailored materials, intelligent manufacturing, and sustainable environments, to contribute technological innovations that will stimulate national economic growth, and to increase the return on the government investment in basic research.

Program Contact: (301)–903–5995.

4. Fusion Energy Sciences

The mission of the Fusion Energy Sciences program is to advance plasma science, fusion science, and fusion technology—the knowledge base needed for an economically and environmentally attractive fusion energy source. This program is supported by the Office of Fusion Energy Sciences (OFES), which fosters both applied and basic research and emphasizes international collaboration to accomplish this mission.

(a) Science Division

This Division seeks to develop the physics knowledge base needed to

advance the Fusion Energy Sciences program toward its goals. Basic and applied research is carried out in the following areas: (1) basic plasma science research directed at furthering the understanding of fundamental processes in plasmas; (2) improving the theoretical understanding of fusion plasmas necessary for interpreting results from present experiments and the planning and design of future confinement devices, (3) obtaining the critical data on plasma properties, atomic physics and new diagnostic techniques for support of confinement experiments, (4) supporting exploratory research into concepts that are alternatives to the tokamak, and (5) carrying out research on issues that support the development of Inertial Fusion Energy, for which target development is carried out by the Department of Energy's Defense Programs.

Research into basic physics issues associated with medium to large scale confinement devices is essential to studying conditions relevant to the production of fusion energy. Experiments on these scale of devices are used to explore the limits of specific confinement concepts, as well as study associated physical phenomena. Specific areas of interest include: (1) the production of increased plasma densities and temperatures, (2) the understanding of the physical laws governing plasma energy of high plasma pressure, (4) the investigation of plasma interaction with radio frequency waves, and (5) the study and control of particle transport and exhaust in plasmas.

Program Contact: (301) 903–4095.

(b) Technology Division

This Division seeks to develop the technology knowledge base needed to advance the Fusion Energy Sciences program toward its goals. The Division's science-oriented goal is to provide the technologies that are required to successfully design, build, and operate near-term experiments aimed at producing, understanding, and optimizing the fusion energy process. The Division's energy-oriented goal is to develop the technologies that will be needed in the long-term for an economically and environmentally attractive fusion energy source. These goals are pursued through multi-institutional domestic programs and international collaboration partnerships that are centered around U.S. participation in the Engineering Design Activities for a long-pulse burning plasma experiment—the International Thermonuclear Experimental Reactor (ITER).

Program Contact: (301) 903–5378.

5. Biological and Environmental Research Program

The goals of the Biological and Environmental Research Program are as follows: (1) to provide, through basic and applied research, the scientific information required to identify, understand and anticipate the long-term health and environmental consequences of energy use and development; and (2) to utilize the Department's unique resources to solve major scientific problems in medicine, biology and the environment. Goals of the program are accomplished through the efforts of the following research program elements:

(a) Health Effects and Life Sciences Research

This is a broad program of basic and applied biological research. The objectives are: (1) to create and apply new technologies and resources in mapping, sequencing, and information management for characterizing the molecular nature of the human genome; (2) to develop and support DOE national user facilities for use in fundamental structural biology; (3) to use model organisms to understand human genome organization, human gene function and control, and the functional relationships between human genes and proteins; (4) to characterize and exploit the genomes and diversity of microbes with potential relevance for energy, bioremediation, or global climate; (5) to understand and characterize the risks to human health from exposures to low levels of radiation and chemicals; (6) to develop novel technologies for high throughput determination of protein structure; and (7) to anticipate and address ethical, legal, and social implications arising from genome research.

Program Contact: (301) 903–5468.

(b) Medical Applications and Measurement Science

The objectives of this program comprise the following areas: (1) to develop technologies for the beneficial applications of radiation and in vivo radiotracer detection in the study, diagnosis and treatment of human diseases and disorders; (2) to develop new instrumentation for biological and medical research; and (3) to develop new concepts and techniques for detecting and measuring the hazardous agents of biochemical, physical and environmental consequences related to energy production.

Program Contact: (301) 903–3213.

(c) Environmental Remediation

The objectives of the program relate to environmental processes affected by energy production and use. The program develops information on the physical, chemical and biological processes that cycle and transport energy-related material, particularly contaminates that arose during nuclear weapons production, through the Earth's surface and subsurface. Emphasis is put on the development of a strong basis for understanding and implementing the appropriate and efficient use of bioremediation, particularly at the Department's sites.

Program Contact: (301) 903–3281.

(d) Environmental Processes

This program addresses global environmental change from increases in atmospheric carbon dioxide and other greenhouse gases. The scope of the global change program encompasses the carbon cycle, climate modeling and diagnostics, atmospheric sciences and meteorology, ecosystem responses, and impacts on resources. The role of clouds and radiation in climate prediction is a particular emphasis.

Program Contact: (301) 903–3281.

6. Energy Research Analyses

This program supports energy research analyses of the Department's basic and applied research activities. Specific objectives include assessments to identify any duplication or gaps in scientific research activities, and impartial and independent evaluations of scientific and technical research efforts.

Program Contact: (202) 586–7021

Issued in Washington, D.C., on October 15, 1997.

John Rodney Clark,

Associate Director for Resource Management, Office of Energy Research.

[FR Doc. 97–28912 Filed 10–30–97; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. OR98–1–000]

ARCO Products Company, a Division of Atlantic Richfield Company, Texaco Refining and Marketing Inc. and Mobil Oil Corporation, Complainants v. SFPP, L.P., Respondent; Notice of Complaint

October 27, 1997.

Take notice that on October 22, 1997, pursuant to Rule 206 of the Rules of Practice and Procedure of the Commission, 18 CFR 385.206, Sections 9, 13, and 15 of the Interstate Commerce Act, (ICA) 49 U.S.C. app. §§ 9, 13, and 15 (1994), and Section 1803 of the

Energy Policy Act of 1992, ARCO Products Company, a Division of Atlantic Richfield Company, (ARCO), Texaco Refining and Marketing Inc. (Texaco), and Mobil Oil Corporation (Mobil) (jointly referred to as Complainants) have filed a Complaint against SFPP, L.P. (SFPP).

Complainants challenge all of the jurisdictional interstate rates and charges of SFPP, whether ''gathering,'' ''trunkline,'' or some other classification, including those contained in SFPP FERC Tariff Nos. 17, 25, 26, and 27 (and any predecessors or successors to these tariffs), in addition to presently untariffed charges exacted by SFPP that are properly subject to the Commission's jurisdiction under the ICA.

Complainants assert that SFPP violated and continues to violate Sections 1(5), 2, 3(1), 4, 6, and 8 of the ICA by:

(a) Establishing and charging unjust and unreasonable rates for its jurisdictional services;

(b) Charging unduly discriminatory or preferential rates and charges for its jurisdictional services; and

(c) Assessing untariffed rates and charges for jurisdictional interstate services. 49 U.S.C. app. §§ 1(5), 2, 3(1), 4, 6, and 8 (1994).

Complainants request that SFPP be ordered to reduce its rates and pay refunds, reparations, damages, and attorneys' fees in accordance with the ICA, including Sections 8, 9, 15, and 16 of the ICA, and such other relief as may be appropriate in this proceeding.

Any person desiring to be heard or to protest said complaint should file a motion to intervene or a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 214 and 211 of the Commission's Rules of Practice and Procedure 18 CFR 385.214, 385.211. All such motions or protests should be filed on or before November 21, 1997. 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. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection. Answers to this complaint shall be due on or before November 21, 1997.

Lois D. Cashell,

Secretary.

[FR Doc. 97–28843 Filed 10–30–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. ER97–886–000]

Brooklyn Navy Yard Cogeneration Partners, L.P.; Notice of Issuance of Order

October 28, 1997.

Brooklyn Navy Yard Cogeneration Partners, L.P. (Brooklyn) filed an application for authorization to sell power at market-based rates, and for certain waivers and authorizations. In particular, Brooklyn requested that the Commission grant blanket approval under 18 CFR Part 34 of all future issuances of securities and assumptions of liabilities by Brooklyn. On October 15, 1997, the Commission issued an Order Conditionally Accepting for Filing Proposed Market-Based Rates (Order), in the above-docketed proceeding.

The Commission's October 15, 1997 Order granted the request for blanket approval under Part 34, subject to the conditions found in Ordering Paragraphs (D), (E), and (G):

(D) Within 30 days of the date of this order, any person desiring to be heard or to protest the Commission's blanket approval of issuances of securities or assumptions of liabilities by Brooklyn should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure, 18 CFR 385.211 and 385.214.

(E) Absent a request to be heard within the period set forth in Ordering Paragraph (D) above, Brooklyn is hereby authorized, pursuant to section 204 of the FPA, to issue securities and assume obligations or liabilities as guarantor, indorser, surety or otherwise in respect of any security of another person; provided that such issue or assumption is for some lawful object within the corporate purposes of Brooklyn, compatible with the public interest, and reasonably necessary or appropriate for such purposes.

(G) The Commission reserves the right to modify this other to require a further showing that neither public nor private interests will be adversely affected by continued Commission approval of Brooklyn's issuances of securities or assumptions of liabilities * * *.

Notice is hereby given that the deadline for filing motions to intervene or protests, as set forth above, is November 14, 1997.

Copies of the full text of the Order are available from the Commission's Public Reference Branch, 888 First Street, N.E., Washington, D.C. 20426.

Lois D. Cashell,

Secretary.

[FR Doc. 97–28897 Filed 10–30–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP98–38–000]

Colorado Interstate Gas Company; Notice of Request Under Blanket Authorization

October 27, 1997.

Take notice that on October 20, 1997, Colorado Interstate Gas Company (CIG), Post Office Box 1087, Colorado Springs, Colorado 80944, filed in Docket No. CP98–38–000 a request pursuant to Sections 157.205, and 157.212, of the Commission's Regulations under the Natural Gas Act (18 CFR 157.205, 157.212) for authorization to operate in interstate commerce the Big Thompson Delivery Point, previously constructed and operated to effectuate transportation services performed pursuant to Section 311 of the Natural Gas Policy Act (NGPA), under CIG's blanket certificate issued in Docket No. CP83–21–000 pursuant to Section 7 of the Natural Gas Act, all as more fully set forth in the request that is on file with the Commission and open to public inspection.

CIG seeks authority to operate the Big Thompson Delivery Point located in Weld County, Colorado. CIG states that it believes that it would experience no significant impact on its peak day or annual requirements resulting from the operation of the subject facilities in interstate commerce, and that operation other than strictly for Section 311 purposes can be performed without detriment or disadvantage to CIG's other existing customers.

Any person or the Commission's staff may, within 45 days after issuance of the instant notice by the Commission, file pursuant to Rule 214 of the Commission's Procedural Rules (18 CFR 385.214) a motion to intervene or notice of intervention and pursuant to Section 157.205 of the Regulations under the Natural Gas Act (18 CFR 157.205) a protest to the request. If no protest is filed within the time allowed therefor, the proposed activity shall be deemed to be authorized effective the day after the time allowed for filing a protest. If a protest is filed and not withdrawn

within 30 days after the time allowed for filing a protest, the instant request shall be treated as an application for authorization pursuant to Section 7 of the Natural Gas Act.

Lois D. Cashell,

Secretary.

[FR Doc. 97–28838 Filed 10–30–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP98–40–000]

East Tennessee Natural Gas Company; Notice of Application

October 27, 1997.

Take notice that on October 20, 1997, East Tennessee Natural Gas Company (East Tennessee), P.O. Box 2511, Houston, Texas 77252, filed in Docket No. CP98–40–000 an application pursuant to Section 7(c) of the Natural Gas Act and Part 157 of the Commission's regulations for a certificate of public convenience and necessity authorizing East Tennessee to construct and operate facilities and uprate the operating pressure of portions of its system in order to provide additional capacity for the Roanoke Gas Company (Roanoke), all as more fully described in the application which is on file with the Commission and open to public inspection.

Specifically, East Tennessee proposes to construct and operate approximately 9.95 miles of 12-inch diameter loop pipeline on its 3300-line in Washington and Wythe Counties, Virginia and upsize the existing Solar Saturn turbine comressor at Compressor Station 3313 on the 3300 line in Wythe County, Virginia from a T–1200 model to a T–1600 model. East Tennessee also proposes to test various segments of its 3100 and 3300 lines in order to increase the Maximum Allowable Operating Pressure (MAOP).

East Tennessee says that the proposed facilities and uprating will create 10,300 dth per day of new firm capacity. East Tennessee has provided a precedent agreement with Roanoke Gas for 5,150 dth per day, for a term of 20 years. East Tennessee says that it will use the remaining 5,150 dth per day for system reliability and flexibility until it has sold the capacity on a firm basis.

East Tennessee proposes to charge its existing Part 284 rates under Rates Schedule FT–A. Further, East Tennessee requests that the Commission make a determination that the costs of the facilities and uprating will qualify for rolled-in rate treatment when East Tennessee files its next rate case.

East Tennessee estimates that the proposed facilities and uprating will cost $8,642,366 and says that the project will be financed with funds on hand and funds generated internally.

Any person desiring to be heard or to make any protest with reference to said application should on or before November 17, 1997, file with the Federal Energy Regulatory Commission, Washington, D.C. 20426, a motion to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211) and the Regulations under the Natural Gas Act (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken but will not serve to make the protestants parties to the proceeding. Any person wishing to become a party to a proceeding or to participate as a party in any hearing therein must file a motion to intervene in accordance with the Commission's Rules.

Take further notice that, pursuant to the authority contained in and subject to jurisdiction conferred upon the Federal Energy Regulatory Commission by Sections 7 and 15 of the Natural Gas Act and the Commission's Rules of Practice and Procedure, a hearing will be held without further notice before the Commission or its designee on this application if no motion to intervene is filed within the time required herein, if the Commission on its own review of the matter finds that approval for the proposed application is required by the public convenience and necessity. If a motion for leave to intervene is timely filed, or if the Commission on its own motion believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provided for, unless otherwise advised, it will be unnecessary for East Tennessee to appear or be represented at the hearing.

Lois D. Cashell,

Secretary.

[FR Doc. 97–28839 Filed 10–30–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP98–42–000]

Florida Gas Transmission Company; Notice of Request Under Blanket Authorization

October 27, 1997.

Take notice that on October 21, 1997, Florida Gas Transmission Company (FGT), 1400 Smith Street, P.O. Box 1188, Houston, Texas 77251–1188, filed in Docket No. CP98–42–000 a request pursuant to Sections 157.205 and 157.212 of the Commission's Regulations under the Natural Gas Act (18 CFR 157.205, 157.212) for authorization to construct and operate a new delivery point in Hillsborough County, Florida for TECO Peoples Gas (TECO), under FGT's blanket certificate issued in Docket No. CP82–553–000, pursuant to Section 7 of the Natural Gas Act, all as more fully set forth in the request that is on file with the Commission and open to public inspection.

FGT proposed to construct, operate, and own an additional delivery point for TECO at or near mile post 17.7 on its existing St. Petersburg/Sarasota Connector in Hillsborough County, Florida. FGT states that the subject delivery point will include a tap, minor connecting pipe, electronic flow measurement equipment, and any other related appurtenant facilities necessary for FGT to transport for and deliver to TECO up to 24,000 MMBtu per day and 8,760,000 MMBtu per year of natural gas. FGT states that TECO will reimburse FGT for the $67,000 estimated construction costs. FGT further states that TECO will construct, own, and operate the meter and regulation station.

Any person or the Commission's staff may, within 45 days after issuance of the instant notice by the Commission, file pursuant to Rule 214 of the Commission's Procedural Rules (18 CFR 385.214) a motion to intervene or notice of intervention and pursuant to Section 157.205 of the Regulations under the Natural Gas Act (18 CFR 157.205) a protest to the request. If no protest is filed within the time allowed therefor, the proposed activity shall be deemed to be authorized effective the day after the time allowed for filing a protest. If a protest is filed and not withdrawn within 30 days after the time allowed for filing a protest, the instant request shall be treated as an application for

authorization pursuant to Section 7 of the Natural Gas Act.

Lois D. Cashell,

Secretary.

[FR Doc. 97–28841 Filed 10–30–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. TM98–2–110–001]

Iroquois Gas Transmission System, L.P.; Notice of Proposed Changes in FERC Gas Tariff

October 27, 1997.

Take notice that on October 21, 1997, Iroquois Gas Transmission System, L.P. (Iroquois) tendered for filing as part of its FERC Gas Tariff, First Revised Volume No. 1, Substitute Eighteenth Revised Sheet No. 4, with a proposed effective date of November 1, 1997.

Iroquois states that pursuant to Part 154 of the Commission's regulations and Section 12.3 of the General Terms and Conditions of its tariff, Iroquois is filing the referenced tariff sheet and supporting workpapers as part of its annual update of its Deferred Asset Surcharge to reflect the annual revenue requirement associated with its Deferred Asset for the amortization period commencing November 1, 1997. Iroquois states that the substitute tariff sheet corrects an error contained in its original filing. The revised tariff sheet reflects an increase of $.0001 per Dth in Iroquois' effective Deferred Asset Surcharge for Zone 2 of $.0001 per Dth (from $.0006 to $.0007 per Dth), and an increase in the Inter-Zone surcharge of $.0001 per Dth (from $.0015 to $.0016 per Dth). Iroquois requests a waiver of Section 154.207 of the Commission's regulations to permit the tariff sheet to become effective on November 1, 1997.

Iroquois states that copies of its filing were served on all jurisdictional customers and interested state commissions.

Any person desiring to protest said filing should filed a protest with the Federal Energy Regulatory Commission, 888 First Street, NE Washington, D.C. 20426, in accordance with Section 385.211 of the Commission's Rules of Practice and Procedures. All such protests must be filed as provided in Section 154.210 of the Commission's Regulations. 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.

Lois D. Cashell,

Secretary.

[FR Doc. 97–28845 Filed 10–30–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP96–152–002]

Kansas Pipeline Company; Notice of Amendment to Application

October 27, 1997.

Take notice that on October 21, 1997, Kansas Pipeline Company, majority owner and operator of Riverside Pipeline Company, L.P. (''Kansas Pipeline''), 8325 Lenexa Drive, Suite 400, Lenexa, Kansas 66214, filed a letter and pro forma tariff sheets that propose to amend its application and proposed tariff that is the subject of the Commission's October 3, 1997 order in the above docketed proceeding, Kansas Pipeline Company, et. al., 81 FERC ¶ 61,005 (1997) (October 3 Order).

Specifically, these tariff sheets are designed to permit the certificate holder, Kansas Pipeline, to implement negotiated transportation rates with its customers pursuant to the Commission's Policy Statement on Alternatives to Traditional Cost-of-Service Ratemaking for Natural Gas Pipelines issued in Docket No. RM95–6–000, 74 FERC ¶ 61,076 (1996).

The pro forma tariff sheets filed by Kansas Pipeline propose negotiated rates for its two largest customers that, in the aggregate, account for approximately 99 percent of Kansas Pipeline's deliveries. For Western Resources, Inc., the negotiated rate is the outcome of a Settlement Agreement dated July 9, 1997 and finalized by an order of the Kansas Corporation Commission, a party to the Settlement Agreement. In the case of Missouri Gas Energy, a Division of Southern Union Company (MGE), the negotiated rate is that which is set forth in its Firm Gas Transportation Service Agreement with Kansas Pipeline dated February 24, 1995.

In the filed letter, Kansas Pipeline also seeks clarification as to whether the Commission's October 3 Order requires service to MGE to be implemented under the generally applicable rates, terms and conditions set forth in the tariff that is the subject of the October 3 Order, rather than pursuant to the parties' February 24, 1995 contract.

Any person desiring to be heard or to make any protest with reference to said application should on or before November 10, 1997, file with the Federal Energy Regulatory Commission, Washington, DC 20426, a motion to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211) and the Regulations under the Natural Gas Act (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken, but will not serve to make the protestants parties to the proceedings. Any person wishing to become a party to a proceeding or to participate as a party in any hearing therein must file a motion to intervene in accordance with the Commission's Rules.

Take further notice that, pursuant to the authority contained in and subject to the jurisdiction conferred upon the Federal Energy Regulatory Commission by Sections 7 and 15 of the Natural Gas Act and Commission's Rules of Practice and Procedure, a hearing will be held without further notice before the Commission or its designee on this application if no motion to intervene is filed within the time required herein, if the Commission on its own review of the matter finds that a grant of the certificate is required by the public convenience and necessity. If a motion for leave to intervene is timely filed, or if the Commission on its own motion believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provided for, unless otherwise advised, it will be unnecessary for Kansas Pipeline to appear or be represented at the hearing.

Lois D. Cashell,

Secretary.

[FR Doc. 97–28837 Filed 10–30–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP98–41–000]

Tennessee Gas Pipeline Company; Notice of Application

October 27, 1997.

Take notice that on October 20, 1997, Tennessee Gas Pipeline Company (Tennessee), P.O. Box 2511, Houston, Texas 77252–2511 an application pursuant to Section 7(b) of the Natural Gas Act for permission and approval to abandon a meter station located in

Butler County, Kentucky, all as more fully set forth in the application on file with the Commission and open to public inspection.

Tennessee proposes to abandon, partially by removal and partially in place, the Bowling Green Meter Station, which consists of a meter, piping and appurtenant facilities. It is stated that the facilities were installed in 1959 and are no longer needed, because a new meter station has been installed under Tennessee's automatic authorization to replace these facilities. It is asserted that the facilities proposed for abandonment are obsolete and that Tennessee has determined that upgrading the facilities would not be practical or cost effective. It is further asserted that the facilities have been inactive since April 1, 1997. It is estimated that the cost of removing the facilities would be $22,000. Tennessee states that the proposal would not result in the abandonment of service to any customer.

Any person desiring to be heard or to make any protest with reference to said application should on or before November 17, 1997, file with the Federal Energy Regulatory Commission, Washington, D.C. 20426, a motion to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211) and the Regulations under the Natural Gas Act (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken but will not serve to make the protestants parties to the proceeding. Any person wishing to become a party to a proceeding or to participate as a party in any hearing therein must file a motion to intervene in accordance with the Commission's Rules.

Take further notice that, pursuant to the authority contained in and subject to the jurisdiction conferred upon the Federal Energy Regulatory Commission by Sections 7 and 15 of the Natural Gas Act and the Commission's Rules of Practice and Procedure, a hearing will be held without further notice before the Commission or its designee on this application if no motion to intervene is filed within the time required herein, if the Commission on its own review of the matter finds that a grant of the certificate is required by the public convenience and necessity. If a motion for leave to intervene is timely filed, or if the Commission on its own motion believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provided for, unless otherwise advised, it will be unnecessary for Tennessee to appear or be represented at the hearing.

Lois D. Cashell,

Secretary.

[FR Doc. 97–28840 Filed 10–30–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP98–46–000]

Williston Basin Interstate Pipeline Company; Notice of Application to Amend Certificate

October 27, 1997.

Take notice that on October 23, 1997, Williston Basin Interstate Pipeline Company (Applicant), 200 North Third Street, Suite 300, Bismarck, North Dakota 58501, filed under Section 7(c) of the Natural Gas Act to amend the Certificate issued in Docket No. CP91–1897–000. Applicant requests authorization to delete a receipt point for Northern States Power Company (NSP) and reassign those Daily Receipt Quantities to a different receipts point currently in use. This change would apply to transportation service provided by Applicant to NSP under Rate Schedule X–13.

The present and proposed quantities at the affected receipt points in Mcf per day are as follows:

Receipt points	Present	Proposed
Lignite Plant, Burke County, ND	1,569	0
Many Islands Pipe Line-Portal, Burke County, ND	4,181	5,750

Any person desiring to be heard or to make any protest with reference to this application should on or before November 3, 1997, file with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, a motion to intervene or protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211) and the Regulations under the Natural Gas Act (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken but will not serve to make the protestants parties to the proceeding. Any person wishing to become a party to a proceeding or to participate as a party in any hearing therein must file a motion to intervene in accordance with the Commission's Rules.

Lois D. Cashell,

Secretary.

[FR Doc. 97–28842 Filed 10–30–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. ER96–2778–000, et al.]

Union Electric Company, et al.; Electric Rate and Corporate Regulation Filings

October 24, 1997.

Take notice that the following filings have been made with the Commission:

1. Union Electric Company

[Docket No. ER96–2778–000]

Take notice that on October 6, 1997, Union Electric Company tendered for filing a Notice of Withdrawal of in the above-referenced docket.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

2. Wabash Valley Power Association, Inc. v. Northern Indiana Public Service Company, Inc.)

[Docket No. EL98–5–000]

Take notice that Wabash Valley Power Association, Inc. (Wabash Valley), on October 14, 1997, tendered for filing its complaint against Northern Indiana Public Service Company (NIPSCO) alleging that NIPSCO's transmission rates to Wabash Valley are excessive, unjust and unreasonable.

Comment date: November 24, 1997, in accordance with Standard Paragraph E at the end of this notice.

3. New Century Services, Inc.

[Docket No. ER98–62–000]

Take notice that on October 7, 1997, New Century Services, Inc., on behalf of Cheyenne Light, Fuel and Power Company, Public Service Company of Colorado, and Southwestern Public Service Company tendered for filing a Service Agreement under their Joint Open Access Transmission Service Tariff for Non-Firm Transmission Service between Public Service Company of Colorado and Colorado Springs Utilities.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

4. Southern Company Services, Inc.

[Docket No. ER98–63–000]

Take notice that on October 7, 1997, Southern Company Services, Inc.

(SCSI), acting on behalf of Alabama Power Company, Georgia Power Company, Gulf Power Company, Mississippi Power Company and Savannah Electric and Power Company (collectively referred to as Southern Companies) filed a service agreement under Southern Companies' Market-Based Rate Power Sales Tariff (FERC Electric Tariff, Original Volume No. 4) with the following entity: Constellation Power Source. SCSI states that the service agreements will enable Southern Companies to engage in short-term market-based rate sales to this customer.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

5. New Century Services, Inc.

[Docket No. ER98–65–000]

Take notice that on October 7, 1997, New Century Services, Inc., on behalf of Cheyenne Light, Fuel and Power Company, Public Service Company of Colorado, and Southwestern Public Service Company tendered for filing a Service Agreement under their Joint Open Access Transmission Service Tariff for Firm Point-to-Point Transmission Service between Public Service Company of Colorado and Colorado Springs Utilities.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

6. South Carolina Electric & Gas Company

[Docket No. ER98–66–000]

Take notice that on October 7, 1997, South Carolina Electric & Gas Company (SCE&G), submitted service agreements establishing Williams Energy Services Company (WESC) and Entergy Services, Inc. (ENTERGY), as customers under the terms of SCE&G's Negotiated Market Sales Tariff.

SCE&G requests an effective date of one day subsequent to the filing of the service agreements. Accordingly, SCE&G requests waiver of the Commission's notice requirements. Copies of this filing were served upon WESC, ENTERGY and the South Carolina Public Service Commission.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

7. Public Service Company of New Mexico

[Docket No. ER98–67–000]

Take notice that on October 7, 1997, Public Service Company of New Mexico (PNM), submitted for filing an executed service agreement for electric power and energy sales at negotiated rates, to Williams Energy Services Company, dated September 11, 1997, under the terms of PNM's Power and Energy Sales Tariff. PNM's filing is available for public inspection at its offices in Albuquerque, New Mexico.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

8. The United Illuminating Company

[Docket No. ER98–69–000]

Take notice that on October 7, 1997, The United Illuminating Company (UI), tendered for filing a Service Agreement, dated September 9, 1997, between UI and Constellation Energy Services, Inc. (Constellation), for non-firm point-to-point transmission service under UI's Open Access Transmission Tariff, FERC Electric Tariff, Volume No. 4, as amended.

UI requests an effective date of September 9, 1997, for the Service Agreement. UI served a copy of the filing upon Constellation and upon the Connecticut Department of Public Utility Control.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

9. Commonwealth Edison Company

[Docket No. ER98–70–000]

Take notice that on October 7, 1997, Commonwealth Edison Company (ComEd), tendered for filing a letter agreement, dated June 19, 1997, between ComEd and the City of Batavia, Illinois (Batavia). The letter agreement provides for strengthening of present facilities to insure reliability of service to Batavia.

ComEd seeks an effective date of June 19, 1997 and, accordingly, seeks waiver of the Commission's notice requirements. Copies of the filing were served on Batavia and the Illinois Commerce Commission.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

10. Southern California Edison Company

[Docket No. ER98–71–000]

Take notice that on October 7, 1997, Southern California Edison Company (Edison), tendered for filing executed umbrella Service Agreements (Service Agreements) with Koch Energy Trading, Cook Inlet Energy Supply, and Kansas City Power & Light Company for Point-To-Point Transmission Service under Edison's Open Access Transmission Tariff (Tariff).

Edison filed the executed Service Agreements with the Commission in compliance with applicable Commission regulations. Edison also submitted revised Sheet Nos. 165 and 166 (Attachment E) to the Tariff, which is an updated list of all current subscribers. Edison requests waiver of the Commission's notice requirement to permit an effective date of October 8, 1997 for Attachment E, and to allow the Service Agreements to become effective according to their terms.

Copies of this filing were served upon the Public Utilities Commission of the State of California and all interested parties.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

11. Illinois Power Company

[Docket No. ER98–72–000]

Take notice that on October 7, 1997, Illinois Power Company (Illinois Power), 500 South 27th Street, Decatur, Illinois 62526, tendered for filing a Power Sales Tariff, Service Agreement under which Southern Energy Trading & Marketing will take service under Illinois Power Company's Power Sales Tariff. The agreements are based on the Form of Service Agreement in Illinois Power's tariff.

Illinois Power has requested an effective date of September 8, 1997.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

12. Upper Peninsula Power Company

[Docket No. ER98–73–000]

Take notice that on October 7, 1997, Upper Peninsula Power Company, tendered for filing a Service Agreement for Non-Firm Point-to-Point Transmission service under its open access transmission service tariff for service to Minnesota Power & Light Company. UPPCO proposes to make the service agreement effective as of May 19, 1997.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

13. The Empire District Electric Company

[Docket No. ER98–74–000]

Take notice that on October 8, 1997, The Empire District Electric Company (EDE), tendered for filing a service agreement between EDE Engage US, L.P. providing non-firm point-to-point transmission service pursuant to the open access transmission tariff (Schedule OATS) of EDE.

EDE states that a copy of this filing has been served by mail upon Engage US, L.P., Coastal Tower, Nine Greenway Plaza, Houston, TX 77046–0995.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

14. The Empire District Electric Company

[Docket No. ER98–75–000]

Take notice that on October 8, 1997, The Empire District Electric Company (EDE), tendered for filing a service agreement between EDE Avista Energy providing non-firm point-to-point transmission service pursuant to the open access transmission tariff (Schedule OATS) of EDE.

EDE states that a copy of this filing has been served by mail upon Avista Energy, Three Riverway, Suite 300, Houston, TX 77056.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

15. The Empire District Electric Company

[Docket No. ER98–76–000]

Take notice that on October 8, 1997, The Empire District Electric Company (EDE), tendered for filing a service agreement between EDE and Entergy Power Marketing Corp., providing firm point-to-point transmission service pursuant to the open access transmission tariff (Schedule OATS) of EDE.

EDE states that a copy of this filing has been served by mail upon Entergy Power Marketing Corp., Parkwood Two Building, Suite 500, 10055 Grogan's Mill Road, The Woodlands, TX 77380.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

16. The Empire District Electric Company

[Docket No. ER98–77–000]

Take notice that on October 8, 1997, The Empire District Electric Company (EDE), tendered for filing a service agreement between EDE and e prime, Inc. Power Marketing providing non-firm point-to-point transmission service pursuant to the open access transmission tariff (Schedule OATS) of EDE.

EDE states that a copy of this filing has been served by mail upon e prime, Inc. Power Marketing, 1331 17th Street, Suite 601, Denver, CO 80202.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

17. Illinois Power Company

[Docket No. ER98–78–000]

Take notice that on October 8, 1997, Illinois Power Company (Illinois Power), 500 South 27th Street, Decatur, Illinois 62526, tendered for filing firm transmission agreements under which American Steel Foundries Division of Amsted Industries, Inc., will take transmission service pursuant to its open access transmission tariff. The agreements are based on the Form of Service Agreement in Illinois Power's tariff.

Illinois Power has requested an effective date of October 1, 1997.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

18. Illinois Power Company

[Docket No. ER98–79–000]

Take notice that on October 8, 1997, Illinois Power Company (Illinois Power), 500 South 27th Street, Decatur, Illinois 62526, tendered for filing non-firm transmission agreements under which Kansas City Power and Light Company will take transmission service pursuant to its open access transmission tariff. The agreements are based on the Form of Service Agreement in Illinois Power's tariff.

Illinois Power has requested an effective date of September 16, 1997.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

19. American Electric Power Service Corporation

[Docket No. ER98–80–000]

Take notice that on October 8, 1997, the American Electric Power Service Corporation (AEPSC), tendered for filing executed service agreements under the AEP Companies' Open Access Transmission Service Tariff. The Transmission Tariff has been designated as FERC Electric Tariff Original Volume No. 4, effective July 9, 1996. AEPSC requests waiver of notice to permit the Service Agreements to be made effective for service billed on and after September 10, 1997.

A copy of the filing was served upon the Parties and the State Utility Regulatory Commissions of Indiana, Kentucky, Michigan, Ohio, Tennessee, Virginia and West Virginia.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

20. Colt Electric Corp.

[Docket No. ER98–81–000]

Take notice that on October 8, 1997, Colt Electric Corp., (CEC) petitioned the Commission for acceptance of CEC Rate Schedule FERC No. 1; the granting of certain blanket approvals, including the authority to sell electricity at market-based rates; and the waiver of certain Commission Regulations.

CEC intends to engage in wholesale electric power and energy purchases and sales as a marketer. CEC is not in the business of generating or transmitting electric power. CEC is a wholly-owned company.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

21. Wisconsin Public Service Corporation

[Docket No. ER98–82–000]

Take notice that on October 8, 1997, Wisconsin Public Service Corporation (WPSC), tendered for filing an executed Transmission Service Agreement between WPSC and Williams Energy Services Company, provides for transmission service under the Open Access Transmission Service Tariff, FERC Original Volume No. 11.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

22. Wisconsin Public Service Corporation

[Docket No. ER98–83–000]

Take notice that on October 8, 1997, Wisconsin Public Service Corporation (WPSC), tendered for filing executed Transmission Service Agreements between WPSC and Williams Energy Services Company. The Agreements provide for transmission service under the Open Access Transmission Service Tariff, FERC Original Volume No. 11.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

23. Pacific Gas and Electric Company

[Docket No. ER98–84–000]

Take notice that on October 8, 1997, Pacific Gas and Electric Company (PG&E), tendered for filing an agreement by and between PG&E and Constellation Power Source, Inc. (Constellation) entitled, Service Agreement for Non-Firm Point-to-Point Transmission Service (Service Agreement).

PG&E proposes that the Service Agreement become effective on September 23, 1997. PG&E is requesting any necessary waivers. Copies of this filing have been served upon the California Public Utilities Commission and Constellation.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

24. MidAmerican Energy Company

[Docket No. ER98–85–000]

Take notice that on October 8, 1997, MidAmerican Energy Company

(MidAmerican), 666 Grand Avenue, Des Moines, IA 50303 submitted for filing with the Commission a Service Agreement dated September 22, 1997, with Union Electric Company (Union Electric) entered into pursuant to MidAmerican's Rate Schedule for Power Sales, FERC Electric Tariff, Original Volume No. 5 (Tariff).

MidAmerican requests an effective date of September 22, 1997, for this Agreement, and accordingly seeks a waiver of the Commission's notice requirement. MidAmerican has served a copy of the filing on Union Electric, the Iowa Utilities Board, the Illinois Commerce Commission and the South Dakota Public Utilities Commission.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

25. Central Vermont Public Service Corporation

[Docket No. ER98–86–000]

Take notice that on October 8, 1997, Central Vermont Public Service Corporation (Central Vermont), tendered for filing a Service Agreement with Tractebel Energy Marketing, Inc. under its FERC Electric Tariff No. 5. The tariff provides for the sale by Central Vermont of power, energy, and/or resold transmission capacity at or below Central Vermont's fully allocated costs.

Central Vermont requests waiver of the Commission's Regulations to permit the service agreement to become effective on October 1, 1997.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

26. Ohio Edison Company and Pennsylvania Power Company

[Docket No. ER98–162–000]

Take notice that on October 15, 1997, Ohio Edison Company and Pennsylvania Power Company (collectively, OES) submitted forms of Service Agreement for Network Integration Service Under Pennsylvania Retail Access Pilot (Agreement). The Agreement is consistent with the OES Open Access Transmission Tariff which had been submitted for filing to the Federal Energy Regulatory Commission in Docket No. 0A96–197–000. The proposed effective date for the Agreement is November 1, 1997.

Copies of the filing have been provided to the Pennsylvania Public Utility Commission.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

27. Allegheny Power Service Corporation on behalf of Monongahela Power Co., The Potomac Edison Company, and West Penn Power Co. (Allegheny Power), Pennsylvania Public Utility Commission

[Docket No. ER98–220–000 and Docket No. EL98–3–000]

Take notice that on October 9, 1997, the Pennsylvania Public Utility Commission tendered for filing a petition requesting expedited consideration of Retail Transmission Supplement to Allegheny Power's Pro Forma Open Access Transmission Tariff.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

28. PacifiCorp

[Docket No. ES83–28–001]

Take notice that on October 20, 1997, PacifiCorp (the Company) filed its application with the Federal Energy Regulatory Commission, pursuant to Section 204 of the Federal Power Act, seeking an order amending its authority to the Commission Order issued March 18, 1983, in the Docket No. ES83–28–000, enter into a loan agreement with certain subsidiaries. The Company is requesting authority to borrow from its subsidiaries and issue promissory notes to its subsidiaries without limitation provided that such borrowing bear interest at rates which do not exceed the interest rates which the Company would otherwise incur externally. The other terms and conditions would remain the same.

Comment date: November 20, 1997, in accordance with Standard Paragraph E at the end of this notice.

29. LUZ Solar Partners VIII, Ltd.

[Docket No. QF88–470–006]

On October 9, 1997, LUZ Solar Partners VIII, Ltd., (Applicant) a California limited partnership, c/o Prentice-Hall Corporate Services, 5670 Wilshire Boulevard, Suite No. 750, Los Angeles, California 90036 submitted for filing an application for recertification of a facility as a qualifying small power production facility pursuant to Section 292.207(b) of the Commission's Regulations. No determination has been made that the submittal constitutes a complete filing.

According to the applicant, the small power production facility, using solar energy as its primary energy source, is located approximately 12 miles due east of Kramer Junction, California, 25 miles west-northwest of Bartow, California, and six miles north of California Highway 58, on Harper Lake Road. The facility consists of a solar collector field of approximately 852 solar collector assemblies, a solar-fired superheater unit, a solar-fired reheat unit, a natural gas-fired heat transfer fluid heater, and a steam turbine-generator generating a net capacity of 80 MW. The facility is interconnected with and sells power to Southern California Edison Company. The Commission previously certified the facility as a small power production facility, *LUZ Solar Partners VIII, Ltd.*, 50 FERC ¶ 62,141 (1990), and *LUZ Solar Partners VIII, Ltd.*, 45 FERC ¶ 62,261 (1988). Notices of self-recertification were filed on February 14, 1991, May 20, 1992, and February 15, 1994. The instant application for recertification is due to a proposed change in the ownership of the facility.

Comment date: November 17, 1997, in accordance with Standard Paragraph E at the end of this notice.

30. New Century Services, Inc.

[Docket No. ER98–61–000]

Take notice that on October 7, 1997, New Century Services, Inc., on behalf of Cheyenne Light, Fuel and Power Company, Public Services Company of Colorado, and Southwestern Public Service Company tendered for filing a Service Agreement under their Joint Open Access Transmission Service Tariff for Non-Firm Point-to-Point Transmission Service between Public Service Company of Colorado and NP Energy, Inc.

Comment date: November 7, 1997, in accordance with Standard Paragraph E at the end of this notice.

Standard Paragraph

E. Any person desiring to be heard or to protest said filing should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 18 CFR 385.214). All such motions or protests should be filed on or before the comment date. 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. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection.

Lois D. Cashell,

Secretary.

[FR Doc. 97–28899 Filed 10–30–97; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. EC98–8–000, et al.]

Wisconsin Energy Corporation and ESELCO, Inc., et al.; Electric Rate and Corporate Regulation Filings

October 27, 1997.

Take notice that the following filings have been made with the Commission:

1. Wisconsin Energy Corporation and ESELCO, Inc.

[Docket No. EC98–8–000]

Take notice that on October 22, 1997, Wisconsin Energy Corporation (''WEC'') and ESELCO, Inc. (''ESELCO''), on behalf of themselves and their jurisdictional subsidiaries [1] (collectively ''Applicants''), tendered for filing pursuant to Section 203 of the Federal Power Act (the ''FPA''), 16 U.S.C. § 824b (1994) and Part 33, 18 CFR 33.1–33.10, and Section 2.26, 18 CFR 2.26, of the regulations of the Federal Energy Regulatory Commission (the ''Commission''), an Application for Approval of Merger and Related Authorizations (''Application'').

The merger is structured so that ESL Acquisition, Inc., a new WEC subsidiary created solely to effectuate the merger, will be merged into ESELCO, making ESELCO a wholly-owned subsidiary of WEC. Under the new corporate structure, Wisconsin Electric and ESELCO will be separate, first-tier subsidiaries of WEC, and they will retain their corporate existence. Wisconsin Electric and Edison Sault will each retain their own identities as public utilities and their current service territories. Wisconsin Electric and Edison Sault will continue to operate independently, but Applicants have proposed a single-system open access transmission tariff.

The Applicants state that they have submitted the information required by Part 33 of the Commission's regulations and by the Commission's Inquiry Concerning the Commission's Merger Policy Under the Federal Power Act; Policy Statement, Order No. 592, FERC Stats. & Regs. ¶ 31,044 (1996), order on reconsideration, Order No. 592-A, 79 FERC ¶ 61,321 (1997), in support of the application. Applicants represent that copies of the Application and related testimony and exhibits have been served by overnight delivery on each of WEC's and ESELCO's wholesale customers, on the Michigan Public Service Commission and the Public Service Commission of Wisconsin, and on other parties likely to be interested.

Comment date: December 22, 1997, in accordance with Standard Paragraph E at the end of this notice.

[1] The FERC jurisdictional subsidiaries of WEC are Wisconsin Electric Power Company (''Wisconsin Electric'') and Griffin Energy Marketing, L.L.C. (''Griffin''), a power marketer. Griffin is a wholly-owned subsidiary of WISVEST Corporation, which, like Wisconsin Electric, is a wholly-owned subsidiary of WEC. The FERC jurisdictional subsidiary of ESELCO is Edison Sault Electric Company (''Edison Sault'').

2. Edison Sault Electric Company and ESEG, Inc.

[Docket No. EC98–9–000]

Take notice that on October 22, 1997, ESEG, Inc. (''ESEG'') and Edison Sault Electric Company (''Edison Sault'') jointly filed an application pursuant to Section 203 of the Federal Power Act requesting authorization to merge ESEG into Edison Sault contingent upon the Federal Energy Regulatory Commission's approval of the proposed merger between Wisconsin Energy Corporation and ESELCO, Inc. Edison Sault and ESEG are wholly-owned subsidiaries of ESELCO, Inc.

Comment date: December 22, 1997, in accordance with Standard Paragraph E at the end of this notice.

3. Citizens Power LLC

[Docket No. EC98–10–000]

Take notice that on October 23, 1997, Citizens Power LLC led an application for an order authorizing the proposed transfers of (1) 98% equity interests in each of CL Power Sales Three, L.L.C., CL Power Sales Four, L.L.C., and CL Power Sales Five, L.L.C. from Citizens Power L.L.C. to Citizens Power Sales, and (2) 1% equity interests in each of CL Power Sales Three, L.L.C., CL Power Sales Four, L.L.C., and CL Power Sales Five, L.L.C. from CL Funding L.L.C. to Citizens Power Sales. Citizens Power Sales, CL Funding L.L.C., CL Power Sales Three, L.L.C., CL Power Sales Four, L.L.C., and CL Power Sales Five, L.L.C. are all direct or indirect subsidiaries or affiliates of Citizens Power LLC.

Comment date: November 24, 1997, in accordance with Standard Paragraph E at the end of this notice.

4. Coral Power, L.L.C.

[Docket Nos. EC98–11–000 and ER96–25–008]

Take notice that Coral Power, L.L.C., a broker and marketer of electric power, filed on October 23, 1997, a request for approval of the disposition of jurisdictional assets that may result from the merger of Coral's affiliates, Shell Oil Company and Tejas Gas Corporation, and a notice of change in status relating to that merger.

Comment date: November 24, 1997, in accordance with Standard Paragraph E at the end of this notice.

5. LG&E Energy Marketing Inc.

[Docket No. ER94–1188–018]

On October 9, 1997, LG&E Energy Marketing Inc. (''LEM''), formerly known as LG&E Power Marketing Inc., filed a notification of a change in status to reflect the proposed merger of LEM's parent, LG&E Energy Corp., with KU Energy Corporation, the parent of Kentucky Utilities Company.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

6. Public Service Company of Colorado

[Docket No. ER96–713–001]

Take notice that on October 3, 1997, Public Service Company of Colorado filed amendments to the agreements with its wholesale customers and a Service Agreement for Network Transmission Service, all to comply with the Commission's letter-order issued June 13, 1997, in *Public Service Company of Colorado*, 79 FERC ¶ 61,343 (1997).

Copies of the filing have been served on the affected customers and on the Public Utilities Commission of the State of Colorado.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

7. Tampa Electric Company

[Docket Nos. ER97–4195–000, ER97–4390–000, ER97–4570–000 and ER97–4571–000 (Not Consolidated)]

Take notice that on October 14, 1997, Tampa Electric Company (Tampa Electric) amended its filings in the above-referenced dockets by submitting amendments to its contracts for the purchase and sale of power and energy with The Energy Authority, Inc. (TEA), Sonat Power Marketing L.P. (Sonat), LG&E Energy Marketing Inc. (LG&E Energy), and PECO Energy Company—Power Team (PECO).

Tampa Electric proposes that the amendments be made effective concurrently with the contracts on August 18 (TEA), September 1 (Sonat), and September 15 (LG&E Energy and PECO), and therefore requests waiver of the Commission's notice requirement.

Copies of the amendatory filing were served on TEA, Sonat, LG&E Energy, PECO, and the Florida Public Service Commission.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

8. The Washington Water Power Company

[Docket No. ER97–4350–000]

Take notice that on October 20, 1997, The Washington Water Power Company (''WWP'') tendered for filing with the Federal Energy Regulatory Commission an amendment in the above-referenced docket, amending a Service Agreement for Firm Point-To-Point Transmission Service with Duke Energy Trading and Marketing.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

9. Rochester Gas and Electric Corporation

[Docket No. ER97–4362–000]

Take notice that on October 21, 1997, Rochester Gas and Electric Corporation (RG&E) tendered for filing an amendment to its filing in the above-referenced proceeding.

RG&E requests waiver of the Commission's sixty (60) day notice requirements and an effective date of August 20, 1997 for the Pennsylvania Power & Light Company Service Agreement.

Copies of this filing have been sent to PP&L and the New York Public Service Commission.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

10. PowerCom Corporation

[Docket No. ER97–4364–000]

Take notice that on October 20, 1997, PowerCom Corporation (PC) filed a supplement to its application for market-based rates as power marketer. The supplemental information pertains to the owners and affiliates of PC. PC is owned by a group of individuals who engage in the purchase of electricity along with other communications and utilities services and resell them to wholesale and retail customers. They have no affiliates.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

11. Central Vermont Public Service Corporation

[Docket No. ER98–87–000]

Take notice that on October 8, 1997, Central Vermont Public Service Corporation (''Central Vermont''), tendered for filing a Service Agreement with New Energy Ventures, Inc. under its FERC Electric Tariff No. 5. The tariff provides for the sale by Central Vermont of power, energy, and/or resold transmission capacity at or below Central Vermont's fully allocated costs.

Central Vermont requests waiver of the Commission's regulations to permit the service agreement to become effective on October 1, 1997.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

12. Central Vermont Public Service Corporation

[Docket No. ER98–88–000]

Take notice that on October 8, 1997, Central Vermont Public Service Corporation (''Central Vermont''), tendered for filing a Service Agreement with NP Energy Inc. under its FERC Electric Tariff No. 5. The tariff provides for the sale by Central Vermont of power, energy, and/or resold transmission capacity at or below Central Vermont's fully allocated costs.

Central Vermont requests waiver of the Commission's regulations to permit the service agreement to become effective on October 1, 1997.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

13. New York State Electric & Gas Corporation

[Docket No. ER98–90–000]

Take notice that on October 8, 1997, New York State Electric & Gas Corporation (''NYSEG''), filed a Service Agreement between NYSEG and The Dayton Power and Light Company (''Customer''). This Service Agreement specifies that the Customer has agreed to the rates, terms and conditions of the NYSEG open access transmission tariff filed and effective on June 11, 1997, in Docket No. OA97–571–000.

NYSEG requests waiver of the Commission's sixty-day notice requirements and an effective date of October 9, 1997 for the Dayton Power and Light Company Service Agreement. NYSEG has served copies of the filing on The New York State Public Service Commission and on the Customer.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

14. Idaho Power Company

[Docket No. ER98–91–000]

Take notice that on October 8, 1997, Idaho Power Company (IPC), tendered for filing with the Federal Energy Regulatory Commission a Service Agreement under Idaho Power Company FERC Electric Tariff, Second Revised, Volume No. 1 between Mason #3 Public Utility District and Idaho Power Company.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

15. Montaup Electric Company

[Docket No. ER98–92–000]

Take notice that on October 7, 1997, Montaup Electric Company (''Montaup'') filed a revised Appendix IV to its FERC Electric Tariff, Original Volume No. IV, for system power sales. The changes consist of (a) the replacement of a fixed revenue requirement with a formula rate and (b) provisions for a pass-through of any NEPOOL charges for ancillary service that NEPOOL does not charge directly to the customer.

Montaup requests a waiver of the notice requirement so that this filing may be allowed to become effective on July 1, 1997.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

16. Wisconsin Electric Power Company

[Docket No. ER98–93–000]

Take notice that on October 8, 1997, Wisconsin Electric Power Company (''Wisconsin Electric''), tendered for filing an addition to its FERC Electric Tariff, Volume No. 7. The proposed Attachment J would establish a redispatch protocol that describes how Wisconsin Electric would bill its transmission service customers when making additional transmission capability available by altering its generation dispatch. Wisconsin Electric acknowledges that application of Attachment J would require a subsequent rate filing with the Commission.

Wisconsin Electric also submits a revision to Section 17.3 of its transmission service tariff that allows it to waive, in certain circumstances, the deposit requirement that applies to applications for firm point-to-point transmission service.

Wisconsin Electric respectfully requests an effective date of sixty days after filing.

Copies of the filing have been served on all transmission service customers, the Michigan Public Service Commission, and the Public Service Commission of Wisconsin.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

17. Central Power and Light Company; West Texas Utilities Company

[Docket No. ER98–94–000]

Take notice that on October 8, 1997, Central Power and Light Company (CPL) and West Texas Utilities Company (WTU) submitted for filing thirty-four (34) executed Delivery Point and Service Specifications sheets providing

for various minor changes to the Service Agreements between WTU and nine of its wholesale customers: Brazos Electric Cooperative, Inc., Coleman County Electric Cooperative, Inc., Concho Valley Electric Cooperative, Inc., Greenbelt Electric Cooperative, Inc., Lighthouse Electric Cooperative, Inc., Midwest Electric Cooperative, Inc., Southwest Texas Electric Cooperative, Inc., Stamford Electric Cooperative, Inc. and Taylor Electric Cooperative, Inc. executed under WTU's FERC Electric Tariff, Original Volume No. 1 and a minor change to the Service Agreement between CPL and one of its full requirements wholesale customers, Medina Electric Cooperative, Inc., executed under CPL's FERC Electric Tariff, 6th Revised Volume No. 1.

CPL and WTU state that copies of the filing have been sent to the Public Utility Commission of Texas and the affected full-requirements wholesale customers.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

18. Illinois Power Company

[Docket No. ER98–95–000]

Take notice that on October 9, 1997, Illinois Power Company (''Illinois Power''), 500 South 27th Street, Decatur, Illinois 62526, tendered for filing firm and non-firm transmission agreements under which QST Energy Trading Inc. will take transmission service pursuant to its open access transmission tariff. The agreements are based on the Form of Service Agreement in Illinois Power's tariff.

Illinois Power has requested an effective date of October 1, 1997.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

19. Virginia Electric and Power Company

[Docket No. ER98–96–000]

Take notice that on October 9, 1997, Virginia Electric and Power Company (Virginia Power), tendered for filing the Service Agreement between Virginia Electric and Power Company and Market Responsive Energy, Inc. under the Power Sales Tariff to Eligible Purchasers dated May 27, 1994, as revised on December 31, 1996 (Tariff). Under the tendered Service Agreement, Virginia Power agrees to provide services to Market Responsive Energy, Inc. under the rates, terms and conditions of the applicable Service Schedules included in the Tariff. Virginia Power requests an effective date of September 12, 1997 for the Service Agreement.

Copies of the filing were served upon Market Responsive Energy, Inc., Virginia State Corporation Commission and the North Carolina Utilities Commission.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

20. Virginia Electric and Power Company

[Docket No. ER98–97–000]

Take notice that on October 9, 1997, Virginia Electric and Power Company (Virginia Power), tendered for filing Service Agreements for Non-Firm Point-to-Point Transmission Service with EnerZ Corporation, a subsidiary of the Zeigler Holding Co. and Market Responsive Energy, Inc. under the Open Access Transmission Tariff to Eligible Purchasers dated July 9, 1996. Under the tendered Service Agreement, Virginia Power will provide non-firm point-to-point service to the Transmission Customers under the rates, terms and conditions of the Open Access Transmission Tariff.

Copies of the filing were served upon EnerZ Corporation, Market Responsive Energy, Inc., the Virginia State Corporation Commission and the North Carolina Utilities Commission.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

21. Southern California Edison Company

[Docket No. ER98–98–000]

Take notice that on October 9, 1997, Southern California Edison Company (Edison), tendered for filing a Notice of Cancellation of FERC Rate Schedule No. 247.38, FERC Rate Schedule No. 247.39, and all supplements thereto.

Edison requests that this cancellation become effective September 30, 1997.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

22. Illinois Power Company

[Docket No. ER98–100–000]

Take notice that on October 9, 1997, Illinois Power Company (''Illinois Power''), 500 South 27th Street, Decatur, Illinois 62526, tendered for filing a Power Sales Tariff, Service Agreement under which EnerZ Corporation will take service under Illinois Power Company's Power Sales Tariff. The agreements are based on the Form of Service Agreement in Illinois Power's tariff.

Illinois Power has requested an effective date of September 10, 1997.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

23. Illinois Power Company

[Docket No. ER98–101–000]

Take notice that on October 9, 1997, Illinois Power Company (''Illinois Power''), 500 South 27th Street, Decatur, Illinois 62526, tendered for filing a Power Sales Tariff, Service Agreement under which USGen Power Services, L.P. will take service under Illinois Power Company's Power Sales Tariff. The agreements are based on the Form of Service Agreement in Illinois Power's tariff.

Illinois Power has requested an effective date of September 10, 1997.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

24. Current Energy, Inc.

[Docket No. ER98–102–000]

Take notice that on October 9, 1997, Current Energy, Inc. (''Current'') petitioned the Commission for acceptance of Current Rate Schedule FERC No. 1; the granting of certain blanket approvals, including the authority to sell electricity at market-based rates; and the waiver of certain commission regulations.

Current intends to engage in wholesale electric power and energy purchases and sales as a marketer. Current is not in the business of generating or transmitting electric power. Current is an independent corporation. Affiliates under control of one or more Current principals engage in general construction.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

25. New York State Electric & Gas Corporation

[Docket No. ER98–103–000]

Take notice that on October 9, 1997, New York State Electric & Gas Corporation (''NYSEG''), tendered for filing pursuant to Section 35 of the Federal Energy Regulatory Commission's Rules of Practice and Procedure, 18 CFR 35 (1996), service agreements under which NYSEG may provide capacity and/or energy to Central Maine Power Company (''CMP''), Constellation Power Source, Inc. (''Constellation''), Market Responsive Energy, Inc. (''MRE''), Minnesota Power & Light Company (''Minnesota''), and Strategic Energy Ltd. (''SEL'')(collectively, the ''Purchasers'') in accordance with NYSEG's FERC Electric Tariff, Original Volume No. 1.

NYSEG has requested waiver of the notice requirements so that the service agreements with CMP, Constellation, MRE, Minnesota, and SEL become effective as of October 10, 1997.

The Service Agreements are subject to NYSEG's Application for Approval of Corporate Reorganization which was filed with the Commission on September 1, 1997 and was assigned Docket No. EC97–52–000.

NYSEG has served copies of the filing upon the New York State Public Service Commission, CMP, Constellation, MRE, Minnesota, and SEL.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

26. Ohio Edison Company; Pennsylvania Power Company

[Docket No. ER98–104–000]

Take notice that on October 9, 1997, Ohio Edison Company tendered for filing on behalf of itself and Pennsylvania Power Company, a Service Agreement for Non-Firm Point-to-Point Transmission Service with Williams Energy Services Company and Ohio Edison Company pursuant to Ohio Edison's Open Access Tariff. This Service Agreement will enable the parties to obtain Non-Firm Point-to-Point Transmission Service in accordance with the terms of the Tariff.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

27. Fall River Rural Electric Cooperative, Inc.

[Docket No. ER98–105–000]

Take notice that on October 9, 1997, Fall River Rural Electric Cooperative, Inc. (Fall River) submitted for filing pursuant to 205 of the Federal Power Act (FPA), 16 U.S.C. 824d, and 35.12 of the Regulations of the Federal Energy Regulatory Commission (Commission), 18 CFR 35.12 (1966), three rate schedules for wholesale sales or for transmission services that Fall River provides to third parties and one certificate of concurrence by Fall River in a rate schedule of another public utility that was previously submitted to and accepted by the Commission. The three rate schedules and the certificate of concurrence are the following: Emergency Interconnection Agreement Between Fall River, and PacifiCorp; Lease Agreement Between Fall River and Bonneville Power Administration (BPA); Lease and Assignment Agreement—Felt Project Between Fall River and Bonneville Pacific Corporation, as assigned to CDM Hydroelectric Company; and, Fall River's certificate of concurrence in the Transmission Service and Interconnection Agreement Between PacifiCorp Electric Operations, Fall River, and Marysville Hydro Partners (Marysville) (PacifiCorp Rate Schedule No. 322). Fall River's filing is available for public inspection at its offices in Ashton, Idaho. Fall River requests that the Commission accept the Service Agreements with an effective date of March 20, 1996.

Fall River also submitted for informational purposes, or for acceptance and termination, two additional agreements, which are as follows: Interconnection Agreement Executed by Fall River Rural Electric Cooperative, Inc., and Buffalo Hydro, Inc.; and Transmission Agreement Providing Transmission Services for the Transfer of Power from the Buffalo Hydroelectric Project No. 1413 to PacifiCorp. Fall River also requests that these two agreements have an effective date of March 20, 1996, if accepted, and that they be terminated as of September 24, 1997.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

28. West Texas Utilities Company

[Docket No. ER98–106–000]

Take notice that on October 9, 1997, West Texas Utilities Company (''WTU''), submitted for filing a Power Supply Agreement (''PSA''), dated August 25, 1997, between WTU and the City of Hearne, Texas (''Hearne''). Under the PSA, WTU will supply Hearne's full-requirements for electric power and energy, effective April 1, 1998.

WTU requests an effective date of October 1, 1997 for the PSA and, accordingly, requests waiver of the Commission's notice requirements. Copies of this filing have been served on Hearne and the Public Utility Commission of Texas.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

29. Alabama Power Company

[Docket No. ER98–108–000]

Take notice that on October 9, 1997, Alabama Power Company filed Twenty-Ninth Revised Sheet No. 37 to its FERC Electric Tariff, Original Volume No. 1. The purpose of this filing is to give notice that, effective September 19, 1997, electric service to Black Warrior Electric Membership Corporation's new Mt. Sterling 115 kV delivery point was established.

A copy of the filing was served upon Black Warrior Electric Membership Corporation.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

30. Central Illinois Light Company

[Docket No. ER98–109–000]

Take notice that on October 9, 1997, Central Illinois Light Company (CILCO), 300 Liberty Street, Peoria, Illinois 61602, on October 8, 1997, tendered for filing with the Commission a substitute Index of Point-To-Point Transmission Service Customers under its Open Access Transmission Tariff and service agreements for three new customers, Kansas City Power and Light Company, QST Energy Trading Inc., and Avista Energy, Inc.

CILCO requested an effective date of October 1, 1997.

Copies of the filing were served on the affected customers and the Illinois Commerce Commission.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

31. The Detroit Edison Company

[Docket No. ER98–110–000]

Take notice that on October 9, 1997, The Detroit Edison Company (''Detroit Edison''), filed a revised Power Sales Agreement between Detroit Edison and DTE Energy Trading, Inc. (the ''Power Sales Agreement''), FERC Rate Schedule No. 33. The Power Sales Agreement has been revised in accordance with the order of the Federal Energy Regulatory Commission in *The Detroit Edison Company, et al.,* 80 FERC ¶61,348 (1997).

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

32. Louisville Gas and Electric Company; Kentucky Utilities Company

[Docket No. ER98–111–000]

Take notice that on October 9, 1997, Louisville Gas and Electric Company (''LG&E'') and Kentucky Utilities Company (''KU''), tendered for filing, pursuant to 18 CFR 35.13, three proposed new rate schedules titled ''Power Supply System Agreement'' (''PSSA''), and ''Transmission Coordination Agreement (''TCA''). The PSSA provides the contractual basis for coordinated planning, operation and maintenance of the combined power supply systems of LG&E and KU. The TCA provides the contractual basis for coordinated planning, operation and maintenance of the combined transmission systems of LG&E and KU. In this connection, the PSSA and the TCA provide for the allocation between the Applicants of specified costs and benefits of coordinated operations.

Copies of the filing were served upon LG&E's and KU's jurisdictional customers, the Kentucky Public Service Commission, the Virginia State Corporation Commission, and the Tennessee Regulatory Authority.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

33. Northeast Utilities Service Company

[Docket No. ER98–112–000]

Take notice that on October 10, 1997, Northeast Utilities Service Company (''NUSCO''), tendered for filing, a Service Agreement with NP Energy, Inc. (''NPE'') under the NU System Companies'' System Power Sales/ Exchange Tariff No. 6.

NUSCO states that a copy of this filing has been mailed to NPE.

NUSCO requests that the Service Agreement become effective December 1, 1997.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

34. Northeast Utilities Service Company

[Docket No. ER98–113–000]

Take notice that on October 10, 1997, Northeast Utilities Service Company (NUSCO), on behalf of its operating affiliates, The Connecticut Light and Power Company, Western Massachusetts Electric Company, Holyoke Water Power Company, Holyoke Power and Electric Company and Public Service Company of New Hampshire, tendered for filing a Service Agreement with NP Energy, Inc. (''NPE'') under the Northeast Utilities System Companies' Sale for Resale Tariff No. 7 Market Based Rates. NUSCO requests an effective date of December 1, 1997.

NUSCO states that a copy of its submission has been mailed or delivered to NPE.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

35. New England Power Company

[Docket No. FA96–53–001]

Take notice that on October 14, 1997, pursuant to an audit report issued by Commission Audit Staff, New England Power Company filed a plan to refund Spent Nuclear Fuel Disposal Costs to its customers under NEP's FERC Electric Tariff, Original Volume No. 1.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

36. Mark B. Grier

[Docket No. ID–3081–000]

Take notice that on October 17, 1997, Mark B. Grier (Applicant) filed an application pursuant to Section 305(b) of the Federal Power Act to hold the following positions:

Director—Rochester Gas and Electric Corporation
Executive Vice President, Financial Management—The Prudential Insurance Company of America
Director—Prudential Securities Group, Inc.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

37. Kentucky Utilities Company

[Docket No. OA96–193–003]

Take notice that on September 8, 1997, Kentucky Utilities Company (KU) tendered for filing a list of KU's Transmission Service customers under its Transmission Services (TS) Tariff.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

38. Niagara Mohawk Power Corporation

[Docket No. OA96–194–003]

Take notice that on September 11, 1997, Niagara Mohawk Power Corporation made a filing in compliance with the Commission's order in Allegheny Power System, Inc. *et al.* issued July 31, 1997.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

39. Montana Power Company

[Docket No. OA96–199–002]

Take notice that on September 16, 1997, Montana Power Company tendered for filing in compliance to FERC orders dated December 18, 1996 and July 31, 1997 in Docket Nos. OA96–18–000, *et al.*, its FERC Electric Tariff, Second Revised Volume No. 5 (''Open Access Transmission Tariff'').

Montana requests that the Commission accept the tariff for filing, effective as of September 15, 1997; and allow the tariff to supersede Montana's FERC Electric Tariff, First Revised Volume No. 5.

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

40. Florida Power & Light Company

[Docket No. OA97–699–000]

Take notice that on September 8, 1997, Florida Power & Light Company (''FPL'') tendered for filing various miscellaneous language changes to FPL's Open Access Transmission Tariff (''Tariff'').

Comment date: November 10, 1997, in accordance with Standard Paragraph E at the end of this notice.

Standard Paragraph

E. Any person desiring to be heard or to protest said filing should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 18 CFR 385.214). All such motions or protests should be filed on or before the comment date. 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. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection.

Lois D. Cashell,

Secretary.

[FR Doc. 97–28898 Filed 10–30–97; 8:45 am]

BILLING CODE 6717–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

Notice of Transfer of Licenses

October 27, 1997.

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection:

a. *Type of Application:* Transfer of Licenses.

b. *Projects Nos:* (1) 1855–018, (2) 1892–007, (3) 1904–026, (4) 2077–010, (5) 2323–029, and (6) 2669–006.

c. *Date filed:* October 15, 1997.

d. *Applicants:* New England Power Company and USGen New England, Inc.

e and f. *Name and Location of Projects:* (1) Bellows Falls: Connecticut River in Windham and Windsor Counties, Vermont, and Cheshire and Sullivan Counties, New Hampshire; (2) Wilder: Connecticut River in Windsor and Orange Counties, Vermont, and Grafton County, New Hampshire; (3) Vernon: Connecticut River in Windham County, Vermont, and Cheshire County, New Hampshire; (4) Fifteen Mile Falls: Connecticut River in Grafton and Coos Counties, New Hampshire, and Caledonia and Essex Counties, Vermont; (5) Deerfield River: Deerfield River in

Windham and Bennington Counties, Vermont, and Franklin and Berkshire Counties, Massachusetts; and (6) Bear Swamp: Deerfield River in Franklin and Berkshire Counties, Massachusetts.

g. *Filed Pursuant to:* Federal Power Act, 16 U.S.C. 791(a)–825(r).

h. *Applicant Contacts:*

Mr. Stanford L. Hartman, U.S. Generating Company, 7500 Old Georgetown Road, Bethesda, MD 20814, (301) 718–6816

Mr. Mark E. Slade, New England Power Company, 25 Research Drive, Westborough, MA 01582, (508) 389–2859.

i. *FERC Contact:* James Hunter, (202) 219–2839.

j. *Comment Date:* December 8, 1997.

k. *Description of Transfer:* Transfer of the licenses for these projects to USGen New England, Inc. is being sought in connection with the divestiture by New England Power Company of substantially all its generation resources.

1. This notice also consists of the following standard paragraphs: B, C1, and D2.

B. Comments, Protests, or Motions to Intervene—Anyone may submit comments, a protest, or a motion to intervene in accordance with the requirements of Rules of Practice and Procedure, 18 CFR 385.210, .211, .214. In determining the appropriate action to take, the Commission will consider all protests or other comments filed, but only those who file a motion to intervene in accordance with the Commission's Rules may become a party to the proceeding. Any comments, protests, or motions to intervene must be received on or before the specified comment date for the particular application.

C1. Filing and Service of Responsive Documents—Any filings must bear in all capital letters the title ''COMMENTS'' ''RECOMMENDATIONS FOR TERMS AND CONDITIONS'', ''PROTESTS'', OR ''MOTION TO INTERVENE'', as applicable, and the Project Number of the particular application to which the filing refers. Any of the above-named documents must be filed by providing the original and the number of copies provided by the Commission's regulations to: The Secretary, Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426. A copy of any motion to intervene must also be served upon each representative of the Applicant specified in the particular application.

D2. Agency Comments—Federal, state, and local agencies are invited to file comment on the described application. A copy of the application may be obtained by agencies directly from the Applicant. If an agency does not file comments within the time specified for filing comments, it will be presumed to have no comments. One copy of an agency's comments must also be sent to the Applicant's representatives.

Lois D. Cashell,

Secretary.

[FR Doc. 97–28844 Filed 10–30–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Western Area Power Administration

Record of Decision for the Navajo Transmission Project (DOE/EIS–0231)

AGENCY: Western Area Power Administration, DOE.

ACTION: Record of Decision.

SUMMARY: Based upon the analysis and information contained in the Navajo Transmission Project (NTP) Draft and Final Environmental Impact Statements (EIS), the Department of Energy (DOE), Western Area Power Administration (Western), has decided that should the NTP be built, it should follow the preferred alternative described in the NTP Final EIS. This is the alternative identified in the EIS documents as the Kaibito 1 (K1) for the eastern half of the project area, and the Northern 1 West (N1W) for the western half. The K1 lies between the Shiprock Substation and either the Red Mesa, Copper Mine, or Moenkopi Substation sites. It parallels the existing Western 230-kilovolt (kV) Shiprock-to-Glen Canyon and 345-kV Glen Canyon-to-Pinnacle Peak transmission lines for most of its route. The N1W lies between the Moenkopi and Marketplace Substation sites and parallels an existing 500-kV transmission line for most of its route.

In making this decision, Western evaluated: (1) alternatives to the proposed project, and (2) alternatives that cover the reasonable range of options for siting and constructing a 500-kV transmission line. Western released the NTP Draft EIS in September 1996. The Notice of Availability for the Final EIS was published on August 8, 1997. This Record of Decision is pursuant to the Council on Environmental Quality regulations (40 CFR Parts 1500–1508), which implement the procedural provisions of the National Environmental Policy Act, and DOE's regulations (10 CFR Part 1021).

DATES: This decision will become effective October 31, 1997.

FOR FURTHER INFORMATION CONTACT: Mr. Nicholas Chevance, NTP EIS Project Manager, Corporate Services Office, Western Area Power Administration, 1627 Cole Boulevard, Golden, CO 80123–3398, (303) 275–1713.

SUPPLEMENTARY INFORMATION:

Background

Diné Power Authority (DPA), an enterprise of the Navajo Nation, requested assistance from Western in 1993 in planning for the construction, operation, and maintenance of a 500-kV transmission line from the Four Corners area in northwestern New Mexico across northern Arizona to a terminus in southern Nevada. As a Federal power marketing agency, Western is responsible for marketing and transmitting power from Federal power projects in the region. Since the 1960's, Western and its predecessor agency, the Bureau of Reclamation, have been assisting the Navajo Nation in meeting its energy needs through firm-energy agreements with the Navajo Tribal Utility Authority, a Navajo Nation enterprise providing utility services and various energy related projects. Western has provided technical assistance to DPA with the NTP, invested funds in the project, administered DOE grants to DPA for the project, and anticipates owning a portion of the NTP capacity commensurate with its final pro rata investment in the project.

The DPA proposal was developed in response to needs of the electric industry and of the Navajo Nation. These include the following:

- Relieve the constraints on the transmission of electricity west of the Four Corners area.
- Improve the operational flexibility and reliability of the extra-high-voltage transmission system in the region.
- Allow increased economical power transfers, sales, and purchases in the region.
- Improve economic conditions of the Navajo Nation.
- Facilitate the development of Navajo Nation energy resources and its participation in the electrical utility industry.

Western agreed to assist DPA in this endeavor by participating as the lead Federal agency for the preparation of the EIS. Federal involvement was provided because of the need to acquire rights-of-way across public lands, construction of the project could benefit Western and Western's customers, and because DOE supports the development of Native American energy programs pursuant to

Title XXVI of the Energy Policy Act of 1992.

Development of Alternatives

The development of alternatives for the NTP EIS first focused on alternatives to the project proposed by DPA that might meet their needs. Six alternatives were developed: (1) achieve results through energy conservation and electric load management, (2) construct new generation facilities, (3) utilize the existing transmission system, (4) utilize alternative transmission technologies (different voltages, direct current versus alternating current, underground construction, and the use of new technologies), (5) no action, and (6) construct a new transmission line. The first four alternatives (1, 2, 3, and 4) were analyzed and found not to be responsive to the purpose and need for the project. While these would achieve some of the needs addressed by the proposal, none would satisfy all of them. Western then conducted a detailed analysis of the no action alternative and the proposed action alternative, which is to construct, operate, and maintain the transmission line. Western found that the no action alternative would not meet the needs addressed by the proposal.

For the proposed action alternative, several general alternative corridors (approximately 1,800 miles) were identified through a regional environmental feasibility study (June 1992) and introduced to agencies and the public during the scoping process for the EIS. This regional feasibility study evaluated the most reasonable means of placing a right-of-way corridor from proposed starting point to end point. It was assumed that to reduce impacts to all resources and issues associated with transmission line construction, paralleling an existing utility corridor was preferable. Therefore, the majority of routes explored in the environmental feasibility study paralleled other power lines, fiber optic cables and buried pipelines wherever possible.

Scoping and public outreach employed on this project were extensive. A Notice of Intent to prepare an EIS was published in the **Federal Register** on July 13, 1993, that announced the intent to conduct public meetings. A total of 17 meetings were held in the project area, in addition to several letters, fact sheets, media releases and notices posted on and off the Navajo Nation. These resulted in public input that led to the development of five issues of concern, which were addressed in the Draft EIS: (1) need for the project, (2) benefits of the project, (3) siting issues, (4) rights-of-way issues, and (5) health and safety issues.

Also, a non-environmental factor, the cost to construct, was tracked throughout the analysis to make sure that the environmental analysis was not leading to a solution that could not be accomplished. While this was not the deciding factor, the cost of constructing the project was monitored over the 4 years it has taken to reach a decision on the project and was considered in the determination of the final preferred alternative.

Through scoping, some alternative routes were eliminated and some were added, resulting in approximately 2,200 miles of alternative routes studied in detail for the EIS. The alternative routes were then systematically analyzed considering human, natural, and cultural environmental factors including, but not limited to, land use, socioeconomics, visual/aesthetics issues, human and animal health and safety, air and water quality issues, soil erodibility, and paleontological, biological and cultural resources. This analysis resulted in narrowing the number of alternative routes addressed in the EIS.

Description of Alternatives Evaluated in Detail

Once the scoping process was completed, resource inventories were conducted for each of the alternative routes to establish the baseline information from which to evaluate potential impacts. As inventory information was collected, a process was begun to sort this information and make decisions about further information needs. The interdisciplinary teams ranked the potential impacts for each alternative route in terms of the resources that might be impacted, the likely mitigation measures that would be required, and the residual impacts remaining after mitigation. The team then made decisions to eliminate routes with high potential for impacts. The results were then presented to the public during a set of 20 meetings held throughout the project area to obtain comments prior to preparing the Draft EIS.

The alternative routes finally addressed in the Draft EIS included four alternative routes in the eastern portion of the project area and six alternative routes in the western portion. The project area seemed naturally to split into halves, with different concerns and issues in the eastern portion than in the western portion. In the east, of major concern were those residual impacts associated with Navajo and Hopi traditional cultural places, and to a lesser degree, impacts to land use patterns, which is also related to traditional land uses. In the west, concerns centered around Hualapai traditional cultural places and land use, as well as visual impacts and impacts to historic resources.

These alternative routes were chosen for detailed analysis since they had minimal resource impacts. Impacts on visual resources could be mitigated to some degree. Other impacts are associated with Navajo and Hopi traditional cultural places in the Marsh Pass/Northern Black Mesa area, and to Hualapai traditional cultural places in the western portion of the project area. Because of the sensitivity of these resources, specific locations of these resources were not known. Zones of potential impacts were very general. The direct impacts associated with the environmentally preferred alternatives on specific resource locations, when known, can be lessened once engineering on a final route is completed.

The interdisciplinary team selected a single route in each half of the project area that avoided to the greatest degree possible impacts on these resources. The eastern alternative presented as the environmentally preferred alternative, the Kaibito 1 (K1) route, had the least amount of potential impacts on visual resources and Navajo and Hopi traditional cultural places. However, some impacts would result along a short segment of the proposed route in areas of new corridor (no existing transmission line) near Red Mesa, Black Mesa, Marsh Pass, and across the Kaibito Plateau. The Northern 1 West (N1W) route was chosen as the preferred alternative in the western half of the project area. Because of an issue associated with where the proposed line would cross the Colorado River, a termination at Marketplace was determined to be the least damaging. Therefore, this alternative would have no potential for significant impacts on resources.

Decision Process

Following the release of the Draft EIS in early October 1996, 44 public hearings were held throughout the project area, which included hearings held at each of the 36 Navajo chapters crossed by the alternative routes. Each of these hearings was preceded by public information meetings, where information on the project was presented and questions and comments by the public could be addressed. In addition, 13 written comments were submitted by the public, and 20 letters from the public and other agencies were

received. This information was summarized and addressed in the Final EIS, released to the public on August 8, 1997.

The verbal comments could be summarized into six issues of concern, expressed mainly but not exclusively by residents of the Navajo Nation. These were: (1) concerns over the distribution of project revenues to Navajo chapters, (2) concerns about extending the local electrical distribution system, (3) concerns for health and safety, (4) concerns over involving the public in the project status, (5) concerns over the acquisition of rights-of-way, and (6) concerns for employment opportunities. In addition, a few comments identified other issues.

Each of the concerns expressed orally or in writing was addressed in the Final EIS, by providing a reference to a previous discussion in the Draft EIS, by expanding on those previous discussions in the Final, and/or by providing new information. A standard answer was provided to each of the six issues discussed above, rather than respond individually to multiple questions on the same issues. Only one minor modification to the environmentally preferred alternative in the eastern half of the project area was presented in the Final EIS. This was in response to concerns expressed by the public during and immediately following the public meetings. Local land users in the Dennehotso, Arizona area expressed concerns over the preferred alternative passing through areas of dispersed but common use, though the alternative would not impact any residences directly. The route of the alternative was modified slightly to satisfy these concerns.

The Decision

Western has decided that should the NTP be built, it should follow the preferred alternative described in the NTP Final EIS. The project would satisfy the needs identified in the EIS: it would relieve the constraints on the transmission of electricity out of the region; it would improve the flexibility and reliability of the existing system; it would allow the economical transfer, sales, and purchases of power in the region; and it would provide an opportunity for the Navajo Nation to improve economic conditions. Based upon the information gathered throughout the EIS process, Western provided the public and the decisionmaker with complete information on the environmental impacts associated with the project. Western analyzed several alternatives to the proposed action in terms of their ability to satisfy the identified needs. Western then analyzed many routing alternatives in order to arrive at the least environmentally damaging alternative routes.

The following factors were taken into account in arriving at the preferred alternative: (1) environmental acceptability, (2) siting and permitting requirements that vary by land status (i.e., Federal, state, tribal, and local), (3) public and agency preferences, especially those of the Cooperating Agencies, (4) electrical system considerations such as power flow and the impacts on system interconnections, (5) engineering factors leading to an increase in costs, such as the length of route, construction difficulty, accessibility, extent of mitigation required, and the extent of design modifications needed for mitigation, (6) rights-of-way acquisition considerations, and (7) consideration of the statutory obligations of the permitting agencies.

In making this decision, Western believes that all practicable means to avoid or minimize significant impacts have been presented in the NTP EIS in the form of standard and specific mitigation measures.

The Kaibab National Forest; Bureau of Indian Affairs, Navajo and Phoenix Area Offices; Bureau of Land Management, Arizona State Office (representing the state BLM offices in Arizona, Nevada, and New Mexico); and the National Park Service, Colorado Plateau Systems Support Office, participated in the NTP EIS as Cooperating Agencies. In addition to the Federal agencies, the Hopi Tribe, Hualapai Tribe, and the Navajo Nation participated as Cooperating Agencies. These agencies and tribes have decisions to make concerning the granting of rights-of-way for the alignment described in the EIS, provided a Construction, Operation, and Maintenance Plan for the construction of the NTP, including a plan for all necessary environmental mitigation, is prepared and agreed upon by all parties.

Mitigation Action Plan

The Final EIS presents reasonable and practicable mitigation measures to reduce the severity of the impacts associated with construction of the line. The preferred action, given the analysis process and the proposed mitigation, will not have a significant impact on environmental factors, with the exception of the potential for impacts on visual resources and Hopi, Hualapai, and Navajo traditional cultural places as discussed above. Western will issue a Mitigation Action Plan (MAP), as required by DOE NEPA implementing procedures found at 10 CFR § 1021.331, at a later date. The MAP will detail the mitigation and monitoring required to reduce impacts to less than significant. Western's final decision is contingent upon the construction of the line consistent with the requirements of the MAP, and acceptance of the MAP by the Cooperating Agencies.

Dated: October 23, 1997.

Michael S. Hacskaylo,

Acting Administrator.

[FR Doc. 97–28910 Filed 10–30–97; 8:45 am]

BILLING CODE 6450–01–P

ENVIRONMENTAL PROTECTION AGENCY

[ER-FRL–5485–6]

Environmental Impact Statements; Notice of Availability

Responsible Agency: Office of Federal Activities, General Information (202) 564–7167 OR (202) 564–7153.

Weekly receipt of Environmental Impact Statements

Filed October 20, 1997 Through October 24, 1997

Pursuant to 40 CFR 1506.9.

EIS No. 970405, Draft EIS, COE, FL, C–51 West End Flood Control Project, Implementation To Improve the Level of Flood Control, Central and Southern Florida Project, Palm Beach County, FL, Due: December 15, 1997, Contact: Bill Porter (904) 232–2259.

EIS No. 970406, Final EIS, AFS, MT, Lost Trail Ski Area Expansion Project, Implementation, New Master Development Plan, Bitterroot National Forest, Sula Ranger District, Ravalli County, MT, Due: December 01, 1997, Contact: Gina Owens (406) 821–3201.

EIS No. 970407, Final EIS, FAA, HI, Kahului Airport Master Plan Improvements, Implementation, Funding and Approval of Permits, Kahului, Maui County, HI, Due: December 01, 1997, Contact: David J. Welhouse (808) 541–1243.

EIS No. 970408, Draft EIS, FHW, IL, IL–315 Federal Aid Primary (FAP)/ (Illinois-336) Transportation Project, Construction from FAP 315, IL 336 (Southeast of Carthage) to US 136 (Just West of Macomb), Funding, COE 404 Permit and NPDES Permit, Hancock and McDonough Counties, IL, Due: December 15, 1997, Contact: Ronald Marshall (217) 492–4600.

EIS No. 970409, Draft EIS, BLM, OR, Northeastern Oregon Assembled Land Exchange Resource Management Plan (RMP), Implementation, Site Specific, John Day, Umatilla, Granda Ronde, Power River Basins, Grant, Umatilla,

Morrow, Wheeler, Baker, Wallowa and Union Counties, OR, Due: December 15, 1997, Contact: Dick Cosgriffe (541) 416–6731.

EIS No. 970410, Final Supplement, COE, NJ, Green Brook Sub-Basin Flood Control Plan, Updated Information Concerning a Revised Recommended Plan and Mitigation Plan, Implementation, Middlesex, Union and Somerset Counties, NJ, Due: December 01, 1997, Contact: William A. Richardson (212) 264–2199.

EIS No. 970411, Final EIS, TVA, AL, Bellefonte Nuclear Plant Conversion Project, Construction and Operation, NPDES Permit and COE Section 404 Permit, Tennessee River near Hollywood, AL, Due: December 01, 1997, Contact: Gregory L. Askew (423) 632–6418.

EIS No. 970412, Final EIS, GSA, OH, Voice of America Bethany Relay Station, Disposal and Reuse (VOA) Property for Public and/or Private Development, Union Township, Butler County, OH, Due: December 01, 1997, Contact: William Costa (617) 565–5696.

EIS No. 970413, Final EIS, NRCS, TX, Bexar-Medina-Atascosa Counties Water Conservation Plan, Renovation and Installation, Funding, Medina Lake, Bexar, Medina and Atascosa Counties, TX, Due: December 01, 1997, Contact: John P. Burt (254) 298–1214.

EIS No. 970414, Draft EIS, AFS, MT, Flathead National Forest, Management Direction Plan Related to Old Growth Forests, Forest Plan Amendment No. 21, Implementation, Flathead, Lake, Lincoln, Missoula and Lewis and Clark Counties, MT, Due: December 19, 1997, Contact: Jim Morrison (406) 758–5200.

EIS No. 970415, Final EIS, BLM, CA, Interlakes Special Recreation Management Area Plan, Implementation, Federal and Private Lands Issues, Shasta County, CA, Due: December 01, 1997, Contact: Eric Morgan (916) 224–2100. The US Department of Interior's, Bureau of Reclamation and National Park Service and the US Department of Agriculture's, Forest Service are Co-Lead Agencies for the above EIS.

Amended Notices

EIS No. 970290, Final EIS, FHW, CO, CO–82 Highway Transportation Project, Improvements to ''Entrance to Aspen'', Funding and COE Section 404 Permit, City of Aspen, Pitkin County, CO, Due: November 05, 1997, Contact: Ron Speral (303) 969–6737. Published FR 08–01–97—Review Period extended.

Dated: October 28, 1997.

William D. Dickerson,

Director, NEPA Compliance Division Office of Federal Activities.

[FR Doc. 97–28960 Filed 10–30–97; 8:45 am]

BILLING CODE 6560–50–U

ENVIRONMENTAL PROTECTION AGENCY

[ER–FRL–5485–7]

Environmental Impact Statements and Regulations; Availability of EPA Comments

Availability of EPA comments prepared September 22, 1997 Through September 26, 1997 pursuant to the Environmental Review Process (ERP), under Section 309 of the Clean Air Act and Section 102(2)(c) of the National Environmental Policy Act as amended. Requests for copies of EPA comments can be directed to the Office of Federal Activities at (202) 564–7167.

An explanation of the ratings assigned to draft environmental impact statements (EISs) was published in FR dated April 11, 1997 (62 FR 16154).

Draft EISs

ERP No. D–DOE–L08053–00 Rating LO, Lower Valley Transmission Project, Construction of a New 115 kV Transmission Line from Swan Valley Substation near Swan Valley, Special-Use-Permits, Bonneville and Teton Counties, ID and Teton County, WY.

Summary: Review of the Draft EIS has been completed and the project found to be satisfactory.

ERP No. D–FHW–K40221–CA Rating EO2, C–84—Realignment Project, Transportation Improvement between CA–84 from I–880 to CA–2389/Mission Blvd. Funding and COE Section 404 Permit, in the Cities of Fremont, Hayward and Union, Alameda County, CA.

Summary: EPA had environmental objections to the build alternatives based on concerns with the purpose and need, alternative analysis, impacts to water and air resources, and indirect and cumulative effects of the project. EPA suggested other alternatives be examined which also meet the stated purpose and need.

ERP No. D–FHW–K40226–CA Rating EC2, CA–37 Highway Improvement, Napa River Bridge to the existing Freeway Section of CA–37 that begins near Diablo Street, Funding and US Army COE Section 404 Permit Issuance, Vallejo, Solano County, CA.

Summary: EPA had environmental concerns regarding the cumulative impacts, mitigation for wetland impacts and CO hotspot analysis presented in the DEIS for the FHWA's CA–37 Improvement Project.

ERP No. D–GSA–L80016–WA Rating *LO, Seattle New Federal Courthouse, Construction, King County, WA.

SUMMARY: EPA does not foresee having any environmental objections to the proposed project.

ERP No. D–JUS–K80035–CA Rating EC2, Service Processing Center (SPC) for Detainees, Construction and Operation, Possible Sites, Stockton and Tracy Sites, San Joaquin Counties, CA.

Summary: EPA expressed environmental concern regarding the air conformity analysis, potential water and waste water impacts and cumulative impact. EPA requested additional information on these issues.

ERP No. D–UAF–G11033–NM Rating EC2, Holloman Air Force Base, Proposed Expansion of German Air Force Operations, for the Beddown of 30 Aircrafts and Construction of Facilities for 640 Personnel, NM.

Summary: EPA expressed environmental concerns and requested additional information in the areas of environmental justice, and mitigation.

ERP No. D–UMC–K36048–CA Rating EC2, Santa Margarita River Flood Control Project (MILCON P–010) and Basilone Road Bridge Replacement Project (MILCON P–030), Construction and Operation, COE Section 404 Permit, Camp Pendleton, CA.

Summary: EPA had environmental concerns and requested additional information on the projects description, practicable least-damaging alternatives pursuant to the Clean Water Act 404(b)(1) Guidelines and biological resources, including wetlands mitigation.

Final EISs

ERP No. F–COE–L36110–WA, Cedar River Section 205 Flood Damage Reduction Plan, Implementation, Renton, King County, WA.

Summary: EPA had no objection to the preferred minimum dredging alternative. The final EIS is consistent with the draft.

ERP No. F–FHW–K40210–AZ, Pima Freeway—Loop 101, Construction, I–17 and Scottsdale Road, Funding, NPDES and COE Section 404 Permits, Maricopa County, AZ.

Summary: Review of the Final EIS was not deemed necessary. No formal comment letter was sent to the preparing agency.

ERP No. F–NRC–K01008–00, Crownpoint Uranium Solution Mining

Project, Construction and Operation, Leasing and Licensing, McKinley County, NM.

Summary: EPA continuous to express concern regarding pressure control of groundwater in old mine workings, hydrogeologic monitoring and aquifer testing and analysis, baseline water quality, injection well design, aquifer restoration, wildlife and mitigation, waste management and emergency response, and indemnification to the federal government by the project proponent.

ERP No. FS–AFS–L67028–AK, Kensington Venture Underground Gold Mine Project, Development, Construction and Operation, Operating Plan Approval, NPDES, Section 10 and 404 Permits, Tongass National Forest, Sherman Creek, City of Juneau, AK.

Summary: Review of the Final EIS has been completed and the project found to be satisfactory.

Dated: October 28, 1997.

William D. Dickerson,

Director, NEPA Compliance Division Office of Federal Activities.

[FR Doc. 97–28961 Filed 10–30–97; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–5916–2]

Notice of Public Meeting on Notices of Data Availability for the Interim Enhanced Surface Water Treatment Rule and Stage 1 Disinfectants/ Disinfection Byproducts Rule

Notice is hereby given that the Environmental Protection Agency (EPA) is holding two public education meetings to provide information related to forthcoming Notices of Data Availability on the Interim Enhanced Surface Water Treatment Rule (IESWTR) and Stage 1 Disinfectants/Disinfection Byproducts Rule (D/DBPR) to be published in early November. The purpose of the meetings will be to discuss the content of these Notices, which includes the following: new data and information that the Agency has obtained and analyses that have been developed since the 1994 proposals of the IESWTR (59 FR 38832, July, 1994) and Stage 1 D/DBPR (59 FR 38668, July 29, 1994); information concerning recommendations of the Microbial-Disinfectants/Disinfection Byproducts (M–DBP) Advisory Committee (chartered in February 1997 under the Federal Advisory Committee Act) on key issues related to the proposal; and regulatory implications that flow from the new data and information. These meetings are not public hearings and EPA will not be accepting comments on the Notices of Data Availability at these meetings. Interested persons who wish to submit comments may do so during the 90 day public comment period described in the Notices.

The first public meeting will take place on November 14, 1997, from 8:30 a.m. until 3:00 p.m. at the Region VIII Environmental Protection Agency Conference Center, 999 18th Street, Second Floor, Denver, CO 80202–2466. The second meeting will take place on November 17, 1997, from 9:00 a.m. until 4:00 p.m. at the Environmental Protection Agency Auditorium, 401 M Street, S.W., Washington, D.C. 20460. EPA is inviting interested members of the public to attend the information sessions.

Dated: October 28, 1997.

William R. Diamond,

Acting Director, Office of Ground Water and Drinking Water.

[FR Doc. 97–28931 Filed 10–30–97; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–5916–1]

Proposed Agreement and Covenant Not To Sue Pursuant to the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as Amended by the Superfund Amendments and Reauthorization Act

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice; request for public comment.

SUMMARY: In accordance with the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended by the Superfund Amendments and Reauthorization Act of 1986 (CERCLA), 42 U.S.C. 9601 *et seq.*, notice is hereby given that a proposed Agreement and Covenant not to Sue associated with the College of the Canyons Smelter Site in Cañon City, Colorado, was executed by the Agency on October 2, 1997 and by the Department of Justice on August 3, 1997. The Agreement and Covenant not to Sue would resolve certain potential EPA claims under sections 106 and 107 of CERCLA, 42 U.S.C. 9606 and 9607 against the Purchaser, Rocky Acres, a common law trust. The settlement would require the Purchaser to fill and level an excavation on the property, to route rainfall runoff so as to prevent erosion, and to provide access to its property to allow EPA and any other parties to conduct cleanup and/or monitoring activities. The Purchaser would receive contribution protection as provided under section 113(f)(2) of CERCLA, 42 U.S.C. 9613(f)(2).

DATES: The Agency will receive written comments relating to the proposed settlement on or before December 1, 1997.

ADDRESSES: The proposed agreement and additional background information relating to the settlement are available for public inspection at the Superfund Record Center, 999 18th Street, 5th Floor, North Tower, Denver, Colorado, during normal business hours. A copy of the proposed agreement may be obtained by contacting Andrew Lensink at (303) 312–6908. Comments should reference the ''College of the Canyons Smelter Site'' and ''EPA Docket No. CERCLA VIII–97–69'' and should be addressed to Andrew Lensink, Senior Enforcement Attorney, (8ENF-L), U.S. Environmental Protection Agency, Region VIII, 999 18th Street, Suite 500, Denver, Colorado, 80202–2405.

FOR FURTHER INFORMATION CONTACT: Andrew Lensink, Senior Enforcement Attorney, at (303) 312–6908.

Dated: October 9, 1997.

Carol Rushin,

Assistant Regional Administrator, Office of Enforcement, Compliance, and Environmental Justice, Region VIII.

[FR Doc. 97–28870 Filed 10–30–97; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL COMMUNICATIONS COMMISSION

[CC Docket No. 90–571] [DA 97–2266]

Notice of Telecommunications Relay Services (TRS) Applications for State Certification Accepted

Released: October 27, 1997.

Notice is hereby given that the states listed below have applied to the Commission for State Telecommunications Relay Service (TRS) Certification. Current state certifications expire July 25, 1998. Applications for certification, covering the five year period of July 26, 1998 to July 25, 2003, must demonstrate that the state TRS program complies with the Commission's rules for the provision of TRS, pursuant to Title IV of the Americans with Disabilities Act (ADA), 47 U.S.C. § 225. These rules are codified at 47 CFR 64.601–605.

Copies of applications for certification are available for public inspection at the

Commission's Common Carrier Bureau, Network Services Division, Room 235, 2000 M Street, N.W., Washington, D.C., Monday through Thursday, 8:30 AM to 3:00 PM (closed 12:30 to 1:30 PM) and the FCC Reference Center, Room 239, 1919 M Street, N.W., Washington, D.C., daily, from 9:00 AM to 4:30 PM. Interested persons may file comments on or before December 12, 1997. Comments should reference the relevant state file number of the state application that is being commented upon. One original and five copies of all comments must be sent to William F. Caton, Acting Secretary, Federal Communications Commission, 1919 M Street, N.W., Washington, D.C. 20554. Two copies also should be sent to the Network Services Division, Common Carrier Bureau, 2000 M Street, N.W., Room 235, Washington, D.C. 20554.

A number of state TRS programs currently holding FCC certification have failed to apply for recertification. Applications received after October 1, 1997, for which no extension has been requested before October 1, 1997, must be accompanied by a petition explaining the circumstances of the late-filing and requesting acceptance of the late-filed application.

File No: TRS–97–36.

Applicant: Alaska Public Utilities Commission, State of Alaska.

File No: TRS–97–46.

Applicant: New York Department of Public Service, State of New York.

For further information, contact Al McCloud, (202) 418–2499, amccloud@fcc.gov, or Andy Firth, (202) 418–2224 (TTY), afirth@fcc.gov, at the Network Services Division, Common Carrier Bureau, Federal Communications Commission.

Federal Communications Commission.

William F. Caton,

Acting Secretary.

[FR Doc. 97–28887 Filed 10–30–97; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL MARITIME COMMISSION

[Docket No. 97–16]

Ryan-Walsh, Inc. and Stevedoring Services of America v. Port of Houston Authority of Harris Country, Texas; Notice of Filing of Complaint and Assignment

Notice is given that a complain file by Ryan-Walsh, In., and Stevedoring Services of America (''Complainants'') against Port of Houston Authority of Harris County, Texas (''Respondent'') was served October 1, 1997. Complainants allege that Respondent has violated sections 10(a)(3), (d)(1) and (d)(3) of the Shipping Act of 1984, 46 U.S.C. app. §§ 1709(a)(3), (d)(1) and (d)(3), by engaging in a pattern of willful and knowing, repeated, material and ongoing breaches to an agreement required to be file with the Commission, providing undue or unreasonable preferences or advantage to persons other than Complainants, and unreasonably refusing to deal with Complainants.

This proceeding has been assigned to the office of Administrative Law Judges. Hearing in this matter, if any is held, shall commence within the time limitations prescribed in 46 CFR 502.61, and only after consideration has been give by the parties and the presiding officer to the use of alternative forms of dispute resolution. The hearing shall include oral testimony and cross-examination in the discretion of the presiding officer only upon proper showing that there are genuine issues of material fact that cannot be resolved on the basis of sworn statements, affidavits, depositions, or other documents or that the nature of the matter in issue is such that an oral hearing and cross-examination are necessary for the development of an adequate record. Pursuant to the further terms of 46 CFR 502.61, the initial decision of the presiding officer in this proceeding shall be issued by October 1, 1998, and the final decision of the Commission shall be issued by January 29, 1999.

Ronald D. Murphy,

Assistant Secretary.

[FR Doc. 97–28920 Filed 10–30–97; 8:45 am]

BILLING CODE 6730–01–M

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than November 28, 1997.

A. Federal Reserve Bank of Richmond (A. Linwood Gill III, Assistant Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. South Branch Valley Bancorp, Inc., Moorefield, West Virginia; to acquire an additional 60.4 percent of the voting shares of Capital State Bank, Inc., Charleston, West Virginia.

B. Federal Reserve Bank of Chicago (Philip Jackson, Applications Officer) 230 South LaSalle Street, Chicago, Illinois 60690-1413:

1. Capitol Bancorp Ltd., Lansing, Michigan; to acquire 51 percent of the voting shares of Kent Commerce Bank (in organization), Kentwood, Michigan, a *de novo* bank.

C. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63102-2034:

1. The Banc Ed Corp., Edwardsville, Illinois; to acquire 100 percent of the voting shares of OMNI Financial Corp., Pontoon Beach, Illinois, and thereby indirectly acquire Omni Bank, Pontoon Beach, Illinois.

D. Federal Reserve Bank of Kansas City (D. Michael Manies, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. Peoples, Inc., Ottawa, Kansas; to to become a bank holding company by acquiring 49.82 percent of the voting shares of Johnson County Bank, Overland Park, Kansas.

Board of Governors of the Federal Reserve System, October 28, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–28927 Filed 10–30–97; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Sunshine Act Meeting

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: Approximately 11:30 a.m., Wednesday, November 5, 1997, following a recess at the conclusion of the open meeting.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Proposed 1998 Federal Reserve Board officer salary structure and merit program.
2. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.
3. Any items carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION: Mr. Joseph R. Coyne, Assistant to the Board; (202) 452–3204. You may call (202) 452–3207, beginning at approximately 5 p.m. two business days before this meeting, for a recorded announcement of bank and bank holding company applications scheduled for the meeting.

Dated: October 29, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–28992 Filed 10–29–97; 11:05 am]

BILLING CODE 6210–01–P

FEDERAL RESERVE SYSTEM

Sunshine Act Meeting

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 10:00 a.m., Wednesday, November 5, 1997.

PLACE: Marriner S. Eccles Federal Reserve Board Building, C Street entrance between 20th and 2lst Streets, N.W., Washington, D.C. 20551.

STATUS: Open.

MATTERS TO BE CONSIDERED:

Summary Agenda

Because of its routine nature, no discussion of the following item is anticipated. This matter will be voted on without discussion unless a member of the Board requests that the item be moved to the discussion agenda.

1. Proposed 1998 Private Sector Adjustment Factor.

Discussion Agenda

2. Publication for comment of proposed amendments to Regulation D (Reserve Requirements of Depository Institutions) regarding a proposed reserve maintenance system under which reserves are maintained on a lagged basis.
3. Publication for comment of a proposed Payment System Risk Policy for Privately Operated Multilateral Clearing and Settlement Systems.
4. Proposed 1998 fee schedules for priced services.
5. Any items carried forward from a previously announced meeting.

Note: This meeting will be recorded for the benefit of those unable to attend. Cassettes will be available for listening in the Board's Freedom of Information Office, and copies may be ordered for $6 per cassette by calling (202) 452–3684 or by writing to: Freedom of Information Office, Board of Governors of the Federal Reserve System, Washington, D.C. 20551.

CONTACT PERSON FOR MORE INFORMATION: Mr. Joseph R. Coyne, Assistant to the Board; (202) 452–3204.

Dated: October 29, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–28993 Filed 10–29–97; 11:05 am]

BILLING CODE 6210–01–P

FEDERAL RETIREMENT THRIFT INVESTMENT BOARD

Sunshine Act Meeting

TIME AND DATE: 9:00 a.m. (EST) November 10, 1997.

PLACE: 4th Floor, Conference Room, 1250 H Street, N.W., Washington, D.C.

STATUS: Open.

MATTERS TO BE CONSIDERED:

1. Approval of the minutes of the October 14, 1997, Board member meeting.
2. Thrift Savings Plan activity report by the Executive Director.
3. Review of KPMG Peat Marwick audit reports:

(a) ''Pension and Welfare Benefits Administration Review of Backup, Recovery, and Contingency Planning of the Thrift Savings Plan at the United States Department of Agriculture, National Finance Center.''

(b) ''Pension and Welfare Benefits Administration Review of the Policies and Procedures of the Federal Retirement Thrift Investment Board Administrative Staff.''

(c) ''Pension and Welfare Benefits Administration Review of Thrift Savings Plan C and F Fund Investment Management Operations at Barclays Global Investors, N.A.''

(d) ''Pension and Welfare Benefits Administration Review of U.S. Department of Treasury Operations relating to the Thrift Savings Plan Investments in the Government Securities Investment Fund.''

(e) ''Pension and Welfare Benefits Administration Review of the Thrift Savings Plan Annuity Operations at the Metropolitan Life Insurance Company.''

(f) ''Pension and Welfare Benefits Administration Review of the Thrift Savings Plan Billing Process at the United States Department of Agriculture, National Finance Center.''

4. Semiannual review of status of audit recommendations.
5. Labor Department audit briefing.
6. Quarterly investment policy review.
7. Annual ethics briefing.

CONTACT PERSON FOR MORE INFORMATION: Thomas J. Trabucco, Director, Office of External Affairs, (202) 942–1640.

Dated: October 29, 1997.

Roger W. Mehle,

Executive Director, Federal Retirement Thrift Investment Board.

[FR Doc. 97–29014 Filed 10–29–97; 8:45 am]

BILLING CODE 6760–01–M

FEDERAL TRADE COMMISSION

Cigarette Testing; Extension of Deadline for Submission of Public Comments

AGENCY: Federal Trade Commission.

ACTION: Extension of deadline for submission of comments on proposed revisions to the Federal Trade Commission methodology for determining tar, nicotine, and carbon monoxide yields of cigarettes, and on a proposed format for disclosing the resulting ratings in advertising.

SUMMARY: The Federal Trade Commission (''FTC'' or ''Commission'') is extending until January 20, 1998 the deadline for filing comments on its proposed revisions to the testing method used to determine the tar, nicotine, and carbon monoxide ratings of cigarettes, and on two possible formats for disclosure of those test results.

FOR FURTHER INFORMATION CONTACT: Shira D. Modell, Division of Advertising Practices, Federal Trade Commission, Sixth Street and Pennsylvania Avenue, N.W., Washington, D.C. 20580, (202) 326–3116.

SUPPLEMENTARY INFORMATION: On September 9, 1997, the Commission

issued a notice proposing changes to the methodology currently used to determine cigarette ratings for tar, nicotine, and carbon monoxide. *See* 62 FR 48.158 (Sept. 12, 1997). The proposed methodology would produce tar, nicotine, and carbon monoxide yields using both the current testing parameters and more intensive smoking conditions, thus producing a range of potential yields for each cigarette. The Commission requested comment on those proposed changes to the testing methodology, and on the feasibility of generating the upper tier of tar, nicotine, and carbon monoxide ratings through mathematical formulas, rather than actual testing on a smoking machine. The Commission also placed on the public record two different legends that could be used in advertising to disclose the ratings and sought comment on the usefulness and feasibility of these potential disclosure formats. Finally, comment was requested on alternative approaches that were considered but not proposed by the Commission. The deadline for submission of the requested comments was November 17, 1997.

The Commission has received requests for extension of this deadline from the Food and Drug Administration, the four largest cigarette manufacturers (Brown & Williamson Tobacco Corporation, Lorillard Tobacco Company, Philip Morris Incorporated and R.J. Reynolds Tobacco Company), the American Lung Association, the Commonwealth of Massachusetts and the American Society of Addiction Medicine.

In light of the importance and complexity of the issues addressed by the Commission's **Federal Register** notice, and the number of issues on which comment is being requested, the Commission has decided to extend the filing deadline until January 20, 1998.

By direction of the Commission.

Donald S. Clark,
Secretary.

[FR Doc. 97–28913 Filed 10–30–97; 8:45 am]
BILLING CODE 6750–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 93N–0195]

Agency Information Collection Activities; Submission for OMB Review; Comment Request

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995 (the PRA).

DATES: Submit written comments on the collection of information by December 1, 1997.

ADDRESSES: Submit written comments on the collection of information to Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235, Washington, DC 20503, Attention: Desk Officer for FDA.

FOR FURTHER INFORMATION CONTACT: Margaret R. Wolff, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: In compliance with section 3507 of the PRA (44 U.S.C. 3507), FDA has submitted the following proposed collection of information to OMB for review and clearance.

In a final rule entitled ''Procedures for the Safe Processing and Importing of Fish and Fishery Products'' (60 FR 65096, December 18, 1995), FDA issued regulations in part 123 (21 CFR part 123) mandating the application of Hazard Analysis and Critical Control Point (HACCP) principles to the processing of seafood. HACCP is a preventive system of hazard control designed to help ensure the safety of foods.

The regulations were issued under FDA's statutory authority to regulate food safety, including section 402(a)(1) and (a)(4) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 342(a)(1) and (a)(4)), and will become affective on December 18, 1997.

Certain provisions in the regulations require that processors and importers of seafood collect and record information. In the final rule (60 FR 65096 at 65177 and 65178), the agency requested comments on the information collection provisions of the new regulations. No comments were received in response to this request.

FDA estimates the burden of this collection of information as follows:

TABLE 1.—ESTIMATED ANNUAL RECORDKEEPING BURDEN[1, 5]

21 CFR Section	No. of Record-keepers	Annual Frequency of Recordkeeping[2]	Total Annual Records	Hours per Record-keeper[3]	Total Hours
123.6(a),(b),(c)	4,850	1	4,850	16	77,600[4]
123.6(c)(5)	4,850	4	19,400	0.30	5,820
123.8(a)(1),(c)	4,850	1	4,850	4	19,400
123.12(a)(2)(ii)	1,000	80	80,000	0.20	16,000
123.6(c)(7)	4,850	280	1,358,000	0.30	407,400
123.7(d)	1,940	4	7,760	0.10	1,940
123.8(d)	4,850	47	227,950	0.10	22,795
123.11(c)	4,850	280	1,358,000	0.10	135,800
123.12(c)	1,000	80	80,000	0.10	8,000
123.12(a)(2)	1,000	1	1,000	4	4,000[4]
123.10	4,850	1	24	24	116,400[4]
First year total burden hours					815,155
Annual recurring burden hours					617,155

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

[2] Based on an estimated of 280 working days per year.

[3] Estimated average time per 8 hour workday unless one time response.

[4] Nonrecurring burdens.

[5] The above estimates include the information collection requirements in the following sections:——————
123.16 Smoked Fish—process controls (see 123.6(b))
123.28(a) Source Controls—Molluscan Shellfish (see 123.6(b))
123.28(c),(d) Records—molluscan shellfish (see 123.6(c)(7))
123.9 Records control—general (see recording and records)

The time and costs of these activities will vary considerably among processors and importers of fish and fishery products, depending on the type and number of products involved, and the nature of the equipment or instruments required to monitor critical control points. The burdens have been estimated using typical small seafood processing firms as a model because these firms represent a significant proportion of the industry .

The burden estimate in Table 1 includes only those collections of information under the seafood HACCP regulations that are not already required under other statutes and regulations. For example, the current food manufacturing practices provisions in 21 CFR part 110 already require that all food processors ensure good sanitary practices and conditions, monitor the quality of incoming materials, monitor and control food temperatures to prevent bacterial growth, and perform certain corrective actions and verification procedures. Furthermore, the estimate does not include collections of information that are a usual and customary part of businesses' normal activities. For example, the tagging and labeling of molluscan shellfish (21 CFR 1240.60) is a customary and usual practice among seafood processors. Consequently the estimates in Table 1 account only for new information collection and recording requirements attributable to part 123.

There were some inadvertent errors in the total burden hours column of the estimates for § 123.6(c)(5) and (c)(7) in the final rule. These errors have been corrected in this document, and the totals for part 123 as a whole have been adjusted accordingly.

Dated: October 27, 1997.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 97–28940 Filed 10–30–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Research Resources; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Center for Research Resources Special Emphasis Panel (SEP) meeting:

Name of SEP: General Clinical Research Centers.

Date: December 18–19, 1997.

Time: 8:00 a.m.

Place: Georgetown University Conference Center, 800 Reservoir Road, N.W., Washington, DC 20057, (202) 687–3200.

Contact Person: Dr. Jill Carrington, Scientific Review Administrator, 6705 Rockledge Drive, MSC 7965, Room 6018, Bethesda, MD 20892–7965, (301) 435–0822.

Purpose/Agenda: To evaluate and review grant applications.

This meeting will be closed in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Program No. 93.306, Laboratory Animal Science and Primate Research, National Institutes of Health, HHS)

Dated: October 24, 1997.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 97–28847 Filed 10–30–97; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Drug Abuse; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute on Drug Abuse (NIDA) Special Emphasis Panel meetings.

Purpose/agenda: To review and evaluate grant applications.

Name of Committee: NIDA Special Emphasis Panel (Training Grants).

Date: November 4, 1997.

Time: 10:00 a.m

Place: National Institutes of Health, The Natcher Building, Conference Rm. H, 45 Center Drive, Bethesda, MD 20982.

Contact Person: Mark Swieter, Ph.D., Scientific Review Administrator, Office of Extramural Program Review, National Institute on Drug Abuse, 5600 Fishers Lane, Room 10–42, Telephone (301) 443–2620.

This notice is being published less than 15 days prior to the meeting due to the urgent need to meet timing limitations imposed by the review and funding cycle.

Name of Committee: NIDA Special Emphasis Panel (Clinic Neuroscience and Imaging).

Date: November 18, 1997.

Time: 1:00 p.m

Place: Double Tree Hotel, 1750 Rockville Pike, Rockville, MD 20852.

Contact Person: Mark Swieter, Ph.D., Scientific Review Administrator, Office of Extramural Program Review, National Institute on Drug Abuse, 5600 Fishers Lane, Room 10–42, Telephone (301) 443–2620.

Name of Committee: NIDA Special Emphasis Panel (AIDS Biomedical and Clinical).

Date: November 19, 1997.

Time: 11:00 a.m

Place: Holiday Inn Chevy Chase, 5520 Wisconsin Avenue, Chevy Chase, MD 20818.

Contact Person: Khursheed Asghar, Ph.D., Scientific Review Administrator, Office of Extramural Program Review, National Institute on Drug Abuse, 5600 Fishers Lane, Room 10–22, Telephone (301) 443–2620.

The meetings will be closed in accordance with provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. The applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Program Numbers: 93.277, Drug Abuse Research Scientist Development and Research Scientist Awards; 93.278, Drug Abuse National Research Service Awards for Research Training; 93.279, Drug Abuse Research Programs)

Dated: October 28, 1997.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 97–28922 Filed 10–30–97; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Dental Research; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute of Dental Research Special Emphasis Panel (SEP) meetings:

Name of SEP: National Institute of Dental Research Special Emphasis Panel—Review of F32 grant (98–11).

Dates: November 18, 1997.

Time: 1:00 p.m.

Place: Natcher Building, Rm. 4AN–44F, National Institutes of Health, Bethesda, MD 20892, (teleconference).

Contact Person: Dr. Philip Washko, Scientist Review Administrator, 4500 Center Drive, Natcher Building, Room 4AN–44F, Bethesda, MD 20892, (301) 594–2372.

Purpose/Agenda: To evaluate and review grant applications and/or contract proposals.

Name of SEP: National Institute of Dental Research Special Emphasis Panel—Review of P01 grant (98–10).

Dates: December 10, 1997.

Time: 8:00 a.m.

Place: Marriott Pooks Hill, 5151 Pooks Hill Road, Bethesda, MD 20814.

Contact Person: Dr. George Hausch, Chief, Grants Review Section, 4500 Center Drive, Natcher Building, Room 4AN–44F, Bethesda, MD 20892, (301) 594–2372.

Purpose/Agenda: To evaluate and review grant applications and/or contract proposals.

These meetings will be closed in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Program No. 93.121, Oral Diseases and Disorders Research)

Dated: October 24, 1997.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 97–28846 Filed 10–30–97; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Neurological Disorders and Stroke; Division of Extramural Activities; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings:

Name of Committee: National Institute of Neurological Disorders and Stroke Special Emphasis Panel (Telephone Conference Call).

Date: November 10, 1997.

Time: 12:00 p.m.

Place: National Institutes of Health, 7550 Wisconsin Avenue, Room 9C10, Bethesda, MD 20892.

Contact Person: Dr. Paul Sheehy/Mr. Phillip Wiethorn, Scientific Review Administrators, NINDS, National Institutes of Health, 7550 Wisconsin Avenue, Room 9C10, Bethesda, MD 20892, (301) 496–9223.

Purpose/Agenda: To review and evaluate RFP Contract Proposal(s).

This notice if being published less than 15 days prior to the meeting due to the urgent need to meet timing limitations imposed by the review and funding cycle.

Name of Committee: National Institute of Neurological Disorders and Stroke Program Special Emphasis Panel.

Date: December 4–5, 1997.

Time: 7:30 p.m.

Place: Houston Marriott Medical Center, 6580 Fannin Street, Houston, TX 77030.

Phone: (713) 796–0080.

Contact Person: Dr. Katherine Woodbury, Scientific Review Administrator, NINDS, National Institutes of Health, 7550 Wisconsin Avenue, Room 9C10, Bethesda, MD 20892, (301) 496–9223.

Purpose/Agenda: To review and evaluate a grant application.

The meetings will be closed in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Program No. 93.853, Clinical Research Related to Neurological Disorders; No. 93.854, Biological Basis Research in the Neurosciences)

Dated: October 24, 1997.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 97–28848 Filed 10–30–97; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Child Health and Human Development; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute of Child Health and Human Development Special Emphasis Panel (SEP) meeting:

Name of SEP: The Evaluation of a Community-based Intervention to Improve Pregnancy Outcomes and Reduced Perinatal Mortality in a Rural District of Balochistan, Pakistan. (Teleconference)

Date: November 19, 1997.

Time: 2:00 p.m. (ET)—adjournment.

Place: Division of Scientific Review, 6100 Executive Boulevard, Room 5E01, Rockville, Maryland 20852.

Contact Person: Hameed Khan, Ph.D, Scientific Review Administrator, NICHD, 6100 Executive Boulevard, 6100 Building—Room 5E01, Rockville, Maryland 20852, Telephone: 301–496–1485.

Purpose/Agenda: To provide concept review of proposed contract solicitations.

The meeting will be closed in accordance with the provisions set forth in sections 552b(c)(9)(B), Title 5 U.S.C. The discussion could reveal the specific details of future requests for contract proposals (RFPs), the disclosure of which would significantly frustrate implementation of the agency's proposed contract activities by giving unfair competitive advantage to private firms or individuals.

(Catalog of Federal Domestic Assistance Program Nos. [93.864, Population Research and No. 93.865, Research for Mothers and Children], National Institutes of Health, HHS)

Dated: October 27, 1997.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 97–28849 Filed 10–30–97; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention; Notice of Meeting

Pursuant to Pub. L. 92–463, notice is hereby given of the meeting of the Drug Testing Advisory Board of the Center for Substance Abuse Prevention in December 1997.

The first day (December 8) of the Drug Testing Advisory Board meeting will be open and will include a roll call, general announcements, and a discussion of various program, procedural, and technical issues. The preliminary agenda for the open session includes, but is not limited to, the following topics: a brief review of the DTAB Scientific Meetings on Alternative Specimens and Technologies held on April 28–30 and September 9–10, an update on the Nuclear Regulatory Commission fitness-for-duty program, an update on the Department of Transportation workplace drug and alcohol testing programs, adulteration/dilution testing, and hemp products. Public comments are welcome during the open session. If anyone needs special accommodations for persons with disabilities please notify the Contact listed below.

The second day (December 9) of the DTAB meeting involves the review of sensitive National Laboratory Certification Program (NLCP) internal operating procedures and program development issues. Therefore, the second day of the meeting will be closed to the public as determined by the Administrator, SAMHSA, in accordance with 5 U.S.C. 552b (c)(2), (4), and (6) and 5 U.S.C. App. 2, § 10(d).

An agenda for this meeting and a roster of board members may be obtained from: Ms. Giselle Hersh,

Division of Workplace Programs, Room 13A–54, 5600 Fishers Lane, Rockville, MD 20857, Telephone: (301) 443–6014.

Substantive program information may be obtained from the contact whose name and telephone number is listed below.

Committee Name: Drug Testing Advisory Board.

Meeting Date: December 8–9, 1997.

Place: DoubleTree Hotel, 1750 Rockville Pike, Rockville, Maryland 20857.

Open: December 8, 1997, 8:30 a.m.–4:00 p.m.

Closed: December 9, 1997, 8:30 a.m.–4:00 p.m.

Contact: Donna M. Bush, Ph.D., Executive Secretary, Telephone: (301) 443–6014 and FAX: (301) 443–3031.

Dated: October 21, 1997.

Dee Herman,

Acting Committee Management Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. 97–28832 Filed 10–30–97; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4235–N–27]

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless .

EFFECTIVE DATE: October 31, 1997.

FOR FURTHER INFORMATION CONTACT: Mark Johnston, Department of Housing and Urban Development, Room 7256, 451 Seventh Street SW, Washington, DC 20410; telephone (202) 708–1226; TDD number for the hearing- and speech-impaired (202) 708–2565, (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1–800–927–7588.

SUPPLEMENTARY INFORMATION: In accordance with the December 12, 1988 court order in *National Coalition for the Homeless* v. *Veterans Administration,* No. 88–2503–OG (D.D.C.), HUD publishes a Notice, on a weekly basis, identifying unutilized, underutilized, excess and surplus Federal buildings and real property that HUD has reviewed for suitability for use to assist the homeless. Today's Notice is for the purpose of announcing that no additional properties have been determined suitable or unsuitable this week.

Dated: October 24, 1997.

Fred Karnas, Jr.,

Deputy Assistant Secretary for Economic Development.

[FR Doc. 97–28739 Filed 10–30–97; 8:45 am]

BILLING CODE 4210–29–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4300–N–01]

The Performance Review Board

AGENCY: Office of the Secretary, Department of Housing and Urban Development.

ACTION: Notice of appointments.

SUMMARY: The Department of Housing and Urban Development announces the appointments of Willie H. Gilmore, Maxine F. Griffith, Joseph F. Smith, and George L. Weidenfeller as members, and George S. Anderson as an alternate member to the Departmental Performance Review Board. The address is: Department of Housing and Urban Development, Washington, D.C. 20410.

FOR FURTHER INFORMATION CONTACT: Persons desiring any further information about the Performance Review Board and its members may contact Earnestine Pruitt, Director, Executive Personnel Management Division, Department of Housing and Urban Development, Washington, D.C. 20410, telephone (202) 708–1381. (This is not a toll-free number.)

Dated: October 28, 1997.

Andrew M. Cuomo,

Secretary, Department of Housing and Urban Development.

[FR Doc. 97–28936 Filed 10–30–97; 8:45 am]

BILLING CODE 4210–32–M

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Availability of an Environmental Assessment and Receipt of an Application From the City of La Mesa, California, for an Incidental Take Permit

AGENCY: Fish and Wildlife Service.

ACTION: Notice of availability.

SUMMARY: The City of La Mesa, California, has applied to the Fish and Wildlife Service for a 50-year permit to incidentally take the threatened coastal California gnatcatcher (*Polioptila californica californica*) and up to 84 other species pursuant to section 10(a)(1)(B) of the Endangered Species Act. Take would occur due to urban growth within the City of La Mesa. The application includes a Subarea Plan (City of La Mesa Subarea Habitat Conservation Plan/Natural Community Conservation Plan) and an Implementing Agreement. The La Mesa Subarea Plan is intended to complement and be consistent with regional planning efforts under the approved Multiple Species Conservation Program for southwestern San Diego County, California. In response to the permit application, the Service has prepared an Environmental Assessment pursuant to the National Environmental Policy Act. This assessment and the permit application are available for public review and comment. The Service specifically requests comment on the appropriateness of the ''No Surprises'' assurances contained in the application (sections 9.4, 9.5, 9.6, 9.7, and 9.18 of the Implementing Agreement).

DATES: Written comments on the La Mesa Subarea Plan, Environmental Assessment, and Implementing Agreement should be received by the Service on or before December 1, 1997.

ADDRESSES: Comments should be addressed to Mr. Gail Kobetich, Field Supervisor, Fish and Wildlife Service, 2730 Loker Avenue West, Carlsbad, California 92008. Written comments may be sent by facsimile to (760) 431–9618.

FOR FURTHER INFORMATION CONTACT: Ms. Nancy Gilbert, Supervisory Fish and Wildlife Biologist, at the above address, telephone (760) 431–9440.

SUPPLEMENTARY INFORMATION:

Availability of Documents

Persons wishing copies of the documents or additional background material should contact Mr. Brad Richter, Environmental Review Coordinator, City of La Mesa, Planning Department, 8130 Allison Avenue, La Mesa, California 91944–0937, telephone (619) 463–6611. Documents also will be available for public inspection, by appointment, during normal business hours, Monday through Friday, at the City of La Mesa Planning Department Office and at the Carlsbad Fish and Wildlife Service Office (see **ADDRESSES**).

Background

Section 9 of the Endangered Species Act prohibits the taking of endangered and threatened species. Under limited circumstances, however, the Service may issue permits to take endangered and/or threatened species incidental to,

and not the purpose of otherwise lawful activities. Regulations governing permits for endangered and threatened species are at 50 CFR 17.22 and 17.32.

Under the proposed action, the Service would issue an incidental take permit for up to 85 species as described in the La Mesa Subarea Plan. Approximately 122 of the 179 acres of undeveloped land within La Mesa would be developed, primarily within the proposed Eastridge subdivision. Project-level biological surveys would be required for all future development proposals that would result in loss of native habitats due to grading and development. The direct impacts to coastal sage scrub habitat and other sensitive vegetation communities and associated species would be mitigated through the acquisition of off-site, in-kind habitat at a 1:1 ratio for all upland habitats (except southern maritime chaparral, native grassland, and oak woodlands, which have not been identified within the City but would require in-kind mitigation at a 2:1 ratio if identified within an area to be impacted). Offsite habitat would be acquired within an identified preserve area, either in the City of Poway, California, consistent with the approved Poway Subarea Habitat Conservation Plan, or in another location as approved by the Service and California Department of Fish and Game. The La Mesa Subarea Plan is intended to be consistent with, and to complement, the Poway Subarea Plan and the regional Multiple Species Conservation Program plan (Regional Plan).

In July 1997, the Service approved the Regional Plan. This long-term plan was prepared by the City of San Diego and 11 other participating jurisdictions, including La Mesa. The Regional Plan covers an approximately 900-square-mile area (580,000 acres) of rapid growth within the highly urbanized setting of southwestern San Diego County. The Regional Plan establishes a mechanism for creation of an approximate 172,000-acre preserve system that would conserve numerous sensitive plant and animal species and their habitats.

The existing 179 acres of coastal sage scrub in La Mesa comprises 0.2 percent of the total coastal sage scrub mapped in the regional planning area. The habitat in La Mesa is not included in the planning area of the regional preserve system due to its size and isolated location. In this regional context, the habitat in La Mesa is not considered a core biological resource area or linkage.

The Environmental Assessment for the La Mesa permit application considers the effects to the human environment of the proposed action and three alternatives. These alternatives include scenarios of no action, full development, and preservation of all undeveloped habitat within La Mesa.

Under the no action alternative, the Service would not issue an incidental take permit to the City of La Mesa for its Subarea Plan. Property owners in La Mesa would need to submit individual permit applications to the Service if proposed developments would result in take of endangered or threatened species. Potentially, all 179 acres of remaining habitat within the City could be developed over time. The result would be an uncoordinated and non-comprehensive approach to evaluating the resources within La Mesa.

Another alternative is issuing a permit to the City of La Mesa for incidental take associated with full rather than partial development of the Eastridge property. Loss of the remaining 179 acres of habitat within La Mesa would be mitigated offsite at a 1:1 ratio.

Under another alternative, all of the undeveloped habitat (179 acres) within the City of La Mesa would be preserved. No take of listed species would occur and no take authorizations would be issued.

This notice is provided pursuant to section 10(c) of the Endangered species Act of 1973, as amended, and Service regulations for implementing the National Environmental Policy Act (40 CFR 1506.6). All comments received will become part of the public record and may be released.

The Service will evaluate the application, associated documents, and comments submitted thereon to determine whether the application meets the requirements of the Endangered Species Act. A final decision on permit issuance will be made no sooner than 30 days from the date of this notice.

Dated: October 24, 1997.

Thomas J. Dwyer,

Regional Director, Region 1, Portland, Oregon.

[FR Doc. 97–28871 Filed 10–30–97; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Aquatic Nuisance Species Task Force Meeting and Field Trip

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of meeting and Chesapeake Bay field trip.

SUMMARY: This notice announces the Fall 1997 Meeting of the Aquatic Nuisance Species Task Force and a field trip related to nonindigenous species issues in the Chesapeake Bay. A number of topics will be addressed during the Task Force meeting, including: Administration Initiative on Non-Native Invasive Species; a meeting of Task Force principals and proposal on staffing and funding; Task Force policies regarding regional panels, membership, and committee establishment and membership; Task Force web site proposal and plans; proposal for two-tier ANS designation/control program; and a green crab control program proposal. In addition, updates will be provided on other nonindigenous species issues and activities, including those of the Task Force's Great Lakes on ANS and Western Regional Panel. The meeting is open to the public. Interested persons may make oral statements at the meetings or submit written statements for consideration. The public is welcome to participate in the Chesapeake Bay field trip.

DATES: The ANS Task Force will meet from 8:30 a.m. to 4:30 p.m. on Thursday, November 13, 1997. The Chesapeake Bay field trip will begin at the Conference Center, Smithsonian Environmental Research Center, Edgewater, Maryland, at 8:00 a.m. on Friday, November 14, 1997, and conclude at the Inner Harbor, Baltimore, Maryland, by early afternoon.

ADDRESSES: The Task Force meeting will be held in the Conference Center of the USDA Center at Riverside, 4700 River Road, Riverdale, Maryland. The Chesapeake Bay field trip will leave from the Conference Center, Smithsonian Environmental Research Center, 647 Contees Wharf Road, Edgewater, Maryland, and conclude at the Inner Harbor, Baltimore, Maryland.

FOR FURTHER INFORMATION CONTACT: Robert A. Peoples, Executive Secretary, ANS Task Force, by telephone at 703–358–2025 or E-Mail at robert__peoples@fws.gov.

SUPPLEMENTARY INFORMATION: Pursuant to section 10(a)(2) of the Federal Advisory Committee Act (5 U.S.C. App. I), this notice announces the Fall 1997 meeting of the Aquatic Nuisance Species Task Force, as established by the Nonindigenous Aquatic Nuisance Prevention and Control Act of 1990 (16 U.S.C. 4701–4741). It also announces a Chesapeake Bay field trip to view nonindigenous species and their impacts and visit, subject to availability, a vessel in Baltimore Harbor to view ballast water management facilities.

Minutes of the meeting will be maintained by the Executive Secretary, ANS Task Force, U.S. Fish and Wildlife Service, 4401 North Fairfax Drive, Suite 840, Arlington, Virginia 22203–1622 and will be available for inspection during regular business hours within 30 days following the meeting.

Dated: October 28, 1997.

Gary Edwards,

Assistant Director—Fisheries, Co-Chair, Aquatic Nuisance Species Task Force.

[FR Doc. 97–28886 Filed 10–30–97; 8:45 am]

BILLING CODE 4310–55–M

DEPARTMENT OF THE INTERIOR

Geological Survey

Request for Public Comments on Extension of Existing Information Collection To Be Submitted to OMB for Review Under the Paperwork Reduction Act

A request extending the information collection described below will be submitted to the Office of Management and Budget for approval under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)). Copies of the proposed collection may be obtained by contacting the Bureau's clearance officer at the phone number listed below. Public comments on the proposal should be made within 60 days directly to the Bureau Clearance Officer, U.S. Geological survey, 807 National Center, Reston, VA 20192.

As required by OMB regulations at 5 CFR 1320.8(d)(1), the U.S. Geological Survey solicits specific public comments as to:

1. Whether the collection of information is necessary for the proper performance of the functions on the bureaus, including whether the information will have practical utility;

2. The accuracy of the bureau's estimate of the burden of the collection of information, including the validity of the methodology and assumptions used:

3. The quality, utility, and clarity of the information to be collected; and.

4. How to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other forms of information technology.

Title: North American Reporting Center for Amphibian Malformations.

OMB Approval No: 1028–0056.

Summary: The collection of information referred herein applies to a World-Wide Web site that permits individuals who observed malformed amphibians or who inspect substantial numbers of normal or malformed amphibians to report those observations and related information. The Web site is termed the North American Reporting Center for Amphibian Malformations. Information will be used by scientists and federal, state and local agencies to identify areas where malformed amphibians occur and the rates of occurrence.

Estimated Completion Times: 20 minutes.

Estimated Annual Number Of Respondents: 900.

Frequency: Once.

300 hours: 300 hours.

Affected Public: Primarily U.S. and Canadian residents.

FOR FURTHER INFORMATION CONTACT: To obtain copies of the survey, contact the Bureau clearance office, U.S. Geological Survey, 807 National Center, 12201 Sunrise Valley Drive, Reston, Virginia, 20192, telephone (703) 648–7313, or go to the Web Site (http://www.npsc.nbs.gov./narcam).

Dated: October 20, 1997.

Susan Haseltine,

Deputy Chief Biologist for Science.

[FR Doc. 97–28858 Filed 10–30–97; 8:45 am]

BILLING CODE 4310–31–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[ID–933–1430–01; IDI–13232, IDI 015026C]

Termination of Recreation and Public Purpose Act Classification and Desert Land Entry Classification and Opening Order; Idaho

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice.

SUMMARY: This notice terminates a Recreation and Public Purpose Act Classification on 639.84 acres and a Desert Land Classification on 16.26 acres, as these classifications are no longer needed. A portion of the lands affected by these classifications will be exchanged to the State of Idaho pursuant to section 206 of the Federal Land Policy and Management Act of 1976.

EFFECTIVE DATE: October 31, 1997.

FOR FURTHER INFORMATION CONTACT: Catherine D. Foster, BLM Idaho State Office, 1387 S. Vinnell Way, Boise, Idaho 83709, 208–373–3863.

SUPPLEMENTARY INFORMATION: On July 31, 1964, the following lands were classified as unsuitable for entry under the Desert Land Act of March 3, 1877 as amended and supplemented (43 U.S.C. 321, *et. seq.*): lot 7 of section 24, T. 6 N., R. 35 E., Boise Meridian. On December 29, 1980, the following described lands were classified as unsuitable for entry under the Recreation and Public Purposes Act of June 14, 1926, as amended (43 U.S.C. 869–869–4): lot 17, S½SW¼, SW¼SE¼ of section 22, and N½, N½S½ of section 27, T. 6 N., R. 36 E., Boise Meridian. Both the classification and segregation on the above described lands are hereby terminated. The area described above aggregates 656.1 acres in Jefferson County.

At 9 a.m. on October 31, 1997 both classifications will be terminated. A portion of these lands will remain closed to location and entry under the public land laws and the mining laws, as they are currently segregated for exchange. The only lands which will be opened to location and entry are described as follows:

T. 6 N., R. 36 E., B.M., section 27: N½, N½S½.

At 9 a.m. on October 31, 1997 these lands will be opened to 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 9 a.m. on October 31, 1997 be considered simultaneously filed at that time. Those received thereafter will be considered in the order of filing.

At 9 a.m. on October 31, 1997 these lands will be opened to location and entry under the United States mining laws, subject to valid existing rights, the provisions of existing withdrawals, other segregations of record and the requirements of applicable law. Appropriation of any of the lands described above 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.

Dated: October 22, 1997.

Jimmie Buxton,

Branch Chief, Lands and Minerals.

[FR Doc. 97–28866 Filed 10–30–97; 8:45 am]

BILLING CODE 4310–GG–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[WY–060–1620–01, WYW141435]

Notice of Scoping on a Coal Lease Application (WYW141435) Received From Antelope Coal Company

SUMMARY: On February 14, 1997, BLM received a coal lease application (WYW141435) from Antelope Coal Company (ACC), a subsidiary of Kennecott Energy and Coal Company. The application covers about 1,470 acres of Federal mineral estate and includes approximately 177.5 million tons of coal in Campbell and Converse Counties, Wyoming. The application area, called the Horse Creek Tract, is adjacent to ACC's existing Antelope Mine. The Horse Creek Tract application is a maintenance Lease-by-Application (LBA) under 43 CFR 3425.1. The Powder River Regional Coal Team (RCT), at their April 23, 1997, meeting in Casper, Wyoming, reviewed the application and recommended BLM process this lease application.

BLM requests comments from the public on which of the following options would best satisfy the requirements of NEPA for processing the Horse Creek LBA. Both options would analyze the impacts of issuing a coal lease for the area included in the application.

Option 1 is to prepare an Environmental Assessment (EA). The Horse Creek tract is adjacent to the existing Antelope Mine. If leased to the applicant, the Horse Creek Tract would be mined to extend the life of the Antelope Mine. No other existing operation is able to mine the Horse Creek Tract either as a maintenance lease or as a new mine start. The Horse Creek Tract is partially surrounded by existing Antelope Mine, Federal and State leases, and the surrounded portion of the tract will probably be bypassed if not mined with the existing leases.

Option 2 is to prepare an Environmental Impact Statement (EIS). This is the second application filed by ACC. In addition, this is BLM's ninth maintenance coal lease application from the six surface coal mines located immediately east and southeast of Wright, Wyoming, since 1990 when the Powder River Federal Coal Region was decertified. All are in southeastern Campbell and northern Converse Counties, Wyoming.

After reviewing the scoping comments, the BLM will decide whether to prepare an EA or an EIS for the Horse Creek Coal Tract application.

DATES: A public scoping meeting is scheduled at 7 p.m., on November 13, 1997, at the Tower West Lodge, 109 North U.S. Highway 14–16, Gillette, Wyoming. If you have concerns or issues you believe the BLM should address in processing this lease application, you can express them either verbally at the scoping meeting, or by mail, or fax written comment to BLM at the address below by November 30, 1997.

ADDRESSES: Please address questions, comments, or concerns to the Casper District Office, Bureau of Land Management, Attn: Nancy Doelger, 1701 East E Street, Casper, Wyoming 82601, or fax them to 307–234–1525.

FOR FURTHER INFORMATION CONTACT: Nancy Doelger or Mike Karbs at the above address, or telephone: 307–261–7600.

SUPPLEMENTARY INFORMATION: On February 14, 1997, ACC filed coal lease application WYW141435 for the following lands in Campbell and Converse Counties, Wyoming:

T. 41 N., R. 71 W., 6th P.M., Wyoming

Section 22: Lots 2 and 3;
Section 23: Lots 10 thru 16;
Section 25: Lot 11;
Section 26: Lots 1 thru 8, 12, and 13;
Section 27: Lots 5, 6, 11 thru 14, and 16;
Section 34: Lots 1, 7, 8 thru 10, and 16;
Section 35: Lots 8 thru 10;

Containing 1,470.570 acres more or less with an estimated 177.5 million tons of coal.

The Antelope Mine is adjacent to the lease application area. The Antelope Mine has an approved mining and reclamation plan, and an approved air quality permit from the Air Quality Division of the Wyoming Department of Environmental Quality to mine up to 30 million tons of coal per year. According to the application filed for the Horse Creek Tract, the maintenance tract would be mined to extend the life of the existing mine.

The ACC previously acquired maintenance coal lease WYW128322, containing approximately 617 acres adjacent to the Antelope Mine, using the LBA process, effective February 1, 1997.

The Office of Surface Mining Reclamation and Enforcement (OSM) will be a cooperating agency in the preparation of the environmental analysis. The OSM is the Federal agency responsible for recommending approval, approval with conditions, or disapproval of the mining plan to the Secretary of the Interior. If this maintenance tract is leased to the applicant, the new lease must be incorporated into the existing mining plans for the adjacent mine. The Secretary must approve those mining plans before the coal in the tract can be mined.

Although the lease application area is within the boundaries of the Thunder Basin National Grasslands, the U.S. Forest Service (USFS) will not be a cooperating agency in the preparation of the environmental document because none of the surface estate is currently owned by the Federal Government.

The major issues related to this lease application that have been identified to date, include the potential increases in impacts to air quality, groundwater, and wildlife that may occur if this lease is issued. If you have specific concerns about these issues, have other concerns or issues BLM should consider in processing this application, or if you have comments on whether BLM should prepare an EA or an EIS to evaluate the impacts of issuing a lease for this tract, please address them in writing to the above individuals or state them verbally at the November 13, 1997, public scoping meeting at the location shown above. The BLM will accept written comments at the address shown above through November 30, 1997.

Alan R. Pierson,

State Director.

[FR Doc. 97–28869 Filed 10–30–97; 8:45 am]

BILLING CODE 4310–22–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[CO–030–7122–00–7509; COC–61031]

Notice of Realty Action; Non-Competitive Sale of Lands

AGENCY: Bureau of Land Management, Department of the Interior.

ACTION: Notice; designation of public lands located in San Juan County, Colorado as suitable for disposal.

SUMMARY: Approximately 2.54 acres of public land located in San Juan County, Colorado have determined to be suitable for disposal by sale utilizing non-competitive procedures, at not less than the fair market value. Fair Market value is to be determined by an appraisal completed by a Federal or independent appraiser using the principals contained in the ''Uniform Appraisal Standards for Federal Land Acquisitions''. Authority for the sale is section 203 of Public Law 94–579, the Federal Land Policy and Management Act of l976.

FOR FURTHER INFORMATION: Additional information about this sale is available for review at the Bureau of Land Management, Montrose District Office, 2465 South Townsend, Montrose, Colorado 81401, attention: Tom

Hurshman. Comments shall be submitted by December 15, 1997 to the Montrose District Manager. Any adverse comments will be reviewed by the District Manager, who may sustain, vacate, or modify this realty action. In the absence of any adverse comments, this realty action will become the final determination of the Department of the Interior.

SUPPLEMENTARY INFORMATION: The following described land has been determined to be suitable for disposal by sale utilizing non-competitive procedures.

New Mexico Principal Meridian, Colorado

T. 42 N., R. 6 W.,
Tract 37

Containing approximately 2.54 acres more or less.

This land is being offered as a direct, non-competitive sale to Mr. Kevin D. Padrick, a private individual. BLM has determined a direct sale is necessary as Mr. Padrick owns the adjoining private property known as the Great Western Lode, MS 1603. A large three story boarding house that was constructed in the 1920's, known as the Martin Boarding House, is situated on the Great Western Lode. A portion of the structure has encroached upon adjoining public lands that have been surveyed to create the above described Tract 37. The direct sale will resolve this inadvertent unauthorized occupancy of said land. The land will not be offered for sale until at least 60 days after the date of publication of this notice in the **Federal Register**.

In the event of a sale, the mineral interest shall be conveyed simultaneously with the surface interest. The mineral interest being offered for conveyance has no known mineral value. Upon acceptance of a direct sale offer, the purchaser shall be required to make application for conveyance of those mineral interests.

Upon publication of this notice in the **Federal Register**, the land will be segregated from all forms of appropriation under the public land laws, including the general mining laws. This segregation will terminate upon issuance of a patent or 270 days from the date of this publication.

The patent, when issued, would contain a reservation of a right-of-way thereon for ditches and canals constructed by the authority of the United States, Act of August 30, 1890, 26 Stat. 391, 43 U.S.C. 945. Any patent would also be subject to an existing overhead power line right-of-way authorization, COC–18281, currently held by San Miguel Power Association.

Signed: October 22, 1997.

Mark W. Stiles,

District Manager.

[FR Doc. 97–28864 Filed 10–30–97; 8:45 am]

BILLING CODE 4310–JB–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[ID–957–1430–00]

Idaho: Filing of Plats of Survey; Idaho

The plats of the following described land were officially filed in the Idaho State Office, Bureau of Land Management, Boise, Idaho, effective 9:00 a.m., October 23, 1997.

The plat representing the dependent resurvey of a portion of the south boundary, subdivisional lines, adjusted 1903–1904 meanders of the right and left banks of the Snake River, and the meanders of an island in the Snake River, designated as lots 2 and 6 in 1903–1904, the subdivision of section 35, the meanders of the left bank of the Snake River, and the survey of a partition line in section 35, T. 3 S., R. 1 E., Boise Meridian, Idaho, Group 955, was accepted October 23, 1997.

The plat representing the dependent resurvey of a portion of the subdivisional lines, and the subdivision of certain sections, T. 4 S., R. 1 E., Boise Meridian, Idaho, Group 955, was accepted October 23, 1997. These surveys were executed to meet certain administrative needs of the Bureau of Land Management. All inquiries concerning the surveys of the above described land must be sent to the Chief, Cadastral Survey, Idaho State Office, Bureau of Land Management, 1387 South Vinnell Way, Boise, Idaho, 83709–1657.

Dated: October 23, 1997.

Duane E. Olsen,

Chief Cadastral Surveyor for Idaho.

[FR Doc. 97–28859 Filed 10–30–97; 8:45 am]

BILLING CODE 4310–GG–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[ID–957–1430–00]

Idaho: Filing of Plats of Survey; Idaho

The plat of the following described land was officially filed in the Idaho State Office, Bureau of Land Management, Boise, Idaho, effective 9:00 a.m. October 23, 1997.

The plat representing the dependent resurvey of portions of the north boundary, subdivisional lines and boundaries of certain mineral surveys, and the retracement of the northerly side line of Main Street through the townsite of Murray, Idaho, and the survey of certain new lots in section 5, T. 49 N., R. 5 E., Boise Meridian, Idaho, Group 951, was accepted October 23, 1997.

This survey was executed to meet certain administrative needs of the Bureau of Land Management. All inquiries concerning the survey of the above described land must be sent to the Chief, Cadastral Survey, Idaho State Office, Bureau of Land Management, 1387 South Vinnell Way, Boise, Idaho, 83709–1657.

Dated: October 23, 1997.

Duane E. Olsen,

Chief Cadastral Surveyor for Idaho.

[FR Doc. 97–28860 Filed 10–30–97; 8:45 am]

BILLING CODE 4310–66–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[ID–957–1420–00]

IDAHO: Filing of Plats of Survey; Idaho

The plat of the following described land was officially filed in the Idaho State Office, Bureau of Land Management, Boise, Idaho, effective 9 a.m. October 23, 1997.

The plat representing the dependent resurvey of portions of the Second Standard Parallel South (south boundary), portions of the east, west, and north boundaries of the subdivisional lines, and of Mineral Survey No. 2538, T. 12 S., R. 45 E., Boise Meridian, Idaho, Group 913, was accepted October 23, 1997. This survey was executed to meet certain administrative needs of the USDA Forest Service.

All inquiries concerning the survey of the above described land must be sent to the Chief, Cadastral Survey, Idaho State Office, Bureau of Land Management, 1387 South Vinnell Way, Boise, Idaho, 83709–1657.

Dated: October 23, 1997.

Duane E. Olsen,

Chief Cadastral Surveyor for Idaho.

[FR Doc. 97–28861 Filed 10–30–97; 8:45 am]

BILLING CODE 4310–GG–M

DEPARTMENT OF THE INTERIOR

National Park Service

Availability of Plan of Operations and Environmental Assessment for Drilling and Production of 3 Gas Wells; Mesa Operating Company (Lake Meredith National Recreation Area), Hutchinson County, TX

Notice is hereby given in accordance with Section 9.52(b) of Title 36 of the Code of Federal Regulations that the National Park Service has received from Mesa Operating Company a Plan of Operations for the Drilling and Production of 3 gas wells within Lake Meredith National Recreation Area, Potter County, TX.

The Plan of Operation and Environmental Assessment are available for public review and comment for a period of 30 days from the publication date of this notice in the Office of the Superintendent, Lake Meredith National Recreation Area/Alibates Flint Quarries National Monument, 419 East Broadway, Fritch, TX. Copies are available from the Superintendent, Lake Meredith National Recreation Area/ Alibates Flint Quarries National Monument, Post Office Box 1460, Fritch, TX 79036 and will be sent upon request, subject to a charge for copying.

Dated: October 17, 1997.

John Benjamin,

Superintendent, Lake Meredith National Recreation Area/Alibates Flint Quarries National Monument.

[FR Doc. 97–28923 Filed 10–30–97; 8:45 am]

BILLING CODE 4310–70–M

DEPARTMENT OF THE INTERIOR

National Park Service

Cape Cod National Seashore Advisory Commission; Notice of Meeting

Notice is hereby given in accordance with the Federal Advisory Committee Act (Pub. L. 92–463, 86 Stat. 770, 5 U.S.C. App 1, section 10), that a meeting of the Cape Cod National Seashore Advisory Commission will be held on Friday, November 21, 1997.

The Commission was reestablished pursuant to Public Law 99–349, Amendment 24. The purpose of the Commission is to consult with the Secretary of the Interior, or his designee, with respect to matters relating to the development of the Cape Cod National Seashore, and with respect to carrying out the provisions of sections 4 and 5 of the Act establishing the Seashore.

The Commission members will first meet at 10:00 a.m. at Headquarters, Marconi Station to carpool for a site visit to Hatches Harbor/ Provincetown Airport. As transportation is unavailable for the public, they are invited to meet the members on-site at about 10:30 a.m.

The Commission members will then reconvene at Headquarters, Marconi Station at 1:00 p.m. for the regular business meeting which will be held for the following reasons:

1. Adoption of Agenda
2. Approval of Minutes of Previous Meeting 9/19/97
3. Reports of Officers
4. Report of Nickerson Subcommittee
5. Hatches Harbor Followup
6. Superintendent's Report
   Introduction of new Deputy Superintendent, Mike Murray
   Highlands Center for Arts & Environment
   News from Washington
   GMP
7. Old Business—GMP Subcommittee Report
8. New Business
9. Agenda for next meeting
10. Date for next meeting
11. Public comment
12. Adjournment

The meeting is open to the public. It is expected that 15 persons will be able to attend the meeting in addition to the Commission members.

Interested persons may make oral/ written presentations to the Commission during the business meeting or file written statements. Such requests should be made to the park superintendent at least seven days prior to the meeting. Further information concerning the meeting may be obtained from the Superintendent, Cape Cod National Seashore, 99 Marconi Site Road, Wellfleet, MA 02667.

Richard Obernesser,

Acting Superintendent.

[FR Doc. 97–28924 Filed 10–30–97; 8:45 am]

BILLING CODE 4310–70–P

DEPARTMENT OF JUSTICE

Justice Management Division; Agency Information Collection Activities; Proposed Collection

ACTION: Notice of information collection under review: extension of previously approved collection, Department of Justice procurement blanket clearance.

The proposed information collection is published to obtain comments from the public and affected agencies. Comments are encouraged and will be accepted until December 30, 1997.

Request written comments and suggestions from the public and affected agencies concerning the proposed collection of information. Your comments should address one or more of the following four points:

(1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(3) Enhance the quality, utility and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time should be directed to Mr. Larry Silvis (phone number and address listed below). If you have additional comments, suggestions, or need a copy of the proposed information collection instrument with instructions, or additional information, please contact Mr. Larry Silvis, (202) 616–3754, Management and Planning Staff, Room 1400, National Place Building, 1331 Pennsylvania Avenue, NW., Washington, DC 20530.

Overview of this information Collection:

(1) *Type of information collection:* Extension of Current Collection.

(2) *The title of the form/collection:* Department of Justice Procurement Blanket Clearance.

(3) *The agency form number, if any, and applicable component of the Department sponsoring the collection:* Procurement Solicitation Documents, Justice Management Division, Department of Justice.

(4) *Affected public who will be asked or required to respond, as well as a brief abstract.* Primary: Commercial organizations and individuals who voluntarily submit offers and bids to compete for contract awards to provide supplies and services required by the Government. All work statements and pricing data are required to evaluate the contractors bid or proposal.

(5) *An estimate of the total number of respondents and the amount of time for an average respondent to respond:* 3,000

respondents, 20 hours average response time.

(6) *An estimate of the total public burden (in hours) associated with this collection:* 60,000 hours annually.

If additional information is required contact: Mr. Robert B. Briggs, Clearance Officer, United States Department of Justice, Information Management and Security Staff, Justice Management Division, Suite 850, Washington Center, 1001 G Street, NW., Washington, DC 20530.

Dated: October 27, 1997.

Robert B. Briggs,

Department Clearance Officer, United States Department of Justice.

[FR Doc. 97–28857 Filed 10–30–97; 8:45 am]

BILLING CODE 4410–26–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993—Inter Company Collaboration for Aids Drug Development

Notice is hereby given that, on September 15, 1997, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. § 4301 *et seq.* (''the Act''), Inter Company Collaboration for Aids Drug Development (The Collaboration) filed written notifications simultaneously with the Attorney General and the Federal Trade Commission. 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.

As indicated in its previous filings, the Collaboration is intended to facilitate more efficient concomitant and or comparative research on HIV antiviral compounds through the sharing of scientific information among its members, the sharing of compounds to conduct appropriate investigations for clinical research, and the coordination of certain clinical trials conducted independently by certain of its members. A purpose of this filing is to confirm that these activities of the Collaboration encompass gene therapy related to the treatment of HIV infection and AIDS.

The Collaboration may also engage in the collection, analysis and exchange of research information, including information on statistical techniques applicable to AIDS research with other groups or entities engaged in research on HIV and AIDS, as well as within the Collaboration.

In addition, the Collaboration may, as an organization, engage in scientific and policy discussions with governmental agencies (including FDA and NIH). This activity may involve development, exchange and analysis of scientific information within the Collaboration, and presentation, analysis and discussion by the Collaboration with government agencies. Such discussions may include consideration of the appropriate surrogate markers for approval of AIDS anti-viral drugs and innovative statistical techniques to address issues presented by AIDS drug clinical trials. This activity may also involve the development and presentation of regulatory positions by the Collaboration to governmental agencies.

Although no changes have been made in the membership of the Collaboration, Collaboration member AJI PHARMA USA, Inc. has merged with its parent, Ajinomoto Co., Inc.; Collaboration member Triangle Pharmaceuticals Inc. has acquired Avid Corporation by merger with a subsidiary; and Collaboration member Ciba-Geigy AG has merged with Sandoz AG to form Novartis AG. As a part of the merger process, the Ciba-Geigy pharmaceutical operations, including its membership in the Collaboration, became part of Novartis Pharma AG, Novartis, pharmaceutical operating subsidiary. Membership in the Collaboration remains open.

On May 27, 1993, the Collaboration 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 July 6, 1993 (58 FR 36223). The last notification was filed with the Department on August 23, 1996. A notice was published in the **Federal Register** on September 17, 1996 (61 FR 48982).

Constance K. Robinson,

Director of Operations, Antitrust Division.

[FR Doc. 97–28949 Filed 10–30–97; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993; National Information Infrastructure Testbed

Notice is hereby given that, on August 11, 1997, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. § 4301 *et seq.* (''the Act''), National Information Infrastructure Testbed, Inc., d/b/a InfoTEST International (''InfoTEST'') has 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, Agility Forum-Lehigh University, and Network & Systems Consulting are no longer members of InfoTEST.

No other changes have been made in the membership, nature, or objectives of the consortium. Membership in InfoTEST remains open, and the consortium intends to file additional written notifications disclosing all changes in membership.

On December 7, 1993, InfoTEST filed its original notification (as the National Information Infrastructure Testbed) 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 18, 1994 (60 FR 25,960).

The last notification was filed with the Department of Justuce on June 10, 1997. A notice for this filing has not yet been published in the **Federal Register**.

Constance K. Robinson,

Director of Operations Antitrust Division.

[FR Doc. 97–28953 Filed 10–30–97; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993; Portland Cement Association

Notice is hereby given that, on September 15, 1997, 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 Portland Cement Association (''PCA'') filed notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing (1) a change in membership and (2) changes in the names of certain participants. 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, effective November 1, 1997, Texas Industries, Dallas, TX will become a

PCA member. Additionally, St. Marys Cement Company, Detroit, MI should now be listed as Blue Circle/St. Marys Cement Company; St. Marys Cement Corporation, Toronto, CANADA has been changed to Blue Circle Canada Inc.; ESSROC Corp, Nazareth, PA should be listed as Essroc Cement Corp.; ESSROC Canada, Downsview, Ontario, CANADA has been changed to Essroc Canada Inc.; ESSROC Materials Inc., Nazareth, PA should be dropped from the list; and the Southeast Cement Shippers Association, Salt Lake City, UT, an Affiliate Member, should be listed as the Southeastern Cement Shippers Association.

No other changes have been made in either the membership, corporate name, or planned activities of the venture.

On January 7, 1985, PCA 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 February 5, 1985 (50 FR 5015). The last notification was filed with the Department on June 2, 1997. A notice was published in the **Federal Register** on July 16, 1997 (62 FR 38121).

Constance K. Robinson,

Director of Operations, Antitrust Division.

[FR Doc. 97–28950 Filed 10–30–97; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993; Project Deeplook

Notice is hereby given that, on September 18, 1997, pursuant to Section 6(a) of the National Cooperative Research and Production Act of 1993, 15 U.S.C. § 4301 *et seq.* (''the Act''), Project DeepLook has filed written notifications simultaneously with the Attorney General and the Federal Trade Commission disclosing (1) the identities of the parties and (2) the nature and objectives of the venture. The notifications were filed for the purpose of invoking the Act's provisions limiting the recovery of antitrust plaintiffs to actual damages under specified circumstances. Pursuant to Section 6(b) of the Act, the identities of the parties are: BP Exploration & Oil Inc., Houston, TX; Chevron Petroleum Technology Co., Houston, TX; Conoco Inc., Houston, TX; Mobil Technology Co., Dallas, TX; Shell Oil Co., Houston, TX; Texaco Group Inc., Houston, TX; Union Oil Co. of California, Sugar Land, TX; Landmark Graphics Corp., Austin, TX; Schlumberger-Doll Research, Ridgefield, CT; Western Atlas International, Inc., Houston, TX; and CGG American Services, Inc., Houston, TX. The objectives of the venture are to accelerate the development of fluid imaging tools intended to increase the recovery factors of hydrocarbon reservoirs. The venture will strive to develop technical advances of broad applicability across a wide segment of the producing community, drawing on the resources of both producing companies and service suppliers.

Participation is open to all interested parties who execute a participation agreement and make required contributions. Information regarding participation in the Group may be obtained from Edward T. Stoessel, BP Exploration & Oil Co., 200 Westlake Park Blvd., Houston, TX 77079 and Richard J. Goetsch, Esq., BP America Inc., 200 Public Sq., 11–C, Cleveland, OH 44114.

Constance K. Robinson,

Director of Operations, Antitrust Division.

[FR Doc. 97–28951 Filed 10–30–97; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF JUSTICE

Antitrust Division

Notice Pursuant to the National Cooperative Research and Production Act of 1993 Semiconductor Research Corporation

Notice is hereby given that, on September 16, 1997, 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 Semiconductor Research Corporation (''SRC'') 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, FLIPCHIP Technologies, L.L.C., Phoenix, AZ has become an Affiliate Member and Dawn Technology, Mountain View, CA; Ibis Technology, Danvers, MA; Hestia Technology, Sunnyvale, CA; OEA International, Santa Clara, CA; and Tyecin Systems, Los Altos, CA are no longer members.

No other changes have been made in either the membership, corporate name, or planned activities of this group research project. Membership in the project remains open, and Semiconductor Research Corporation intends to file additional written notifications disclosing all changes in membership.

On January 7, 1985, the Semiconductor Research Corporation 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 January 30, 1985 (50 FR 4281). The last notification was filed with the Department on June 11, 1997. A notice was published in the **Federal Register** pursuant to Section 6(b) of the Act on August 4, 1997 (62 FR 41976).

Constance K. Robinson,

Director of Operations Antitrust Division.

[FR Doc. 97–28952 Filed 10–30–97; 8:45 am]

BILLING CODE 4410–11–M

DEPARTMENT OF LABOR

Employment and Training Administration

Proposed Collection; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Employment and Training Administration is soliciting comments concerning the proposed extension of the Dislocated Worker Special Project Report, ETA 9038. A copy of the proposed information collection request (ICR) can be obtained by contacting the office listed below in the addressee section of this notice.

DATES: Written comments must be submitted to the office listed in the addressee section below on or before December 30, 1997.

The Department of Labor is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary

for the proper performance of the functions of the agency, including whether the information will have practical utility;

- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collection; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

ADDRESSES: Zenowia Choma, Office of Worker Retraining and Adjustment Programs, Office of World-Based Learning, Employment and Training Administration, U.S. Department of Labor, Room N–5426, 200 Constitution Avenue N.W., Washington, D.C. 20210, 202–219–5577 (this is not a toll-free number).

SUPPLEMENTARY INFORMATION:

I. Background

The collection of the information in the Dislocated Worker Special Project Report (DWSPR) is necessary in order to satisfy the requirements of the provisions of the Job Training Partnership Act (JTPA), as amended. The provisions are related to the Secretary's responsibilities and authority for monitoring performance and expenditures, and for recordkeeping and reporting related to JTPA Title III.

II. Current Actions

This is a request for OMB approval of an extension of an existing collection of information previously approved by OMB. The extension will allow the Department to continue to monitor the performance of the discretionary programs under Title III of JTPA, to report to Congress and the Treasury, and to prepare annual budget reports.

Type of Review: Extension.

Agency: Employment and Training Administration.

Title: Dislocated Worker Special Project Report.

OMB Number: 1205–0318.

Affected Public: State, Local or Tribal Government/Business or other for-profit/not-for-profit institutions.

Total Respondents: 170.

Frequency: Quarterly.

Average Time per Response: 17.5 hours.

Estimated Total Burden Hours: 11,870.

Comments submitted in response to this comment request will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: October 28, 1997.

Peter E. Rell,

Acting Administrator, Office of Work-Based Learning, Employment and Training Administration.

[FR Doc. 97–28916 Filed 10–30–97; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

Job Training Partnership Act, Title III, Demonstration Program: Labor Organization Adjustment Assistance

AGENCY: Employment and Training Administration, Labor.

ACTION: Notice of availability of funds and solicitation for grant application (SGA).

SUMMARY: All information required to submit a proposal is contained in this announcement. The U.S. Department of Labor (DOL), Employment and Training Administration (ETA), announces a demonstration program to test the ability of labor organizations to develop innovative approaches for providing accelerated skills development and/or enhancement of job skills already possessed by affected workers to increase their prospects of transitioning to new or related occupational job opportunities. The program is to be funded with Secretary's National Reserve funds appropriated through Title III of the Job Training Partnership Act (JTPA). This notice describes the process that eligible applicants must use to apply for demonstration funds, the subject area for which applications will be accepted for funding, how grantees are to be selected, and the responsibilities of grantees. It is anticipated that up to $3 million will be available for funding approximately 6 demonstration projects covered by this solicitation with no project being awarded more than $500,000.

DATES: Applications for grant awards will be accepted commencing October 31, 1997. The closing date for receipt of applications will be *January 7, 1998*, at 2:00 p.m. (Eastern Time) at the address below.

ADDRESSES: Applications shall be mailed to: Division of Acquisition and Assistance, Attention: *Denise Roach*, Reference: SGA/DAA 98–001, Employment and Training Administration, U.S. Department of Labor, Room S–4203, 200 Constitution Avenue, NW., Washington, DC 20210.

FOR FURTHER INFORMATION CONTACT: Denise Roach, Division of Acquisition and Assistance, Telephone: (202) 219–8694 (this is not a toll-free number).

SUPPLEMENTARY INFORMATION: This announcement consists of five parts. Part I describes the authorities and purpose of the demonstration program and identifies demonstration evaluation and oversight policy. Part II describes the application process and provides detailed guidelines for use in applying for demonstration grants. Part III includes the statement of work for the demonstration projects. Part IV identifies and defines the selection criteria which will be used in reviewing and evaluating applications. Part V describes the reporting requirements.

Part I. Background

A. Authorities

Section 323(a)(b) of the Job Training Partnership Act authorizes the use of funds reserved under part B of Title III for demonstration programs. The Department requires that applicants for grants comply with all Federal and State laws and regulations in setting up their programs.

B. Purpose of the Demonstration

As authorized under Title III of JTPA, the Dislocated Worker Program provides a wide range of employment and training services to eligible dislocated workers to help them find and qualify for new jobs. Many of these jobs will be in occupations different from workers' pre-layoff occupations and require affected workers to learn new skills and knowledge where the ''skills gap'' is substantial. In other instances the ''skills gap'' could be minimal and require only enhancement of workers' existing skills to increase their transferability to related occupations. Strategies which maximize the utilization of workers' current skills and/or reduce the length of training required for the acquisition of new skills should not only expand but also facilitate a more rapid transition to new employment opportunities.

This demonstration will test whether labor organizations as institutions knowledgeable about and focused on the maintenance of their members' skills and/or knowledgeable about emerging technologies and occupations can be

successful providers of the above strategies either directly or by playing the principal role in the design and implementation of innovative approaches and strategies for meeting the skills needs of this target population. Projects funded through this solicitation are to provide reemployment and retraining services—as described in sections 314(c) and 314(d) of JTPA—to dislocated workers who may need and benefit from the receipt of these services. Participants must be eligible under sections 301(a)(1) (A), (B), or (C) of JTPA AND be members of the target population for which the project is designed. For purposes of this demonstration, appropriate target populations include those workers who have been represented through collective bargaining by the demonstration project grantee labor organization or its partnering labor organizations and who have been terminated or laid off within 90 days of the closing date of this solicitation or within 150 days subsequent to the grant award. Up to 15 percent of the target population may include represented workers who have been longer-term unemployed for three (3) months or longer and whose lay-offs occurred prior to the 90 day period indicated above.

The demonstration projects must ensure that the services and service mix provided will achieve the following program goals: (1) At least 74 percent of project participants will find employment within 90 days after leaving the project, (2) the post-program wage at 90 day follow-up is at least 96 percent of the wage at dislocation on average, and (3) at least 70 percent of the project participants will rate the services received as ''extremely'' or ''very'' valuable.

C. Evaluation

Under a separate announcement, DOL will select and fund a separate evaluation contractor to: (1) Provide technical assistance to grantees in establishing appropriate data collection methods and processes; and (2) conduct an independent process evaluation of the demonstration projects. Grantees will be expected to make available participant records and access to personnel, as specified by the evaluation contractor.

In addition, DOL will establish, for each demonstration project site, an oversight group made up of federal, State, and substate staff.

D. Definitions

Unless otherwise indicated in this announcement, definitions of terms used herein shall be those definitions found in the Job Training Partnership Act, as amended, particularly at section 4 and section 301.

Part II. Application Process—All Information Required To Submit a Proposal is Contained in This Announcement

A. Eligible Applicants

Eligible applicants for demonstration projects funded under this announcement are labor organizations which: (1) Provide exclusive representation to the target population to be served through collective bargaining agreements in effect at the time of the effective date of worker layoff or termination; and (2) that can demonstrate the ability to deliver the services proposed and to ensure the integrity of the funds requested.

Note: With respect to item 1, an eligible applicant may be a labor organization which provides exclusive representation to a *portion* of the target population and which is willing to administer grant funds *in partnership with* other labor organizations that provide exclusive representation to the other respective portions of the target population to be served. In these circumstances, the offeror must demonstrate through letters of support from the other labor organization that the latter will participate in the grant activities to be performed.

B. Contents

An original and three (3) copies of the proposal shall be submitted. The proposal shall consist of two (2) separate and distinct parts—Part I, the Financial Proposal, and Part II, the Technical Proposal.

1. Financial Proposal

The Financial Proposal, Part I, shall contain the SF–424, ''Application for Federal Assistance'' (Appendix No. 1), and SF 424–A, ''Budget'' (Appendix No. 2). The Federal Domestic Assistance Catalog number is 17.246. An applicant shall indicate on the SF–424 the type of organization for which it qualifies under the eligibility criteria in Part II, section A. of this solicitation. The budget shall include on separate pages: a cost analysis of the budget, identifying in detail the amount of each budget line item attributable to administrative costs and costs for one or more of the following categories: basic readjustment services (Section 314(c) (1–14, 16–18) of JTPA), supportive services (Section 314(c)(15)), and retraining services (Section 314(d)) requested through this grant **Note:** Other Title III cost categories not mentioned are specifically excluded from grant expenditures, e.g. rapid response assistance and needs-related payments); an identification of the amount of each budget line item which will be covered by other funds (if applicable), and the sources of those funds (including other Title III funds, employer funds, in-kind resources, secured and unsecured loans, grants, and other forms of assistance, public and private); and a justification for the average cost of service per placement. The latter is to be computed by dividing the number of proposed participants of the target population who will be employed within 90 days after leaving the project into the total Federal funds requested.

Grant funds may cover only those costs which are appropriate and reasonable. Federal funds cannot be used to provide training which an employer is in a position to, and would otherwise, provide, nor can they be used to provide salaries for program participants.

Federal funds may not be used for acquisition of production equipment. The only type of equipment that may be acquired with Federal funds is equipment necessary for the operation of the grant. In the instance of a purchase, the cost of the equipment is to be prorated over the projected life of the equipment to determine the cost to the grant. Use of grant funds to purchase equipment with a unit cost of $5,000 or more requires special review and approval from DOL prior to purchase.

Applicants may budget limited amounts of grant funds to work with technical expert(s) to provide advice and develop more complete project plans.

2. Technical Proposal

The technical proposal shall demonstrate the offeror's capabilities in accordance with the Statement of Work/Project Summary in Part III of this solicitation. No Cost Data or Reference to price shall be included in the technical proposal.

C. Submission

Grant applications will be evaluated carefully by a panel convened by the Department after the closing date of this solicitation. Incomplete or non-responsive proposals may be returned without evaluation. An application will be reviewed based upon the overall responsiveness of the application's content to the submission requirements and to the selection criteria found in Part IV, taking into consideration the extent to which funds are available.

D. Hand-Delivered Proposals

Proposals should be mailed at least five (5) days prior to the closing date for the receipt of applications. However, if proposals are hand-delivered, they shall be received at the designated place by 2 p.m., Eastern Time on the closing date for receipt of applications. All overnight mail will be considered to be hand-delivered and must be received at the designated place by the specified time and closing date. Telegraphed and/or faxed proposals will not be honored. Failure to adhere to the above instructions will be a basis for a determination of nonresponsiveness.

E. Late Proposals

Any proposal received at the office designated in the solicitation after the exact time specified for rreciept will not be considered unless it—

(1) Was sent by the U.S. Postal Service registered or certified mail not later than the fifth calendar day before the date specified for receipt of the application (e.g., an offer submitted in response to a solicitation requiring receipt of applications by the 30th of January must have been mailed by the 25th); or

(2) Was sent by U.S. Postal Service Express Mail Next Day Service—Post Office to Addressee, not later than 5:00 p.m. at the place of mailing two working days prior to the date specified for receipt of proposals. The term ''working days'' excludes weekends and U.S. Federal holidays.

The only acceptable evidence to establish the date of mailing of a late proposal sent either by the U.S. Postal Service registered or certified mail is the U.S. postmark both on the envelope or wrapper and on the original receipt from the U.S. Postal Service. Both postmarks must show a legible date or the proposal shall be processed as if mailed late. ''Postmark'' means a printed, stamped, or otherwise placed impression (exclusive of a postage meter machine impression) that is readily identifiable without further action as having been supplied and affixed by employees of the U.S. Postal Service on the date of mailing. Therefore, applicants should request the postal clerk to place a legible hand cancellation ''bull's eye'' postmark on both the receipt and the envelope or wrapper.

The only acceptable evidence to establish the date of mailing of a late proposal sent by ''Express Mail Next Day Service—Post Office to Addressee'' is the date entered by the post office receiving clerk on the ''Express Mail Next Day Service—Post Office to Addressee'' label and the postmark on both the envelope and wrapper and on the original receipt from the U.S. Postal Service. ''Postmark'' has the same meaning as defined above. Therefore, applicants should request the postal clerk to place a legible hand cancellation ''bull's eye'' postmark on both the receipt and the envelope or wrapper.

F. Withdrawal of Proposals

Proposals may be withdrawn by written notice or telegram (including mailgram) received at any time before award. Proposals may be withdrawn in person or by an applicant or an authorized representative thereof, if the representative's identity is made known and the representative signs a receipt for the proposal before an award.

G. Period of Performance

Grant awards will be made for a 17 month period. Project operators must be prepared to deliver services within 60 days following award. The delivery of services will be for a period of 12 months. Grantees will be allowed up to 90 days subsequent to the termination of service delivery for collecting follow-up information on individual completers and the preparation of final project reports.

H. Funding

DOL has set aside up to $3 million to be disbursed for 6 projects, contingent upon resources being available for this purpose. It is expected that no project will be awarded more than $500,000. DOL may elect to modify and add funds to a grant for an additional one (1) or two (2) years of operation based on the availability of funds, successful program operation, and the needs of the Department.

I. Page Count Limit

Applications are to be limited to thirty-five (35) double-spaced, single side, 8.5 inch x 11 inch pages with one inch margins. Attachments shall not exceed ten (10) pages. Text type shall be 11 point or larger. Applications that do not meet these requirements will not be considered.

J. Cost Limitations

Demonstration grants are not subject to the cost limitations for Title III grants at section 315 of the JTPA. However, any offeror proposing administrative costs that exceed 15 percent of the budget and/or supportive services that exceed 25 percent of the funds requested in the application shall provide a narrative justification.

Part III. Statement of Work

Each application should follow the format outlined here. For every section, A through F, the application should include: (1) Information that responds to the requirements in this part; (2) information that indicates adherence to the provisions described in Parts I and II of this solicitation; and (3) other information the offeror believes will address the selection criteria identified in Part IV.

A. Target Population

Described the dislocated worker target population, including the size, location, and needs of this population relative to the services being provided.

Indicate the beginning and end dates of the collective bargaining agreement(s) under which the target population was covered at the time of the workers' layoff or termination and the labor organization(s) and company(ies) who were the parties to the agreement(s).

B. Components of the Labor Organization Adjustment Assistance Demonstration

Describe the major elements of the demonstration project, including how the project works in terms of the individual worker getting access to the reemployment and retraining services which the individual needs. Specifically:

- How will new job openings and opportunities in demand occupations for the project participants be identified and developed?
- What services will be covered by the reemployment and retraining program? Describe the mechanisms to be used to ensure appropriate outreach and recruitment. Explain how these services are relevant to the target population to be served. Explain how these services will focus on utilizing a participant's current (pre-layoff) skills for placement and/or retraining purposes.

Note: Such services must be authorized under sections 314(c) and 314(d) of JTPA and comply with applicable federal regulations at 20 CFR parts 627 and 631.

- How will reemployment and retraining service needs of the individual worker be determined? What will be the sequence of services provided and the criteria/decision points used to determine the appropriateness of specific services for individual participants? By way of illustration, include a flowchart indicating the sequence of services provided, the decision points which determine the services to be provided to

a participant, and the expected duration of each service component.

- How will qualified providers of reemployment and retraining services be determined if they are used?
- How will a participant's continuing participation in the program be monitored? At what point(s) will termination occur?
- What information will be available to the worker to identify and evaluate alternative employment opportunities? How will this information be developed? How will the worker be able to access this information?
- How will the components described in this subpart relate to the demonstration purpose of testing innovative approaches for maximizing the utilization of workers' current skills for entry into new or related demand occupations?

C. Administration and Management

Identify the management structure for the project and describe the means to ensure accountability for funds as well as performance.

Provide a description of the process and procedures to be used to obtain feedback from participants and other appropriate parties on the responsiveness and effectiveness of the services provided. The description should include an identification of the types of information to be obtained, the method(s) and frequency of data collection, and how the information will be used in implementing and managing the project. Specific references should be made to collecting information needed to determine: (1) The achievement of project outcomes as indicated in section E (including 90 day follow-ups of participants to determine demonstration program goal achievement) and (2) the reporting of participants, outcomes, and expenditures. Indicate what methods, e.g., surveys, focus groups, will be used to collect feedback information.

Describe the applicant's past experience in the management of projects similar to that being proposed.

D. Use of Existing Services and Resources

Identify specific sources and amounts of other funds, if any, which will be used in addition to funds provided through this grant to implement the project. Include: (1) Information on any non-JTPA resources committed to this project, including employer funds, secured and unsecured loans, grants, and other forms of assistance, public and private; and (2) a description of the relationship of the proposed project to the ongoing assistance to dislocated workers through the formula-funded JTPA Title III–A program in the service area and those procedures to be used to ensure non-duplication of services between the formula-funded Title III–A program and the project. Describe any other coordination of resources and agencies that may be undertaken.

E. Outcomes

Identify project outcomes and the specific measures, and planned achievement levels, that will be used to determine the success of the project.

These outcomes and measures should include, but are not limited to:

- The number of participants to be enrolled in services, those successfully completing services through the project, and those to be placed into new jobs including (to be separately identified) those obtaining new jobs utilizing a high degree of their previous job skills;
- Measurable effects of the services provided to project participants as indicated by gains in individuals' skills, competencies, or other outcomes;
- Average wages of participants prior to and at completion of project;
- Customer satisfaction with the project, and at critical points in the service delivery; and
- Other additional measurable, performance-based outcomes that are relevant to the proposed intervention and which may be readily assessed during the period of performance of the project.

Note: An explanation of how such additional measures are relevant to the purpose of the demonstration program shall be included in the application.

The proposal must also describe how outcomes achieved by individuals served by the project are to be related to the numerical demonstration program goals identified in Part I, section B.

F. Replicability

Describe the information to be provided on project activities that will allow other parties to replicate the proposed project. Discuss the applicability of the project to other dislocated worker programs.

Part IV. Evaluation Criteria

Prospective offerors are advised that the selection of grantee(s) for award is to be made after careful evaluation of proposals by a panel selected by DOL. Panelists will evaluate the proposals for acceptability based on the various factors enumerated below. The panel results are advisory in nature and not binding on the Grant Officer.

Evaluations will be made on the basis of both what the proposed offeror intends to do during the grant period, and on the usefulness of the demonstration after the end of the grant period.

A. Technical Evaluation (80 Points)

Services and Target Group (35 Points)

The responsiveness of the services to be provided, including the degree to which the services appear to meet the needs of the target population. The extent to which the services to be provided focus on and are innovative in utilizing participants' current (pre-layoff) skills. The demonstrated relationship between the services to be provided and the jobs into which participants are to be placed. The scope of the project in terms of the number of participants to be served. (Relates to information requested in Part III, sections A, B, and E.)

Management Structure (15 Points)

The extent to which the management structure ensures accountability for performance, monitors customer satisfaction, and includes procedures for continuous quality improvement. The ability of the management structure to determine the extent to which the planned project outcomes and demonstration program goals have been met by the project. (Relates to information requested in Part III, section C.)

Coordination and Linkages; Utilization of Resources (10 points)

The extent to which the project will use other existing public and private resources including employer and union-funded assistance, avoid duplication of services with the formula-funded Title III–A program, and coordinate its services with other appropriate State and local organizations. (Relates to information requested in Part III, section D.)

Demonstrated Experience (10 points)

Experience in the oversight and operation of projects requiring management capabilities and experience similar to the proposed project. (Relates to information requested in Part III, section C.)

Replicability (10 points)

The completeness of the information to be provided on project activities that will allow others to replicate the project. The likelihood that the approach may be applicable to a broad range of dislocated worker programs across the country. (Relates to information requested in Part III, section F.)

B. Cost Evaluation (20 points)

The cost effectiveness of the project as indicated by the relationship of proposed costs to number of participants to be served, the range of services to be provided and the planned outcomes, as compared to other service strategies available for Title III grantees. The extent to which the budget is justified and supports the planned outcomes.

Applicants are advised that discussions may be necessary in order to clarify any inconsistencies in their applications. Applications may be rejected where the information required is not provided in sufficient detail to permit adequate assessment of the proposal. The final decision on the award will be based on what is most advantageous to the Federal Government as determined by the ETA Grant Officer.

Part V. Reporting Requirements

Applicants selected as grantees will be required to provide the following reports:

A. Monthly and Quarterly Progress Reports

B. Standard Form 269, Financial Status Report Form, on a quarterly basis.

C. Final Project Report including an assessment of project performance.

Signed at Washington, DC, this 24th day of October, 1997.

Janice E. Perry,

Grant Officer, Employment and Training Administration.

Appendices

No. 1—Application for Federal Assistance (Standard Form 424)

No. 2—Budget Form—Non Construction Programs (Standard Form 424–A

BILLING CODE 4510–30–M

Attachment No. 1—Application for Federal Assistance (Standard Form 424)

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application / Construction / Non-Construction; Preapplication / Construction / Non-Construction		**3. DATE RECEIVED BY STATE**	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name:	Organizational Unit:
Address *(give city, county, State, and zip code):*	Name and telephone number of person to be contacted on matters involving this application *(give area code)*

6. EMPLOYER IDENTIFICATION NUMBER *(EIN):*	**7. TYPE OF APPLICANT:** *(enter appropriate letter in box)*
8. TYPE OF APPLICATION: **New** **Continuation** **Revision** If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other*(specify):*	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____
	9. NAME OF FEDERAL AGENCY:
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:	**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
12. AREAS AFFECTED BY PROJECT *(Cities, Counties, States, etc.):*	

13. PROPOSED PROJECT		**14. CONGRESSIONAL DISTRICTS OF:**	
Start Date	Ending Date	a. Applicant	b. Project

15. ESTIMATED FUNDING:		**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**
a. Federal	$ .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____
b. Applicant	$ .00	
c. State	$ .00	
d. Local	$ .00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other	$ .00	
f. Program Income	$ .00	**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?** **Yes** **If "Yes," attach an explanation.** **No**
g. TOTAL	$ .00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including 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 the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:
1.	Self-explanatory.
2.	Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).
3.	State use only (if applicable).
4.	If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.
5.	Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.
6.	Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7.	Enter the appropriate letter in the space provided.
8.	Check appropriate box and enter appropriate letter(s) in the space(s) provided: -- "New" means a new assistance award. -- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. -- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.
9.	Name of Federal agency from which assistance is being requested with this application.
10.	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.
11.	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.
12.	List only the largest political entities affected (e.g., State, counties, cities).
13.	Self-explanatory.
14.	List the applicant's Congressional District and any District(s) affected by the program or project.
15.	Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate *only* the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
16.	Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
17.	This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
18.	To be signed by the authorized representative of the applicant. A copy of the governing body's (Certain Federal agencies may require that this authorization be submitted as part of the application.)

Attachment No. 2—Budget Form—Non Construction Programs (Standard Form 424A)

PART II - BUDGET INFORMATION

SECTION A - Budget Summary by Categories

	(A)	(B)	(C)
1. Personnel	$	$	$
2. Fringe Benefits (Rate %)			
3. Travel			
4. Equipment			
5. Supplies			
6. Contractual			
7. Other			
8. Total, Direct Cost (Lines 1 through 7)			
9. Indirect Cost (Rate %)			
10. Training Cost/Stipends			
11. TOTAL Funds Requested (Lines 8 through 10)	$	$	$

SECTION B - Cost Sharing/ Match Summary (if appropriate)

	(A)	(B)	(C)
1. Cash Contribution			
2. In-Kind Contribution			
3. TOTAL Cost Sharing / Match (Rate %)			

NOTE: Use Column A to record funds requested for the initial period of performance (i.e. 12 months, 18 months, etc.); Column B to record changes to Column A (i.e. requests for additional funds or line item changes; and Column C to record the totals (A plus B).

[FR Doc. 97–28830 Filed 10–30–97; 8:45 am]
BILLING CODE 4510–30–C

DEPARTMENT OF LABOR

Employment Standards Administration

Wage and Hour Division

Minimum Wages for Federal and Federally Assisted Construction; General Wage Determination Decisions

General wage determination decisions of the Secretary of Labor are issued in accordance with applicable law and are based on the information obtained by the Department of Labor from its study of local wage conditions and data made available from other sources. They specify the basic hourly wage rates and fringe benefits which are determined to be prevailing for the described classes of laborers and mechanics employed on construction projects of a similar character and in the localities specified therein.

The determinations in these decisions of prevailing rates and fringe benefits have been made in accordance with 29 CFR Part 1, by authority of the Secretary of Labor pursuant to the provisions of the Davis-Bacon Act of March 3, 1931, as amended (46 Stat. 1494, as amended, 40 U.S.C. 276a) and of other Federal statutes referred to in 29 CFR part 1, Appendix, as well as such additional statutes as many from time to time be enacted containing provisions for the payment of wages determined to be prevailing by the Secretary of Labor in accordance with the Davis-Bacon Act. The prevailing rates and fringe benefits determined in these decision shall, in accordance with the provisions of the foregoing statutes, constitute the minimum wages payable on Federal and federally assisted construction projects to laborers and mechanics of the specified classes engaged on contract work of the character and in the localities described therein.

Good cause is hereby found for not utilizing notice and public comment procedure thereon prior to the issuance of these determinations as prescribed in 5 U.S.C. 553 and not providing for delay in the effective date as prescribed in that section, because the necessity to issue current construction industry wage determinations frequently and in large volume causes procedures to be impractical and contrary to the public interest.

General wage determination decisions, and modifications and supersedes decisions thereto, contain no expiration dates and are effective from their date of notice in the **Federal Register,** or on the date written notice is received by the agency, whichever is earlier. These decisions are to be used in accordance with the provisions of 29 CFR parts 1 and 5. Accordingly, the applicable decision, together with any modifications issued, must be made a part of every contract for performance of the described work within the geographic area indicated as required by an applicable Federal prevailing wage law and 29 CFR part 5. The wage rates and fringe benefits, notice of which is published herein, and which are contained in the Government Printing Office (GPO) document entitled ''General Wage Determinations issued under the Davis-Bacon and Related Acts,'' shall be the minimum paid by contractors and subcontractors to laborers and mechanics.

Any person, organization, or governmental agency having an interest in the rates determined as prevailing is encouraged to submit wage rate and fringe benefit information for consideration by the Department. Further information and self-explanatory forms for the purpose of submitting this data may be obtained by writing to the U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division, Division of Wage Determinations, 200 Constitution Avenue, N.W., Room S–3014, Washington, D.C. 20210.

Modifications to General Wage Determination Decisions

The number of decisions listed in the Government Printing Office document entitled ''General Wage Determinations Issued Under the Davis-Bacon and Related Acts'' being modified are listed by Volume and State. Dates of publication in the **Federal Register** are in parentheses following the decisions being modified.

Volume I

Connecticut
CT970001 (FEB. 14, 1997)
CT970003 (FEB. 14, 1997)
CT970004 (FEB. 14, 1997)
New York
NY970003 (Feb. 14, 1997)
NY970005 (Feb. 14, 1997)
NY970007 (Feb. 14, 1997)
NY970013 (Feb. 14, 1997)
NY970018 (Feb. 14, 1997)
NY970019 (Feb. 14, 1997)
NY970026 (Feb. 14, 1997)
NY970033 (Feb. 14, 1997)
NY970036 (Feb. 14, 1997)
NY970043 (Feb. 14, 1997)
NY970045 (Feb. 14, 1997)
NY970048 (Feb. 14, 1997)
NY970050 (Feb. 14, 1997)
NY970051 (Feb. 14, 1997)
NY970075 (Feb. 14, 1997)

Volume II

Pennsylvania
PA970007 (Feb. 14, 1997)
PA970009 (Feb. 14, 1997)
PA970010 (Feb. 14, 1997)
PA970014 (Feb. 14, 1997)
PA970019 (Feb. 14, 1997)
PA970023 (Feb. 14, 1997)
PA970029 (Feb. 14, 1997)
PA970060 (Feb. 14, 1997)
Virginia
VA970011 (Feb. 14, 1997)
VA970020 (Feb. 14, 1997)

Volume III

Georgia
GA970050 (Feb. 14, 1997)

Volume IV

Illinois
IL970025 (Feb. 14, 1997)
IL970030 (Feb. 14, 1997)
IL970040 (Feb. 14, 1997)
IL970041 (Feb. 14, 1997)
IL970047 (Feb. 14, 1997)
IL970048 (Feb. 14, 1997)
IL970057 (Feb. 14, 1997)
IL970058 (Feb. 14, 1997)
IL970061 (Feb. 14, 1997)
Indiana
IN970001 (Feb. 14, 1997)
IN970006 (Feb. 14, 1997)

Volume V

Iowa
IA970003 (Feb. 14, 1997)
Nebraska
NE970001 (Feb. 14, 1997)
NE970019 (Feb. 14, 1997)

Volume VI

Oregon
OR970001 (Feb. 14, 1997)
Washington
WA970001 (Feb. 14, 1997)
WA970002 (Feb. 14, 1997)
WA970003 (Feb. 14, 1997)
WA970005 (Feb. 14, 1997)
WA970007 (Feb. 14, 1997)
WA970008 (Feb. 14, 1997)
WA970011 (Feb. 14, 1997)
WA970013 (Feb. 14, 1997)

Volume VII

California
CA970098 (Feb. 14, 1997)
CA970099 (Feb. 14, 1997)
CA970101 (Feb. 14, 1997
CA970111 (Feb. 14, 1997)

General Wage Determination Publication

General wage determinations issued under the Davis-Bacon and Related Acts, including those noted above, may be found in the Government Printing Office (GPO) document entitled ''General Wage Determinations Issued Under the Davis-Bacon and Related Acts''. This publication is available at each of the 50 Regional Government Depository Libraries and many of the 1,400 Government Depository Libraries across the county.

The general wage determinations issued under the Davis-Bacon and Related Acts are available electronically by subscription to the FedWorld Bulletin Board System of the National Technical Information Service (NTIS) of

the U.S. Department of Commerce at (703) 487–4630.

Hard-copy subscriptions may be purchased from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, (202) 512–1800.

When ordering hard-copy subscription(s), be sure to specify the State(s) of interest, since subscriptions may be ordered for any or all of the seven separate volumes, arranged by State. Subscriptions include an annual edition (issued in January or February) which includes all current general wage determinations for the States covered by each volume. Throughout the remainder of the year, regular weekly updates are distributed to subscribers.

Signed at Washington, DC, this 24th day of October 1997.

Margaret Washington,

Acting Chief, Branch of Construction Wage Determinations.

[FR Doc. 97–28650 Filed 10–30–97; 8:45 am]

BILLING CODE 4510–27–M

DEPARTMENT OF LABOR

Mine Safety and Health Administration

Proposed Information Collection Request Submitted for Public Comment and Recommendations; Ventilation Plans, Tests, and Examinations in Underground Coal Mines

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed.

Currently, the Mine Safety and Health Administration (MSHA) is soliciting comments concerning the existing information collection related to Ventilation Plans, Tests, and Examinations in Underground Coal Mines. MSHA is particularly interested in comment which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions or responses.

A copy of the proposed information collection request can be obtained by contracting the employee listed below in the **FOR FURTHER INFORMATION CONTACT** section of this notice.

DATES: Submit comments on or before December 30, 1997.

ADDRESSES: Send comments to Patricia W. Silvey, Director, Office of Standards, Regulations, and Variances, 4015 Wilson Boulevard, Room 627, Arlington, VA 22203–1984. Commenters are encouraged to send their comments on a computer disk, or via E-mail to psilvey@msha.gov, along with an original printed copy. Ms. Silvey can be reached at (703) 235–1910 (voice) or (703) 235–5551 (facsimile).

FOR FURTHER INFORMATION CONTACT: George M. Fesak, Director, Office of Program Evaluation and Information Resources, U.S. Department of Labor, Mine Safety and Health Administration, Room 715, 4015 Wilson Boulevard, Arlington, VA 22203–1984. Mr. Fesak can be reached at gfesak@gov (internet E-mail), (703) 235–8378 (voice), or (703) 235–1563 (facsimile).

SUPPLEMENTARY INFORMATION:

I. Background

Underground coal mines usually present harsh and hostile working environments. The ventilation system is the most vital life support system in underground mining and a properly operating ventilation system is essential for maintaining a safe and healthful working environment. Lack of adequate ventilation in underground mines has resulted in fatalities from asphyxiation and explosions.

An underground mine is a maze of tunnels that must be adequately ventilated with fresh air to provide a safe environment for miners. Methane is liberated from the strata, and noxious gases and dusts from blasting and other mining activities may be present. The explosive and noxious gases and dusts must be diluted, rendered harmless, and carried to the surface by the ventilating currents. Sufficient air must be provided to maintain the level of respirable dust at or below 2 milligrams per cubic meter of air and air quality must be maintained in accordance with MSHA standards. Mechanical ventilation equipment of sufficient capacity must operate at all times while miners are in the mine. Ground conditions are subject to frequent changes, thus sufficient tests and examinations are necessary to ensure the integrity of the ventilation system and to detect any changes that any require adjustments in the system. Records of tests and examinations are necessary to ensure that the ventilation system is being maintained and that changes which could adversely affect the integrity of the system or the safety of the miners are not occurring. These examinations requirements of 75.360 through 75.364 also incorporate examinations of other critical aspects of the underground work environment such as roof conditions and electrical equipment which have historically cased numerous fatalities if not properly maintained and operated.

II. Current Actions

MSHA is seeking to continue the requirements for mine mine ventilation plans, tests and examinations in underground coal mines. The records give notice to mine management and the miners on the oncoming shift on mine conditions, identify hazards on working sections during the previous shift, and verify that proper ventilation is being maintained. The information is available to all interested persons at the mine to assure them that the integrity of the ventilation system is being provided for the miners. MSHA inspectors use the records to determine that tests and examinations, required by the regulations, are made.

Type of Review: Revision.

Agency: Mine Safety and Health Administration.

Title: Ventilation Plans, Tests, and Examinations in Underground Coal Mines.

Affected Public Business or other for-profit.

Cite/Reference/Form/etc: 30 CFR 75.310, 75.312, 75.342, 75.351, 75.360, 75.361, 75.362, 75.363, 75.364, 75.370 and 75.382.

30 CFR section	Respondents	Burden hours	Burden hour cost
75.310	980	7,523	$195,598
75.312	980	99,739	$2,593,214
75.312(c)(d)	980	3,920	$101,920
75.312(g)	980	620	$16,120
75.312(g)(2)(ii)	23	46	$1,196
75.342	980	10,515	$273,390
75.351(h)	60	5,984	$155,584
75.360	980	1,470,667	$38,641,870
75.361	980	7,500	$195,000
75.362	980	642,744	25,709,760
75.363	980	10,224	319,514
75.364	980	410,884	10,767,544
75.370	554	38,226	$1,509,264
75.382	300	15,000	$390,000
Total	10,737	2,723,592	80,869,974

Frequency: On occasion; quarterly.

Average Time per Response: Varies from 5 minutes for countersigning preshift examinations to 16 hours for updating mine ventilation plans.

Total Burden Cost (capital/startup): $0.

Total Burden Cost (operating/maintaining): $194,256.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: October 27, 1997.

George M. Fesak,

Director, Program Evaluation and Information Resource.

[FR Doc. 97–28918 Filed 10–30–97; 8:45 am]

BILLING CODE 4510–43–M

DEPARTMENT OF LABOR

Occupational Safety and Health Administration

[V–97–1]

Notice of Application for Permanent Variance From Dixie Divers

AGENCY: Occupational Safety and Health Administration, Department of Labor.

ACTION: Notice of application for permanent variance from Dixie Divers.

SUMMARY: This notice announces the application of Dixie Divers, Inc., for a permanent variance from the Occupational Safety and Health Administration (OSHA) requirements for the availability and use of decompression chambers for mixed-gas diving operations (i.e., 29 CFR 1910.423(b)(2), 29 CFR 1910.423 (c)(3)(iii), and 29 CFR 1910.426(b)(1)).

DATES: The last date for interested parties to submit comments on the variance application is December 30, 1997. The last date for affected parties, including employers and employees, to request a hearing regarding the variance application is December 30, 1997.

ADDRESSES: The original and four copies of written comments and requests for a hearing must be submitted to: U.S. Department of Labor, Occupational Safety and Health Administration, Office of Variance Determination, Room N–3653, Attention: Ms. Juanita Jones, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

For comments, one original (hardcopy) and one diskette (5¼-or 3½-inch) in Wordperfect 5.0, 5.1. or 6.1, or ASCII may be sent to this address; however, any information not contained on the diskettes (e.g., studies, articles) must be submitted in quadruplicate with the original written comments. Written comments of 10 pages or less may be transmitted by facsimile (fax) to OSHA's office of Variance Determination at (202) 219–7068, provided the original and four copies of the fax material are sent to OSHA's Office of Variance Determination within the 60day period allowed for comments.

FOR FURTHER INFORMATION CONTACT:

Ms. Juanita Jones, Office of Variance Determination (see **ADDRESSES** above), Telephone: (202) 219–7193, Fax: (202) 219–7068, E–mail: juanita.jones@osha-no.osha.gov

or the following Regional and Area Offices:

U.S. Department of Labor—OSHA, 1375 Peachtree Street, N.E., Suite 587, Atlanta, Georgia 30367, Telephone: (404) 562–2300, Fax: (404) 562–2295, E–mail: burgoyne-joanne@dol.gov and

U.S. Department of Labor—OSHA, 5807 Breckenridge Parkway, Suite A, Tampa, Florida 33610, Telephone: (813) 626–1177, Fax: (813) 626–7015, E-mail: larry.falck@tampa.osha.gov.

For an electronic copy of this Federal Register notice, contact the Labor News Bulletin Board at (202) 219–4748, or access OSHA's web page on the Internet at http://www.OSHA.gov.

Notice of Application

Dixie Divers, Inc. (hereafter, ''Dixie,'' ''applicant,'' or ''employer''), 14601 Orange Avenue, Ft. Pierce, Florida 34945, has applied, pursuant to Section 6(d) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655) and 29 CFR 1905.11, for a permanent variance from the requirements specified in 29 CFR 1910.423(b)(2), 29 CFR 1910.423(c)(3)(iii), and 29 CFR 1910.426(b)(1) concerning the availability and use of decompression chambers during mixed-gas diving operations.

SUPPLEMENTARY INFORMATION:

I. Background

The addresses of the places of employment affected by this application for a permanent variance are diving training facilities operated by Dixie Divers, including:

Dixie Divers of Boca Raton, 8241 Glades Road, Boca Raton, Florida 33434

Dixie Divers of Boynton Beach, 340 North Congress, Boynton Beach, Florida 33426

Dixie Divers of Coral Springs, 2060 University Drive, Coral Springs, Florida 33071

Dixie Divers of Deerfield, 1645 Southeast 3rd Court, Deerfield Beach, Florida 33441

Dixie Divers of Fort Pierce, 1717 South U.S. Route 1, Fort Pierce, Florida 34950

Dixie Divers of Key Largo, 103400 Overseas Highway, Key Largo, Florida 33037

Dixie Divers of Lakeland, 4120 South Florida Avenue, Lakeland, Florida 33813

Dixie Divers of Palm Bay, 4651 Babcock Street, Northeast, Palm Bay, Florida 32905
Dixie Divers of Panama City, 109B West 23rd Street, Panama City, Florida 32405
Dixie Divers of Stuart, 1839 Southeast Federal Highway, Stuart, Florida 34994
Dixie Divers of Vero Beach, 1833 U.S. Route 1, Vero Beach, Florida 32960
Dixie Divers of West Palm Beach, 1401 South Military Trail, West Palm Beach, Florida 33415.

The applicant has certified that employees who would be affected by the permanent variance have been notified of the application for a permanent variance by posting a copy of the application at locations where employee notices are normally posted, and that the employees have been informed of their right to petition the Assistant Secretary of Labor for the Occupational Safety and Health Administration for a hearing on the application.

Regarding the merits of the application, the applicant states that it is providing a place of employment at least as safe and healthful as that required by 29 CFR 1910.423(b)(2), 1910.423(c)(3)(iii), and 29 CFR 1910.426(b)(1).

Paragraph (b)(2) of 29 CFR 1910.423 requires that:

> For any dive outside the no-decompression limits, deeper than 100 fsw [feet of sea water], or using mixed gas as a breathing mixture, the employer shall instruct the diver to remain awake and in the vicinity of the decompression chamber which is at the dive location for at least one hour after the dive (including decompression or treatment as appropriate).

Paragraph (c)(3)(iii) of 29 CFR 1910.423 specifies that:

> [The decompression chamber shall be] located within 5 minutes of the dive location.

Paragraph (b)(1) of 29 CFR 1910.426 requires that:

> A decompression chamber is ready for use at the dive location.

The purpose of these standards is to provide for the rapid treatment of decompression sickness (DCS) that may result from breathing mixed gases at diving depths and durations that require decompression.

The applicant operates 12 diving schools; five of the schools are operated directly by the applicant and seven of the schools are franchise operations. The applicant employs 34 recreational diving instructors, who are highly skilled and experienced divers, to train novice divers in recreational diving knowledge and skills. The same 34 employees also serve as diving guides and lead groups of sports divers to local diving sites for recreational purposes. (The recreational diving instructors and diving guides are also referred to hereafter as ''employees'' or, more generally, as ''divers.'')

As recreational diving instructors, employees train recreational diving students in conventional diving procedures and the safe operation of diving equipment. The diving students may use an open-circuit, semi-closed-circuit, or closed-circuit self-contained underwater breathing apparatus (SCUBA) with compressed-air or a high-oxygen breathing-gas mixture during these training dives. The applicant's training program involves both classroom instruction and practice dives in which the employees accompany diving students to ocean depths of zero to 130 feet of sea water (fsw) for durations that do not exceed established no-decompression limits. During these training dives, the diving instructors provide underwater instruction in, and allow the diving students to practice using, diving procedures and equipment. A diving instructor may make as many as three to four training dives a day while training diving students either individually or in small groups.

As diving guides, employees lead small groups of trained sports divers to local undersea diving locations for recreaitonal purposes. The diving locations are pre-selected by the diving guide. The diving guide provides the sports divers with information regarding the diving site, including hazardous conditions and safe practices. The recreational diving groups consist of sports divers who use open-circuit, semi-closed-circuit, or closed-circuit SCUBA with compressed-air or a high-oxygen breathing-gas mixture while diving. In conducting these diving excursions, the diving guide will dive for periods that do not exceed established no-decompression limits at diving depths ranging from zero to 130 fsw. A diving guide may make as many as five of these recreational diving excursions a day.

The applicant proposes to have its employees use open-circuit, closed-circuit, or semi-closed-circuit SCUBA supplied with high-oxygen breathing-gas mixtures that contain a higher fraction of oxygen than air. For the purpose of this application, the term ''high-oxygen breathing-gas mixture'' refers to any breathing-gas mixture containing an oxygen fraction of more that 22 percent (22%) by volume; the maximum oxygen fraction is 40 percent (40%) by volume for open-circuit SCUBA, and never exceeds an oxygen partial pressure delivered to the diver of 1.40 ATA (atmospheres absolute) for any SCUBA.

The high-oxygen breathing-gas mixture is obtained by mixing pure nitrogen with pure oxygen, removing oxygen from air for mixing with pure nitrogen, adding pure oxygen to air, or by denitrogenating air. Employees who use high-oxygen breathing-gas mixtures will be able to make more or longer repetitive-training and/or excursion divers than they would using compressed-air open-circuit SCUBA (their current mode of operation) because the higher oxygen and lower nitrogen levels of these breathing-gas mixtures will extend the no-decompression limits of these dives compared to repetitive-training and/or excursion dives made using breathing gases composed only of air. The use of closed-circuit and semi-closed-circuit SCUBA will also enable employees to make repetitive-training and/or excursion dives without continually refilling the cylinders that contain the breathing-gas mixture, as is the case currently when open-circuit SCUBA is used.

According to the applicant, the employees covered by this variance application will receive a level of protection that is equal to, or greater than, the level of protection they receive when they use compressed air supplied to open-circuit SCUBAs under no-decompression diving limits as permitted by the exemption to the Commercial Diving Operations standard at 29 CFR 1910.401(a)(2)(i).

Since OSHA first published the Commercial Diving Operations standard in 1977, diving equipment (including dive-decompression computers), decompression tables, training, and safety programs have steadily improved. Consequently, the overall safety performance of recreational diving has improved substantially. According to the data discussed in Reference A, the fatality rate for recreational diving as a whole (including non-work, recreational diving) has fallen from 8.62 fatalities per 100,000 divers in 1976 to 2.09–2.68 fatalities per 100,000 divers in 1991.

In the preamble to the Commercial Diving Operations standard (42 FR 37650), OSHA noted that high-oxygen breathing-gas mixtures were being developed by the National Oceanic and Atmospheric Administration (NOAA), but had not yet (in 1977) been made available to the recreational diving community. This technology increases the fraction of oxygen contained in the breathing-gas mixture, thereby exposing divers using this breathing-gas mixture to a decreased fraction of nitrogen.

During the 1980s, NOAA published diving procedures, including decompression protocols, for dives using high-oxygen breathing-gas mixtures. (See Reference B.)

While the percentage of oxygen in breathable air is 19.5–22.0 (see Gas Association Commodity Specification G–7.1–1966), the percentage of oxygen in high-oxygen breathing-gas mixtures for open-circuit SCUBA typically ranges from 28 to 40. By increasing the fraction of oxygen in the breathing-gas mixture, the driver's bodily tissues accumulate less nitrogen during a dive. As a result, the mathematical probability of developing decompression sickness (DCS) is reduced compared to divers who use compressed air under the same diving conditions (i.e., depth, bottom time, and descent and ascent rates). (See Reference C.)

Regardless of the diving equipment used (e.g., open-circuit SCUBA, surface-supplied air), paragraph 29 CFR 1910.423(b)(2), 29 CFR 1910.423(c)(3)(iii), and 29 CFR 1910.426(b)(1) of OSHA's Commercial Diving Operations standard require a decompression chamber at the diving site if a diver is supplied with high-oxygen breathing-gas mixtures; these requirements apply even if the dive does not involve decompression stops (i.e., is a no-decompression dive). Dixie believes, however, that the reduced mathematical probability of DCS that results from the use of high-oxygen breathing-gas mixtures under the conditions specified in this variance application will provide a level of safety to its employees that is equivalent to the level of safety they experience when they use open-circuit, compressed-air SCUBA within the no-decompression limits. Dixie asserts, therefore, that maintaining a decompression chamber at the dive location should not be required if it complies with the alternative conditions specified in this variance application.

II. Proposed Alternative

Instead of complying with the standard, the applicant contends that the specific safety procedures and technical provisions set forth in the variance application make the need for immediate access to a decompression chamber no greater than would be in the case when its divers use open-circuit, compressed-air SCUBA within the no-decompression diving limits as specified in the exemption to the Commercial Diving Operations standard under the provisions of 29 CFR 1910.401(a)(2)(i). These procedures and provisions are described in each of the following conditions:

A. High-oxygen breathing-gas mixtures shall be supplied using open-circuit, closed-circuit, or semi-closed-circuit SCUBA. If the divers use a closed-circuit or semi-closed-circuit SCUBA, this diving equipment must use:

1. Commercially-available disposable scrubber cartridges prepacked with sorbents that remove carbon dioxide and maintain the carbon-dioxide level in the breathable gas (i.e., the gas being inhaled directly by the diver from the regulator) below a partial pressure of 0.1 ATA. An alternate scrubber method may be used provided the employer demonstrates that this method is equal in effectiveness to commercially-available disposable scrubber cartridges in removing carbon dioxide and maintaining the carbon-dioxide level in the breathable gas below a partial pressure of 0.1 ATA.

2. Redundant, continuously-functioning carbon-dioxide sensor, moisture traps, an over-pressure valve, and redundant, continuously-functioning moisture sensors, or an equivalent method that provides immediate and accurate detection of depleted scrubber sorbent or scrubber sorbent that has been compromised by moisture contamination.

3. Flexible breathing bags (i.e., ''counter lungs'').

4. An open-circuit (''bail-out'') system in which the second stage of the SCUBA regulator is connected to a separate supply of emergency breathing gas, or for semi-closed-circuit and closed-circuit SCUBA, a diluent supply of emergency breathing gas, in the event the SCUBA malfunctions (e.g., fails to provide a breathable oxygen level or to maintain carbon dioxide below 0.1 ATA). The bail-out system shall be at least as reliable as other commercially-available open-circuit SCUBA, and contain a supply of breathable air or a high-oxygen breathing-gas mixture sufficient to last 3 to 4 minutes at 130 fsw.

5. An information module that provides:

a. For closed-circuit SCUBA, digital and/or graphical displays for: gas pressures (including oxygen partial pressures) and/or deviations from the preset values for this information; time (i.e., surface time, dive time remaining, required ceiling stop times, and total ascent time); depth (i.e., current depth, maximum depth achieved, and required ceiling stop depth); gas temperature within the breathing loop; and ascent and decent rates.

b. For semi-closed circuit SCUBA, analog and/or digital displays for: gas pressures; time (i.e., surface time, dive time remaining, required ceiling stop times, and total ascent time); and ascent and decent rates.

c. For both closed-circuit and semi-closed-circuit SCUBA, flashing displays and symbols in the data-display module, audible alarms, or visual displays in the mask sufficient to warn the diver of: solenoid failure (when solenoids are used); low battery voltage (for electronic instruments); excessive ascent and descent rates; depth levels that are shallower than the required ceiling stop depth; and, for closed-circuit SCUBA only, oxygen partial pressures that are below or exceed the planned oxygen levels (e.g., exceed an oxygen partial pressure delivered to the diver of 1.40 ATA).

B. Closed-circuit SCUBA also must use:

1. Oxygen and diluent gas (i.e., air or nitrogen) supply-pressure sensors, depth sensors, continuously-functioning and redundant temperature-compensated oxygen sensors, and continuously-functioning gas-loop and ambient water-temperature sensors.

2. A gas-controller package with electrically-operated solenoid oxygen-supply valves and a pressure-activated regulator with a second-stage diluent-gas addition valve.

3. A manually-operated, gas-supply bypass valve to add oxygen or diluent gas to the breathing loop.

4. Separate oxygen and diluent-gas cylinders to supply the breathing-gas mixture.

C. Regardless of the SCUBA used (i.e., open-circuit, closed-circuit, or semi-closed-circuit), the fraction of oxygen in the high-oxygen breathing-gas mixture shall be greater than the fraction of oxygen in compressed air, with a maximum fraction of breathable oxygen of 40 percent (40%) by volume for open-circuit SCUBA, but never to exceed a maximum oxygen partial pressure delivered to the diver of 1.40 ATA for any SCUBA.

D. Regardless of the SCUBA used, the diver shall dive no deeper than 130 fsw. or to a maximum oxygen partial pressure delivered to the diver of 1.40 ATA, whichever is most restrictive.

E. The employer shall ensure that the divers' exposures to partial pressures of oxygen between 0.60 and 1.40 ATA (delivered to the diver) do not exceed the 24-hour single-exposure time limits specified by the 1991 NOAA Diving Manual or other oxygen-exposure limits, such as the Diving Science and Technology (DSAT) Oxygen Exposure Table, that provide a level of oxygen-toxicity protection at least equivalent to the level of protection afforded by the 1991 NOAA Diving Manual. (See

Reference D.) In using these tables, time limits shall be determined as the function of the maximum partial pressure of oxygen to which the diver was exposed during the dive, as well as the total time of the dive (i.e., from the time the diver leaves the surface until that diver returns to the surface), not the total bottom time of the dive.

F. Nitrogen shall be the only inert gas used to obtain the breathing-gas mixture.

G. The conditions listed below apply to mixing and analyzing the high-oxygen breathing-gas mixtures:

1. If the breathable gas is a high-oxygen mixture compounded by the employer, the follow procedures apply:

a. Either the continuous-flow or partial-pressure mixing techniques specified in the 1991 NOAA Diving Manual or a semi-permeable membrane shall be used to compound the appropriate breathing gas prior to delivery to the SCUBA cylinders.

b. For open-circuit and semi-closed-circuit SCUBA , the oxygen fraction of the breathing-gas mixture must be analyzed by the employer using a oxygen analyzer (e.g., consisting of a fuel-cell process the oxidizes a chemical to produce an electrical output proportional to the oxygen content) that is accurate to within one percent (1%) by volume.

c. For closed-circuit SCUBA, the oxygen fraction used in the breathing loop must be analyzed by the employer to an accuracy within one percent (1%) by using redundant temperature-compensated electromechanical sensors (e.g., consisting of electrodes that absorb oxygen that is used to form ions that react with counter electrodes and produce electrical outputs proportional to the oxygen fraction).

d. The accuracy of the equipment used by the employer to analyze the oxygen fraction shall be maintained in accordance with the manufacturer's instructions.

2. If the breathable gas is procured (purchased) high-oxygen breathing-gas mixture, the employer must ensure that:

a. The commercial supplier of the gas mixture analyses and documents the oxygen fraction of the mixture, and uses an oxygen-analytic method at least as accurate and reliable as the methods specified in Condition G.1 above;

b. The commercial supplier provides certification of the oxygen analysis; and

c. The oxygen used in the high-oxygen breathing-gas shall be Grade A (aviator's oxygen) or Grade B (Industrial/medical oxygen), and shall meet the specifications, including the purity requirements, found in the 1991 NOAA Diving Manual. These specifications shall be analyzed using a method at least as accurate and reliable as the method described under Condition G.1 above, and the employer must obtain from the commercial supplier of the breathing-gas mixture a certification document to this effect.

H. If the employer uses a compressor to produce the high-oxygen breathing-gas mixture, the compressor shall be oil-less or the compressed-air shall be filtered to produce oxygen-compatible air.

I. SCUBA exposed to high-pressure (i.e., exceeding 300 psi) high-oxygen breathing-gas mixtures and/or pure oxygen must be rated for oxygen service (i.e., use components that are oxygen compatible and oxygen clean).

J. For both single and repetitive diving conducted while using a high-oxygen breathing-gas mixture, the diver shall remain within the no-decompression limits specified for such diving. The no-decompression limits shall be determined from decompression tables and formulas developed for single and repetitive air diving and published in the 1991 NOAA Diving Manual. The employer may use other decompression tables, formulas, and/or principles for their purpose provided the employer demonstrates that these tables, formulas, and/or principles are equivalent to, or better than, the NOAA tables and formulas.

K. The employee may wear and use an underwater dive-decompression computer designed to regulate decompression procedures provided that:

1. The dive-decompression computer uses decompression procedures that are based on the no-decompression tables or formulas specified in Condition J above;

2. The output from the dive-decompression computer can be demonstrated by the employer to provide its divers with protection that is equivalent to the tables or formulas specified in Condition J above;

3. A log is maintained at the dive site that records, for each dive, ''Left Surface Time,'' ''Reached Surface Time,'' ''Maximum Depth,'' ''Manufacturer and Model Number of the Dive-Decompression Computer,'' and ''Serial Number of Dive-Decompression Computer''; and

4. Decompression tables are available at the dive site for use in case the dive-decompression computer fails, is damaged, or is lost.

L. Regardless of the SCUBA used, the employer shall confirm prior to each day's diving operations in which a high-oxygen breathing-gas mixture is supplied by the diver's SCUBA that the following resources are available to treat a diving-related medical emergency (e.g., DCS, air embolism) that may occur to a diver who uses such a breathing-gas mixture:

1. A hospital, qualified health-care professionals, and the nearest Coast Guard Coordination Center (or the State or Municipal equivalent), with a list of telephone or call numbers for these health-care professionals and facilities being maintained at the dive site; and

2. If a decompression chamber is not at the dive site, access and transportation to a decompression chamber must be available, with the transportation being capable of delivering the diver having a diving-related medical emergency to the decompression chamber within two hours of the injury.

M. Portable oxygen equipment with a transparent mask shall be available at the dive site to treat the diver who has a diving-related medical emergency; the oxygen shall be available for administration to the diver during the entire period the diver is being transported to a decompression chamber.

N. At least two personnel, one of whom shall be a diver employed by the applicant and both of whom are qualified in first-aid and in the administration of treatment oxygen, shall be available at the dive site to provide emergency treatment for diving-related medical emergencies.

O. The employer shall ensure that the employees covered by this variance application are divers who are certified by a training agency recognized by the recreational diving industry and who perform the functions of recreational diving instructors or diving guides. The divers must be qualified by such an agency to use the SCUBA and high-oxygen breathing-gas mixtures relevant to their recreational diving operations.

P. The employer shall ensure that the divers covered by this variance application conform with the recreational diving practices specified in the instructor training manual currently used by the certified training agency with which the diver is affiliated, to the extent that these practices are consistent with the conditions specified above in this variance application.

III. Rationale for the Proposed Alternative

The applicant provided a rationale for each of the conditions specified above in the proposed alternative; this section presents this rationale.

Conditions A and B

These conditions allow the use of closed-circuit and semi-closed-circuit SCUBA, in addition to traditional open-circuit SCUBA. While the safety of open-circuit SCUBA for use by recreational diving instructors is acknowledged by OSHA under the exemption provision to its Commercial Diving Operations standard at 29 CFR 1910.401(a)(2)(i), this provision made no reference to closed-circuit or semi-closed-circuit SCUBA because such equipment was not available or in common use by recreational diving instructors when OSHA's Commercial Diving Operations standard was promulgated in 1977. Closed-circuit and semi-closed-circuit SCUBA is now available for use by recreational divers, although data related to the reliability and safety of such equipment are difficult to obtain because its use by recreational divers is still uncommon. Conditions A and B specify a number of technical features (including manually-operated ''bail-out'' systems) that will ensure that such SCUBA supplies and maintains the appropriate breathing-gas mixture to the divers, thereby providing them with a degree of safety that is at least as protective as they would obtain using compressed-air, open-circuit SCUBA under no-decompression diving limits.

Conditions A and B require closed-circuit and semi-closed-circuit SCUBA to operate so as to: automatically inject oxygen into the breathing loop to maintain an oxygen partial pressure in the breathable gas (i.e., delivered to the diver) of 0.95 to 1.40 ATA; automatically add diluent gas through the regulator to compensate for decreases in gas volume during descent; and permit these functions to be performed manually by the diver using gas-supply bypass valves provided on the equipment. These conditions will maintain oxygen levels in the breathable gas within the range of partial pressures specified by Condition E above, and will ensure that sufficient breathing-gas pressure is available to deliver breathable gas to the diver without adversely affecting the diver's breathing effort.

These conditions also will prevent the diver from breathing unsafe levels of carbon dioxide by requiring the use of proven sorbent systems, continuously-functioning control systems, and information displays that inform the diver of the SCUBA's status. Should carbon dioxide in closed-circuit SCUBA exceed planned levels, a visual display and auditory warning will be activated so that the diver is alerted to take corrective action. Semi-closed-circuit SCUBA equipment shall provide the diver with an equivalent method for ensuring that the scrubber absorbent does not deplete, thereby avoiding excessive carbon-dioxide build-up. Providing a means to manually override these functions (i.e., the ''bail-out'' mode) ensures that a diver can maintain an adequate supply of air or high-oxygen breathing-gas mixture to return to the surface should problems develop with the closed-circuit or semi-closed-circuit SCUBA. The ''bail-out'' capability, therefore, will provide an effective means for divers using closed-circuit or semi-closed-circuit SCUBA to ascend to the surface in a manner that duplicates the safety advantages of open-circuit SCUBA, and to do so with an adequate margin of safety (i.e., well within the specified ascent rates).

Conditions C to E

While high partial pressures of oxygen can be poisonous or toxic when breathed by divers, current information indicates that oxygen toxicity is not a hazard if high-oxygen breathing-gas mixtures are used within the limits specified under Conditions C and D above (i.e., at or less than a diving depth of 130 fsw equivalent, with a maximum oxygen partial pressure delivered to the diver of 1.40 ATA). (See, also, References B and C.) Conditions C and D, therefore, limit the maximum fraction of breathable oxygen to 40 percent (40%) by volume when using open-circuit SCUBA, regardless of the diving depth or oxygen partial pressure, and restricts the use of high-oxygen breathing-gas mixtures to diving depths of 130 fsw or a maximum oxygen partial pressure delivered to the diver of 1.40 ATA, whichever is most restrictive.

When employees are breathing oxygen partial pressures between 0.6 and 1.4 ATA in the high-oxygen breathing-gas mixture, Condition E specifies that the employer shall comply with the 24-hour oxygen-exposure limits of the 1991 NOAA Diving Manual or other oxygen-exposure limits that are equivalent to the 1991 NOAA Diving Manual oxygen-exposure limits in terms of protecting divers from oxygen toxicity when they are exposed to partial pressures of oxygen between 0.6 and 1.4 ATA in the high-oxygen breathing-gas mixture. For the purposes of this variance application, the Diving Science and Technology (DSAT) Oxygen Exposure Table provides such protection. When the employer chooses to use oxygen-exposure limits other than the NOAA or DSAT limits, the employer must be able to demonstrate that these oxygen-exposure limits are equivalent to, or better than, the 1991 NOAA Diving Manual with regard to protecting divers from oxygen toxicity when they are exposed to partial pressures of oxygen between 0.6 and 1.4 ATA in the high-oxygen breathing-gas mixture. The provisions of Condition (E), therefore, will ensure that the probability of oxygen-induced central nervous system or pulmonary toxicity is not materially greater than would occur when using open-circuit, compressed-air SCUBA under the no-decompression limits.

A maximum oxygen partial pressure delivered to the diver of 1.40 ATA delivered to the diver is specified under Condition D because this limit is well within the normal oxygen partial-pressure exposure limits adopted by NOAA. Under the NOAA limits, the maximum total exposure duration to oxygen at a partial pressure (delivered to the diver) of 1.40 ATA must not exceed 180 minutes during any 24-hour period. (See Reference B.) Condition E also refers to the oxygen-exposure limits in the DSAT Oxygen Exposure Table. The DSAT Oxygen Exposure Table is more conservative (i.e., more protective of divers) than the 24-hour oxygen limits promulgated by NOAA; for example, at an oxygen partial pressure delivered to the diver of 1.40 ATA, the DSAT Oxygen Exposure Table allows a total exposure of 150 minutes during any 24-hour period, versus 180 minutes permitted under the NOAA limits. (See Reference D.)

Condition E also specifies that the time limits in the DSAT Oxygen Exposure Table be defined in terms of the total time of the dive (i.e., from the time the diver leaves the surface until the diver returns to the surface), which is more protective of divers than if the period is limited to the bottom time of the dive (i.e., from the time the diver leaves the surface until the diver leaves the bottom). The employees covered by this variance application will, therefore, be required to limit the time they spend at the maximum and intermediary depths so they can remain within these time limits; this procedure will reduce their exposure to hyperbaric and hyperoxic conditions, and, consequently, provide them with an added measure of protection from DCS and oxygen toxicity.

The U.S. Navy has reported no cases of central nervous system toxicity, and only two cases of pulmonary toxicity, among Navy divers exposed to oxygen partial pressures of 1.40 ATA. (See Reference E.) The two cases of pulmonary toxicity, however, resulted after the divers had been exposed to the hyperoxic conditions for a total of 55

hours over a 3-day period, far in excess of the maximum time limit that would be used by recreational divers, or permitted under the DSAT Oxygen Exposure Table.

Only a single case of central nervous system toxicity, and no cases of pulmonary toxicity, have been documented among civilian divers exposed to an oxygen partial pressure of 1.40 ATA. (See Reference F.) The single documented case of central nervous system toxicity involved a civilian technical sport diver who took an overdose of pseudoephedrine hydrochloride, a decongestant, prior to exposure to an oxygen partial pressure of 1.40 ATA; the resulting central nervous system seizures may well have been caused by the drug overdose, not oxygen toxicity alone.

The U.S. Navy is considering a maximum oxygen partial pressure limit of 1.30 ATA, apparently in response to the two pulmonary-toxicity cases described in the preceding paragraph. The 1.30–ATA limit is for use on dives in which the diver remains at the maximum depth for extended periods of time; these dives typically require decompression. Application of this limit to Dixie's employees who use high-oxygen breathing-gas mixtures is inappropriate because Dixie's employees will be limited to no-decompression diving. To ensure that the applicant's employees obtain the added protection that results from short-duration dives, Condition J of this variance application permits only no-decompression dives.

Condition F

The mathematical probability of DCS is elevated with increases in diving depth and duration, and if the diver uses breathing-gas mixtures consisting of oxygen at reduced partial pressures and high partial pressures of a diluent gas (especially helium). Consequently, Condition D limits diving to 130 fsw or to a maximum oxygen partial pressure delivered to the diver of 1.40 ATA (whichever condition is most restrictive), while Condition F restricts the inert gas used to obtain the breathing-gas mixture.

Condition G

This condition was adopted to ensure that the oxygen used in the high-oxygen breathing-gas mixture is safe and effective, and appropriate for use under no-decompression diving conditions. To remain safe and effective, the no-decompression limits used in the NOAA no-decompression diving tables (see Condition J below) require that breathing gases be properly mixed to an accuracy of no less than one percent (1%) by volume. Consequently, the high-oxygen breathing-gas mixtures must be compounded using the techniques specified in Condition G.1. In addition, the fraction of oxygen in the high-oxygen breathing-gas mixtures used with open-circuit SCUBA, and the fraction of oxygen in the breathing-gas loop of closed-circuit and semi-closed-circuit SCUBAs, shall be analyzed to an accuracy of one percent (1%) by volume. Analysis of the oxygen fraction shall be accomplished using, at a minimum, one of the oxygen-analysis methods specified by this condition. Also, the manufacturer's instructions shall be used to maintain the reliability of the oxygen-analysis method. If the breathing-gas mixtures are compounded by a commercial supplier, the employer must obtain from the commercial supplier a certification document attesting to the fraction of oxygen, the method used to analyze the oxygen fraction, and the procedures followed to maintain the reliability of the analytic method.

Pure oxygen that is supplied commercially to the employer must be Grade A (aviator's oxygen) or Grade B (industrial/medical oxygen). The employer must obtain from the commercial supplier a certification document attesting that the oxygen is at least 99.5% pure as specified by paragraph 15.3.3. of the 1991 NOAA Diving Manual. The employer must also receive from the commercial supplier certification that, at a minimum, one of the oxygen-analysis methods specified in Condition G.1 was used to analyze the oxygen fraction, and that the manufacturer's instructions were followed to maintain the reliability of the analytic method. Again, these requirements will ensure that only oxygen sufficient to maintain a diver's health and safety will be used by the applicant's employees.

Conditions H and I

These conditions require that oil-less compressors or compressed air filtered to produce oxygen-compatible air be used to obtain the high-oxygen breathing-gas mixtures, and that SCUBA equipment exposed to high-pressure (i.e., exceeding 300 psi) high-oxygen breathing-gas mixtures and/or pure oxygen be rated for oxygen service. These conditions will reduce the chance of fires and explosions by preventing petroleum by-products from serving as an ignition source during mixing procedures involving elevated levels of oxygen.

Conditions J

The variance application requires that the applicant's employees remain within the no-decompression limits specified by decompression tables for single and repetitive air diving developed and published in the 1991 NOAA Diving Manual; the employer may use other decompression tables, formulas, and/or principles for this purpose provided the employer demonstrates that these tables, formulas, and/or principles are equivalent to, or better than, the NOAA decompression tables and formulas. This condition was adopted to achieve an equivalent or lower mathematical probability of DCS when compared to recreational diving instructors covered by paragraph 29 CFR 1910.401(a)(2)(i) of the OSHA's Commercial Diving Operations standard. Consequently, this condition eliminates the need for a decompression chamber at the dive site, provided that the other conditions specified in the variance application are followed.

Condition K

When OSHA adopted the Commercial Diving Operations standard in 1977, divers typically relied on printed diving tables to plan their dives, and no-decompression limits were developed under the assumption that a diver would remain at one planned depth for the duration of the dive (i.e., ''square-wave'' diving). No-decompression limits for a subsequent dive made within 12 hours of a previous dive were determined using special extensions of the decompression tables; these extensions required that tedious and time-consuming calculations be made by hand. Consequently, any errors resulting from these calculations placed the diver at an increased probability of developing DCS.

Underwater dive-decompression computers, which were not widely available in 1977, are now commonly used by recreational divers to perform no-decompression calculations automatically; these calculations are based on diver's previous multi-level diving profiles, inclusive of diving depth and duration. The time remaining for subsequent no-decompression dives (i.e., the adjusted no-decompression limit) is accessible to the diver throughout the dive via the liquid crystal display (LCD) screen on a module that, typically, has been incorporated into an instrument console mounted on the end of the submersible pressure-gauge hose, or worn separately on the diver's wrist. This feature eliminates the need to calculate no-decompression limits manually, and to

remember the depths and durations allowed for subsequent repetitive no-decompression dives. Dive-decompression computers, therefore, provide divers with continuous and instant access to adjusted no-decompression diving limits. This information can be used to plan subsequent repetitive dives by determining the no-decompression time remaining. Dive-decompression computers may also calculate and display, either digitally or graphically, the diver's: vertical ascent rate, which assists them in maintaining safe and controlled ascents to the surface; and breathing-gas consumption rates and oxygen loadings, either for single dives or over 24-hour periods, which aids divers in planning their subsequent diving activities.

After a diver reaches the surface, a dive-decompression computer automatically transfers the data collected during the dive into an electronic log that can be accessed and viewed on the LCD screen, and then entered in the diver's log book. Many dive-decompression computers also store the profile data of a dive (e.g., depths, times) for subsequent downloading to personal computers; once downloaded into a personnel computer, the data can be displayed in a tabular or graphic format, and manipulated for statistical purposes. This feature also enables analysis of precise dive-profile data in the event of a diving accident.

In summary, dive-decompression computers assist divers in decreasing their exposure to excessive ascent rates, oxygen toxicity, and DCS that could result from errors in calculating repetitive no-decompression diving schedules manually. Also, dive-profile information can be stored for subsequent viewing and downloading, thereby preventing errors that may result if the divers fail to record the information, or do so erroneously. Condition K, therefore, permits the applicant's employees to use dive-decompression computers to avoid the calculation and recording errors that could be made in determining adjusted no-decompression diving limits.

To ensure that the decompression schedules calculated by the dive-decompression computers are valid (i.e., conform to NOAA no-decompression air tables or formulas, or other equivalent tables, formulas, and/or principles as the basis of the decompression calculations. In addition, Condition K.2 specifies that these calculations must reliably represent the tables, formulas, and/or principles (i.e., the results determined by the dive-decompression computer for decompression stops, ascent and descent rates, and surface-interval determinations must be the same results that would be obtained using the model, formula and/or principles on which the dive-decompression computer calculations are based).

Conditions K.3 and K.4 have been included to provide backup procedures should the results calculated by the dive-decompression computer be lost or become unavailable for some reason. The information obtained under Condition K.3 can serve to reconstruct the diving schedule used previously by a diver, as well as assess the reliability of dive-decompression computers for dives that involve a diving-related medical emergency. Condition K.4 will provide the diver with immediately-accessible decompression information when such information is not available from the dive-decompression computer.

The provisions of Condition K will ensure that: the decompression procedures calculated by dive-decompression computers are accurate and appropriate to the diving conditions specified in the variance application; the reliability of the dive-decompression computer has been determined; and decompression information is readily accessible if the dive-decompression computer fails, is lost, or is damaged. These provisions, together with the detailed operating instructions provided by the manufacturers of dive-decompression computers, will ensure that dive-decompression computers are used appropriately. Consequently, the dive-decompression computers will improve diver safety by reducing errors made in determining decompression schedules.

Conditions L to N

As noted in the earlier discussion of Conditions C to E, the mathematical probability of DCS resulting from the use of open-circuit, closed-circuit, or semi-closed-circuit SCUBA supplied with high-oxygen breathing-gas mixtures is expected to be lower than the DCS incidence associated with the use of open-circuit, compressed-air SCUBA. Nevertheless, the divers covered by this variance application will receive added protection from DCS by implementing the measures described under Conditions L to N. The procedures specified in Conditions L to N will ensure that decompression chambers and other medical facilities have been identified and are available should a diving-related medical emergency occur at the dive site. Requiring the employer, under these conditions, to plan and prepare for diving-related medical emergencies will provide the divers covered by this variance application with an additional margin of safety compared to divers who experience DCS and other diving-related medical emergencies while using open-circuit, compressed-air SCUBA.

Conditions O and P

Condition O requires the applicant to hire and use only divers who, when they dive under the conditions specified in the variance application, have been certified by a diving training agency that is recognized by the recreational diving industry as possessing the qualifications necessary to effect the conditions specified in the variance application; the divers must also be capable of conducting dives consistent with these conditions. In addition, the employees must perform the functions of recreational diving instructors or diving guides when they dive under the conditions specified in the variance application. Condition O provides general uniformity to the diver qualification and training process, as well as quality control over the certifying agencies.

The applicant states that the requirements of Conditions O and P will ensure that the employees covered by this variance application are trained to perform diving procedures, use diving techniques, and operate diving equipment in a manner that is acknowledged by the recreational diving industry as being safe and effective, and that are consistent with the conditions specified in the variance application.

IV. References

Copies of the following references can be obtained from Ms. Juanita Jones at OSHA's Office of Variance Determination (see **FOR FURTHER INFORMATION CONTACT** above).

A. Richardson, D. (1995). An Assessment of Risk for Recreational Dive Instructors at Work. *Undersea Journal*, 2nd quarter, p. 14.

B. National Oceanic and Atmospheric Administration (1991). *NOAA Diving Manual: Diving for Science and Technology*, Chapter 15. U.S. Government Printing Office, Washington, D.C.

C. Hamilton, R.W. (1996). Justification for Allowing Recreational Divers To Use Oxygen-Enriched Air. Prepared for International PADI (Professional Association of Diving Instructors or ''PADI''), Inc., Santa Ana, California.

D. Diving Science and Technology (1995). Analysis of Proposed Oxygen Exposure Limits for DSAT Oxygen Exposure Table Against Existing

Database of Manned Oxygen Test Dives. *Enriched Air Resource Guide.* PADI, Santa Ana, California.

E. Hornsby, A. (1996). Response to OSHA Draft Variance Application. Cited on p. 2 of a facsimile dated October 11, 1996 to Mr. Bill Ford of Patton Boggs, L.L.P., from PADI, Santa Ana, California.

F. See Reference E, p. 3.

V. Additional Information

Copies of this variance application are available from OSHA's Office of Variance Determination or the Regional and Area Offices listed above under **FOR FURTHER INFORMATION CONTACT,** or through the Labor News Bulletin Board at (202) 219–4748 or OSHA's web page on the Internet at http://www.OSHA.gov.

All interested parties, including the employers and employees, who believe they may be affected by the approval or denial of the variance application are invited to submit written data, views, and arguments relating to this application no later than December 30, 1997.

Under 29 CFR 1905.15, interested parties, including the employers and employees, who believe they may be affected by the grant or denial of this variance may request a hearing on the variance application no later than December 30, 1997. The original and four copies of written comments and requests for a hearing must be addressed to OSHA's Office of Variance Determination; for further information on submitting comments and requests for a hearing, see **ADDRESSES** above.

VI. Issues

In submitting comments on the variance application, OSHA invites the public to submit information (e.g., reports, case histories, statistical analyses, data) and specific comments and rationale on the following issues:

A. Differences between recreational diving instructors and diving guides in the underwater tasks and type of diving they perform, and the relationship of such differences to an increased probability of experiencing diving-related medical problems;

B. In general, the health and safety effectiveness of closed-circuit and semi-closed-circuit SCUBA if used under the conditions specified in the variance application;

C. In general, the health and safety protection afforded by high-oxygen breathing-gas mixtures, if used under the conditions specified in the variance application;

D. The health and safety protection provided to divers using the carbon-dioxide scrubber, sensor, and other control measures described in Conditions A.1 and A.2 of the variance application;

E. The adequacy of the ''bail-out'' provisions specified in Condition A.4 of the variance application;

F. The engineering and maintenance reliability of closed-circuit and semi-closed-circuit SCUBA, including the features specified in Conditions A and B of the variance application;

G. The adequacy of the methods used to obtain and analyze high-oxygen breathing-gas mixtures, especially the semi-permeable-membrane method, described in Condition G of the variance application;

H. The extent to which the conditions specified in the variance application will protect employees who are engaged in repetitive diving, including the use of (1) available decompression tables, formulas, and principles to prevent DCS, and (2) oxygen-exposure limits from the 1991 NOAA Diving Manual, DSAT Table, or other equivalent limits to protect divers from oxygen toxicity; and

I. The provision specified in Condition O of the variance application regarding the use of ''a training agency recognized by the recreational-diving industry'' to certify the applicant's employees.

VII. Authority and Signature

This document was prepared under the direction of Gregory R. Watchman, Acting Assistant Secretary of Labor, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, pursuant to Section 6(d) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655); Secretary of Labor's orders 12–71 (36 FR 8754), 8–76 (41 FR 25059), 9–83 (48 FR 35736), 1–90 (55 FR 9033), or 6–96 (62 FR 111), as applicable; and 29 CFR Part 1905.

Signed at Washington, D.C., this 24th day of October 1997.

Gregory R. Watchman,

Acting Assistant Secretary of Labor.

[FR Doc. 97–28930 Filed 10–30–97; 8:45 am]

BILLING CODE 4510–26–M

DEPARTMENT OF LABOR

Occupational Safety and Health Administration

[Docket No. ICR–97–1]

Reports of Injuries to Employees Operating Mechanical Power Presses (§ 1910.217(g); Announcement to OMB Approval of Information Collection Requirements

AGENCY: Occupational Safety and Health Administration, Labor.

ACTION: Notice, Announcement of the OMB Approval of Information Collection Requirements.

SUMMARY: The Occupational Safety and Health Administration is announcing that the collections of information on the reporting of injuries to employees operating mechanical power presses, § 1910.217(g), has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. This document announces the OMB approval number and expiration date.

DATES: Effective October 31, 1997.

FOR FURTHER INFORMATION CONTACT: Barbara Bielaski, Directorate of Policy, Occupational Safety and Health Administration, U.S. Department of Labor, Room N–3627, 200 Constitution Avenue, N.W., Washington, DC 20210, telephone (202) 219–8076, ext. 142.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of March 7, 1997 (62 FR 10592), the Agency announced its intent to request renewal of its current OMB approval for 29 CFR 1910.217(g), Reports of Injuries to Employees Operating Mechanical Power Presses. In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520), OMB has renewed its approval for the information collection and assigned OMB control number 1218–0070. The approval expires on May 31, 2000. Under 5 CFR 1320.5(b), and Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Signed at Washington, D.C., this 23rd day of October 1997.

John F. Martonik,

Acting Director, Directorate of Safety Standards Program.

[FR Doc. 97–28775 Filed 10–30–97; 8:45 am]

BILLING CODE 4510–26–M

DEPARTMENT OF LABOR

Pension and Welfare Benefits Administration

Proposed Extension of Information Collection Request Submitted for Public Comment and Recommendations; Summary Plan Descriptions Under ERISA

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, provides the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Pension and Welfare Benefits Administration is soliciting comments concerning the proposed extension of a currently approved collection of information, Summary Plan Description Requirements under the Employee Retirement Income Security Act (ERISA). A copy of the proposed ICR can be obtained by contacting the employee listed below in the contact section of this notice.

DATES: Written comments must be submitted on or before December 30, 1997. The Department of Labor is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

ADDRESSES: Gerald B. Lindrew, Department of Labor, Pension and Welfare Benefits Administration, 200 Constitution Avenue, NW., Room N–5647, Washington, DC 20210. Telephone: 202–219–4782 (this is not a toll-free number). Fax: 202–219–4745.

SUPPLEMENTARY INFORMATION:

I. Background

The administrator of an employee benefit plan is required to furnish a Summary Plan Description (SPD) to each participant covered under the plan and to each beneficiary who is receiving benefits under the plan. The SPD must be written in a manner calculated to be understood by the average plan participant and must be sufficiently comprehensive to apprise the plan's participants and beneficiaries of their rights and obligations under the plan. To the extent that there is a material modification in the terms of the plan or a change in the information required to be contained in the SPD, ERISA requires that the administrator furnish participants covered under the plan and beneficiaries receiving benefits with a summary of such changes (SMM). The Health Insurance Portability and Accountability Act (HIPAA) and the Newborns' and Mothers' Health Protection Act (NMHPA) amend certain reporting and disclosure provisions of ERISA. On April 8, 1997, the Department of Labor issued Interim Rules Amending ERISA Disclosure Requirements for Group Health Plans with an information collection request (ICR). 62 F.R. 31695. OMB approved this ICR through December 31, 1997 under OMB control number 1210–0039. Subsequently, the Department published the OMB control number in the **Federal Register**. 62 FR 36205 (July 7, 1997).

II. Current Actions

Pension and Welfare Benefits Administration proposes to extend the currently approved information collection requirements of ERISA's Summary Plan Description Requirements.

Type of Review: Extension of a currently approved collection.

Agency: Pension and Welfare Benefits Administration.

Title: Summary Plan Description Requirements under ERISA.

OMB Number: 1210–0039.

Affected Public: Business or other for-profit, Not-for-profit institutions, Individuals.

Total Responses (annual): 43,952,715 (1997), 62,728,915 (1998), 31,896,715 (1999).

Total Respondents (annual): 176,315 (1997), 194,235 (1998), 163,515 (1999).

Frequency: On occasion.

Average Time per Response:

Average SPD/SMM—We estimate it takes an average of 6 hours for preparation of SPDs/SMMs, including the time to copy and assemble the document.

SMM Compliance—We estimate that preparation of an SMM sufficient to satisfy the requirements of the Interim Rules will take an average of 1 hour.

Distribution—We estimate that 2 minutes per participant is the time needed to distribute an SMM/SPD, including time spent reproducing the document and mailing the document.

Estimated Total Burden Hours: 1,007,425 (1997), 1,130,283 (1998), 942,980 (1999).

There is estimated to be no capital/start-up cost.

Total Burden Cost for operating/maintenance is estimated to be $72,310,858 in 1997, $82,338,958 in 1998 and $65,002,858 in 1999.

Note. The average Time Per Response, Estimated Total Burden Hours, and Total Burden Cost have been estimated without accounting for those respondents that will implement the ''alternative mechanisms to delivery by mail'' provision contained in the interim rules. It is expected that some respondents will use these alternatives, and that these alternatives will reduce burden hours and costs.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the ICR; they will also become a matter of public record.

Dated: October 28, 1997.

Gerald B. Lindrew,

Deputy Director, Pension and Welfare Benefits Administration, Office of Policy and Research.

[FR Doc. 97–28917 Filed 10–30–97; 8:45 am]

BILLING CODE 4510–29–M

DEPARTMENT OF LABOR

Pension and Welfare Benefits Administration

Proposed Extension of Information Collection Request Submitted for Public Comment and Recommendations; Health Insurance Portability for Group Health Plans

ACTION: Notice.

SUMMARY: The Department of Labor submits this notice to extend its public information collection request (ICR) under the Health Insurance Portability and Accountability Act of 1996

(HIPAA), Pub. L. 104–191, consisting of three distinct ICRs, to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chapter 35). These three ICRs were first published in the **Federal Register** under the Interim Rules implementing the Health Insurance Portability Requirements for Group Health Plans on April 8, 1997. 62 FR 16920 through 16923 (April 8 Interim Rules). In the April 8 publication, the Department submitted the group market information collection requirements for, among other things, establishing creditable coverage, notice of special enrollment rights, and notice of pre-existing condition exclusions to OMB for emergency review under the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chapter 35). OMB approved these ICRs through December 31, 1997 under OMB Control numbers 1210–0103, 1210–0101, and 1210–0102, respectively. Subsequently, the Department published the OMB control numbers in the **Federal Register**. 62 FR 36204 (July 7, 1997).

The April 8 Interim Rules contained three distinct ICRs. The ICRs on group health plans' obligations regarding Establishing Prior Creditable Coverage and Notice of Enrollment Rights are prescribed by the statute.

The first ICR implements statutorily prescribed requirements necessary to establish prior creditable coverage. This is accomplished primarily through the issuance of certificates of prior coverage by group health plans or by service providers that the group health plans contract with in order to provide these documents. In addition, this ICR permits plans to use a notice to meet their obligations in connection with periods of coverage ending during the transition period, October 1, 1996 through May 31, 1997, saving the respondents both hours and cost during that period. This ICR also covers the requests that certain plans will make regarding additional information they require because they are using the Alternative Method of Crediting Coverage. Finally, this ICR also includes the occasional circumstances where a participant is unable to secure a certificate and needs to provides some supplemental form of documentation in order to establish prior creditable coverage.

The second ICR, Notice of Special Enrollment Rights, implements the statutorily prescribed disclosure obligation of the plans to inform a participant, at the time of enrollment, of the plan's special enrollment rules.

The third ICR, Notice of Pre-Existing Condition Exclusion, concerns the disclosure requirements on those plans that contain pre-existing condition exclusion provisions. This ICR has two components: a notice to all participants at the time of enrollment stating the terms of the plan's pre-existing condition provisions, the participant's right to demonstrate creditable coverage, and that the plan or issuer will assist in securing a certificate if necessary; and notice by the plan of its determination that an exclusion period applies to an individual.

1. Establishing Prior Creditable Coverage

The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chapter 34) and 5 CFR 1320.11. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Pension and Welfare Benefits Administration is soliciting comments concerning the proposed extension of a currently approved collection of information, Establishing Prior Creditable Coverage. A copy of the proposed ICR can be obtained by contacting the employee listed below in the contact section of the notice.

DATES: Written comments must be submitted to the office listed in the addressee section below on or before December 30, 1997. The Department of Labor is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

ADDRESSES: Gerald B. Lindrew, Office of Policy and Research, U.S. Department of Labor, Pension and Welfare Benefits Administration, 200 Constitution Avenue, Room N–5647, Washington, D.C. 20210. Telephone: 202–219–4782 (this is not a toll-free number). Fax: 202–219–4745.

SUPPLEMENTARY INFORMATION:

I. Background

In order to meet HIPAA's goal of improving access to and portability of health care benefits, the statute provides that, after the submission of evidence establishing prior creditable coverage, a subsequent health insurance provider would be limited in the extent to which it could use pre-existing condition exclusions to limit coverage. This ICR covers the submission of materials sufficient to establish prior creditable coverage.

II. Current Actions

Under 29 CFR 2590.70–5 of the April 8 Interim Rule, a group health plan offering group health insurance coverage is obliged to provide a written certificate of information suitable for establishing the prior creditable coverage of a participant or beneficiary. To the extent that a certification is not available or inadequate to prove prior creditably coverage, paragraph (c) provides other methods for establishing creditable coverage. During the transition period for certification under 29 CFR 2590.710(e), plans have the option of providing notices regarding participant's rights to certification rather than the certification itself; plans then provide certificates only to those participants who request them. 29 CFR 2590.701–5(a)(7) provides special rules for establishing prior coverage of dependents, and 29 CFR 2590.701–5(b) provides guidance on providing evidence of coverage to those plans that use the alternative method of crediting coverage.

The April 8 Interim Rules offer model certification and notice forms to be used by group health plans and health insurance issuers, containing the minimum information mandated by the statute. Based on past experience, the staff believes that most of the materials required to be exchanged under the certification procedure will be prepared by contract service providers such as

insurance companies and third-party administrators.

Type of Review: Extension of a currently approved collection.

Agency: U.S. Department of Labor, Pension and Welfare Benefits Administration.

Title: Establishing Prior Creditable Coverage.

OMB Number: 1210–0103.

Affected Public: Individuals or households; Business or other for-profit; Not-for-profit institutions; Group Health Plans.

Frequency: On occasion.

BURDEN

Year	Total respondents	Total responses	Average time per response (range)	Burden hours (range)	Cost (range)
1997	2,600,000	51,799,410	3.23 min	502,080	$57,180,000
			6.12 min	950,710	84,590,000
1998	2,600,000	44,431,970	5.04 min	672,120	64,480,000
			11.77 min	1,569,390	119,310,000
1999	2,600,000	44,399,150	5.27 min	702,360	66,310,000
			12.01 min	1,599,630	121,140,000

Start up costs: It is estimated that the 15,604 plans that will perform these functions internally (rather than use a service provider) will incur an average cost of $5,000 per plan to revise their automated records systems to accommodate this information for a total cost of $78 million over 10 years beginning in 1997.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of the information collection request; they will also become a matter of public record.

2. Notice of Enrollment Rights

The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and federal agencies with an opportunity to comment on proposed information collection requests (ICR) in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chapter 35) and 5 CFR 1320.11. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Pension and Welfare Benefits Administration is soliciting comments concerning the proposed extension of a currently approved collection of information, Notice of Enrollment Rights.

Dates: Written comments must be submitted to the office listed in the addressee section below on or before December 30, 1997.

The Department of Labor is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

Addresses: Gerald B. Lindrew, Office of Policy and Research, U.S. Department of Labor, Pension and Welfare Benefits Administration, 200 Constitution Avenue, Room N–5647, Washington, D.C. 20210. *Telephone:* 202–219–4782 (this is not a toll-free number). *Fax:* 202–219–4745.

I. Background

In order to improve participants' understanding of their rights under an employer's welfare benefit plan, the statute provides that, a participant be provided with a description of a plan's special enrollment rules on or before the time when a participant is offered the opportunity to enroll in a group health plan.

II. Current Actions

Under 29 CFR 2590.701–6 of the April 8 Interim Rules, a group health plan offering group health insurance coverage is obligated to provide a description of the plans' special enrollment rules. The special enrollment rules generally apply in circumstances when the participant initially declined to enroll in the plan, and subsequently would like to have coverage.

The April 8 Interim Rules offer a model form to be used by group health plans and health insurance issuers, containing the minimum information mandated by the statute. Based on past experience, the staff believes that most of the materials required to be supplied under this ICR will be prepared by contract service providers such as insurance companies and third-party administrators.

Type of Review: Extension of a currently approved collection.

Agency: U.S. Department of Labor, Pension and Welfare Benefits Administration.

Title: Notice of Enrollment Rights.

OMB Number: 1210–0101.

Affected Public: Individuals or households; Business or other for-profit; Not-for-profit institutions; Group Health Plans.

Frequency: On occasion.

BURDEN

Year	Total respondents (000)	Total responses	Average time per response	Burden hours	Cost
1997	2,600,000	499,080	.50 min	750	100,000
1998	2,600,000	7,622,010	.50 min	11,430	1,460,000
1999	2,000,000	8,959,380	.50 min	13,440	1,720,000

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of the information collection request; they will also become a matter of public record.

3. Notice of Pre-Existing Condition Exclusion

The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and federal agencies with an opportunity to comment on proposed information collection requests (ICR) in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chapter 35) and 5 CFR 1320.11. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Pension and Welfare Benefits Administration is soliciting comments concerning the proposed extension of a currently approved collection of information, Notice of Pre-Existing Condition Exclusion. A copy of the proposed ICR can be obtained by contacting the employee listed below in the contact section of the notice.

Dates: Written comments must be submitted to the office listed in the addressee section below on or before December 30, 1997.

The Department of Labor is particularly interested in comment which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance of quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

Addresses: Gerald B. Lindrew, Office of Policy and Research, U.S. Department of Labor, Pension and Welfare Benefits Administration, 200 Constitution Avenue, Room N–5647, Washington, DC 20210. *Telephone:* 202–219–4782 (this is not a tool-free number). *Fax:* 202–219–4745.

I. Background

In order to meet HIPAA's goal of improving portability of health care coverage, participants need to understand their rights to show prior creditable coverage when entering a group health plan that contains pre-existing condition exclusion provisions. In addition, participants entering plans that use the alternative method of crediting coverage also need to be informed of the plan's provisions. Therefore, the Department has determined that plans that contain these provisions must disclose that fact to new participants, as well as inform individual participants of the extent to which a pre-existing condition exclusion applies to them.

II. Current Actions

29 CFR 2590.701–3(c) requires that a group health plan or health insurance issuer offering group health insurance under the plan may not impose any pre-existing condition exclusions on a participant unless the participant has been notified in writing that the plan contains pre-existing condition exclusions, that a participant has the right to demonstrate any period of prior creditable coverage, and that the plan or issuer will assist the participant in obtaining a certificate of prior coverage from any prior plan or issuer, if necessary. 20 CFR 2590.701–4(c)(4) requires that plans that use the alternative method of crediting coverage disclose their method at the time of enrollment in the plan. No additional cost of preparing or distributing this information has been included in this analysis because plans would only pursue this option if it were, on net, less costly than the standard method.

In addition, 29 CFR 2590.701–5(d)(2) requires that before a plan or issuer imposes a pre-existing condition exclusion on a particular participant, it must first disclose that determination in writing, including the basis for the decision, and an explanation of any appeal procedure established by the plan or issuer.

Type of Review: Extension of a currently approved collection.

Agency: U.S. Department of Labor, Pension and Welfare Benefits Administration.

Title: Notice of Pre-Existing Exclusion Provisions.

Affected Public: Individuals or households; Business or other for-profit; Not-for-profit institutions; Group Health Plans.

Frequency: On occasion.

BURDEN

Cite/reference	Total respondents	Total responses	Average time per response	Burden hours	Cost
Notice at time of Enrollment:					
1997	1,261,450	500,800	0.70 min	2,470	$180,000
1998	1,261,450	7,626,880	0.54 min	16,300	1,700,000
1999	1,261,450	8,959,700	0.50 min	13,750	1,730,000
Notice of Pre-Existing Condition causing lack of coverage:					
1997	1,261,450	57,000	2.27 min	1,800	100,000

BURDEN—Continued

Cite/reference	Total respondents	Total responses	Average time per response	Burden hours	Cost
1998	1,261,450	862,830	0.84 min	6,160	410,000
1999	1,261,450	1,008,810	0.52 min	1,830	210,000

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of the ICRs; they will also become a matter of public record.

Dated: October 28, 1997.

Gerald B. Lindrew,

Deputy Director, Pension and Welfare Benefits Administration, Office of Policy and Research.

[FR Doc. 97–28919 Filed 10–30–97; 8:45 am]

BILLING CODE 4510–29–M

NATIONAL INDIAN GAMING COMMISSION

Submission for OMB Review; Comment Request

AGENCY: National Indian Gaming Commission.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reeducation Act of 1995, this notice announces that the following information collection activities have been forwarded to the Office of Management and Budget (OMB) for review and comment: (1) Compliance and Enforcement under the Indian Gaming Regulatory Act (IGRA); (2) Privacy Act Regulations; (3) Approval of Class II and Class III Gaming Ordinances; (4) National Environmental Policy Act Procedures; and (5) Annual Fees Payable by Class II Gaming Operations. The National Indian Gaming Commission (NIGC) is requesting approval for revision and three-year extension for each information collection activity.

DATES: Comments on this notice must be received by December 1, 1997.

ADDITIONAL INFORMATION OR COMMENTS: Comments should be addressed to Desk Officer for National Indian Gaming Commission, Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, Washington, D.C. 20503.

SUPPLEMENTARY INFORMATION:

Title: Compliance and Enforcement Under the Indian Gaming Regulatory Act.

OMB Number: 3141–0001.

Abstract: The Indian Gaming Regulatory Act (25 U.S.C. 2701 et. seq.) governs the regulation of gaming on Indian lands. Although the IGRA places primary responsibility on tribes to regulate gaming, section 2706(b) of the IGRA directs the NIGC to monitor gaming conducted on Indian lands on a continuing basis. The IGRA authorizes the NIGC to demand access to and inspect all papers, books and records relating to gaming conducted on Indian lands. In accordance with this statutory responsibility, 25 CFR 571.7 requires Indian gaming operations to keep permanent financial records.

Respondents: Indian gaming owners or operators.

Estimated Number of Respondents: 220.

Estimated Annual Responses: 665.

Estimated Annual Burden Hours: 1090.

Estimated Burden Hours Per Response: 2.5.

Title: Privacy Act Procedures.

OMB Number: 3141–0002.

Abstract: To implement the IGRA, it is necessary for the NIGC to collect, maintain and use personal information gathered on certain individuals. Under 25 CFR 556.4 and 556.6, tribes must submit to the NIGC information regarding key employees and management officials employed at a tribal gaming operation. The NIGC compiles and stores this information in a system of records. Pursuant to the Privacy Act of 1974 (5 U.S.C. 552a) agencies must promulgate regulations regarding the collection, maintenance, use and dissemination of records within a system. Under 25 CFR 515.3 individuals can request information on whether they are subject to any record. Individuals may also request access to those records. The regulations promulgated by the NIGC sets forth certain exemptions that would otherwise authorize the NIGC to withhold certain information made available under the Privacy Act.

Respondents: Individuals requesting access to records.

Estimated Number of Respondents: 45.

Estimated Annual Responses: 50.

Estimated Annual burden Hours: 105.

Estimated Burden Hours Per Response: 2.

Title: Approval of class II and class III ordinances.

OMB Number: 3141–0003.

Abstract: The IGRA establishes the National Indian Gaming Commission as an independent regulatory agency to oversee Indian gaming. The IGRA sets standards for the regulations of gaming, including requirements for approval or disapproval of tribal gaming ordinances. IGRA Section 2705(a)(3) requires the Chairman to review all class II and class III tribal gaming ordinances and resolutions. In accordance with this provision, 25 CFR 552.2 of the NIGC's regulations require tribes to submit to the NIGC (1) a copy of all gaming ordinances and resolutions adopted after the effective date of the regulation; (2) background investigations for key employees or primary management officials; (4) copies of all gaming regulations; (5) copies of tribal-state compacts; (6) a description of dispute resolution procedures for disputes arising between the gaming public and the tribe or management contractor; (7) an independent audit; and (8) a request for approval of the ordinance or resolution. Under 25 CFR 522.3 tribes must submit amendments to the ordinance or resolution.

Respondents: Tribal gaming owners and operators.

Estimated Number of Respondents: 220.

Estimated Annual Responses: 977.

Estimated Annual burden Hours: 70,922.

Estimated Burden Hours Per Response: 72.5.

Title: National Environmental Policy Act Procedures.

OMB Number: 3141–0006.

Abstract: The National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq) was enacted to encourage a national policy of protecting, enhancing, and restoring the quality of the human environment. The Council on Environmental Policy (CEQ), established pursuant to the National Environmental Policy Act (NEPA) promulgated implementing regulations at 40 CFR 1501 et seq. NEPA and CEQ's regulations require every federal agency to establish procedures and strategies that consider the environmental consequences of federal agency actions. Under NEPA, federal agencies are

required to prepare or cause to be prepared environmental documents relating to actions by the agency that have significant impacts on the environment. The Commission believes that the NEPA process will be triggered when a tribe and management contractor seek approval of a management contract under 25 CFR 533.

Respondents: Applicants seeking approval of a management contract and/or third party contractor.

Estimated Number of Respondents: 11.

Estimated Annual Responses: 11.

Estimated Annual Burden Hours: 5000.

Estimated Burden Hours Per Response: 455.

Title: Annual Fees Payable by Class II Gaming Operations.

OMB Number: 3141–0007.

Abstract: The IGRA authorizes the NIGC to establish a schedule of fees to be paid to the Commission by each class II gaming operation regulated by the IGRA. Fees are computed using rates set by the NIGC and the assessable gross revenues of each gaming operation. The total of all fees assessed annually cannot exceed $1,500,000. The required information is needed for the NIGC to both set and adjust rates and to support the computation of fees paid by each gaming operation.

Respondents: Class II gaming operations.

Estimated Number of Respondents: 201.

Estimated Annual Responses: 404.

Estimated Burden Hours Per Response: 5.

FOR COPIES AND FURTHER INFORMATION CONTACT: Copies of documents submitted to OMB may be obtained from the National Indian Gaming Commission, 1441 L Street NW, Suite 9100, Washington, DC 20005.

Tadd M. Johnson,

Chairman, National Indian Gaming Commission.

[FR Doc. 97–28876 Filed 10–30–97; 8:45 am]

BILLING CODE 7567–01–M

NUCLEAR REGULATORY COMMISSION

Application for a License To Import Nuclear Waste

Pursuant to 10 CFR 110.70(b) ''Public notice of receipt of an application'', please take notice that the Nuclear Regulatory Commission has received the folowing application for an import license. Copies of the application are on file in the Nuclear Regulatory Commission's Public Document Room located at 2120 L Street, N.W., Washington, D.C..

A request for a hearing or petition for leave to intervene may be filed within 30 days after publication of this notice in the **Federal Register**. Any request for hearing or petition for leave to intervene shall be served by the requestor or petitioner upon the applicant, the Office of the General Counsel, U.S. Nuclear Regulatory Commission, Washington D.C. 20555; the Secretary, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555; and the Executive Secretary, U.S. Department of State, Washington, D.C. 20520.

The information concerning the application follows.

NRC IMPORT LICENSE APPLICATION

Name of applicant, date of application, date received, application no.	Description of material			Country of origin
	Material type	Total qty	End use	
Chem-Nuclear Systems, October 14, 1997, October 20, 1997, IW005.	Contaminated Condenser tubes and tube plates.	1.4 million	Decontamination and recycling	Taiwan.

For the Nuclear Regulatory Commission.

Dated this 24th day of October 1997 at Rockville, Maryland.

Ronald D. Hauber,

Director, Division of Nonproliferation, Exports and Multilateral Relations, Office of International Programs.

[FR Doc. 97–28896 Filed 10–30–97; 8:45 am]

BILLING CODE 7590–01–P

NUCLEAR REGULATORY COMMISSION

[Docket No. STN 50–457]

Commonwealth Edison Company; Braidwood Station, Unit 2 Environmental Assessment and Finding Of No Significant Impact

The U.S. Nuclear Regulatory Commission (the Commission) is considering issuance of an exemption from certain requirements of its regulations for Facility Operating License No. NPF–77, issued to Commonwealth Edison Company, (ComEd, the licensee), for operation of the Braidwood Station, Unit 2, located in Will County, Illinois.

Environmental Assessment

Identification of the Proposed Action

The proposed action would permit the licensee to use the alternate methodology in American Society of Mechanical Engineers (ASME) Boiler and Pressure Vessel Code (Code) Case N–514, ''Low Temperature Overpressure Protection,'' to determine the low temperature overpressure protection (LTOP) system setpoints. By application dated November 30, 1994, as supplemented by letter dated May 11, 1995, the licensee requested an exemption from certain requirements of 10 CFR 50.60, ''Acceptance Criteria for Fracture Prevention Measures for Lightwater Nuclear Power Reactors for Normal Operation.'' The exemption would allow application of an alternate methodology to determine the LTOP system setpoints for Braidwood, Unit 2. The proposed alternate methodology is consistent with guidelines developed by the ASME Working Group on Operating Plant Criteria to define pressure limits during LTOP events that avoid certain unnecessary operational restrictions, provide adequate margins against failure of the reactor pressure vessel, and reduce the potential for unnecessary activation of pressure relieving devices used for LTOP. These guidelines have been incorporated into the 1993 Addenda to the ASME Code, Section XI, Appendix G. However, 10 CFR 50.55a, ''Codes and Standards,'' has not been updated to reflect the acceptability of the 1993 Addenda to the ASME Code.

The Need for the Proposed Action

Pursuant to 10 CFR 50.60, all lightwater nuclear power reactors must meet the fracture toughness requirements for the reactor coolant pressure boundary as set forth in 10 CFR

Part 50, Appendix G. Appendix G of 10 CFR Part 50 defines pressure-temperature (P–T) limits during any condition of normal operation, including anticipated operational occurrences and system hydrostatic tests to which the pressure boundary may be subjected over its service lifetime, and specifies that these P–T limits must be at least as conservative as the limits obtained by following the methods of analysis and the margins of safety of the ASME Code, Section XI, Appendix G. It is required in 10 CFR 50.55a that any reference to the ASME Code, Section XI, in 10 CFR Part 50 refers to addenda through the 1988 Addenda and editions through the 1989 Edition of the Code unless otherwise noted. It is specified in 10 CFR 50.60(b) that alternatives to the described requirements in 10 CFR Part 50, Appendix G, may be used when an exemption is granted by the Commission under 10 CFR 50.12.

To prevent transients that would produce excursions exceeding the P–T limits while the reactor is operating at low temperatures, the licensee installed the LTOP system, which includes pressure relieving devices called power-operated relief valves (PORVs). The PORVs prevent the pressure in the reactor vessel from exceeding the P–T limits. However, to prevent the PORV from lifting as a result of normal operating pressure surges, some margin is needed between the normal operating pressure and the PORV setpoint. In addition, normal operating pressure must be high enough to prevent damage to reactor coolant pumps that may result from cavitation or inadequate differential pressure across the pump seals. Hence, the licensee must operate the plant in a pressure window that is defined as the difference between the minimum pressure required for reactor coolant pumps and the operating margin to prevent lifting of the PORVs. When instrument uncertainty is considered, the operating window is small and presents difficulties for plant operation.

To meet the 10 CFR Part 50, Appendix G, P–T limits, the PORVs would be set to open at a pressure very close to the normal pressure inside the reactor. With the PORV setpoint close to the normal operating pressure, minor pressure perturbations that typically occur in the reactor could cause the PORVs to open. This is undesirable from the safety perspective because after every PORV opening there is some concern that the PORV may not reclose. A stuck open PORV would continue to discharge primary coolant and reduce reactor pressure until the discharge pathway was closed by operator action.

The licensee requested use of the ASME Code Case N–514, ''Low Temperature Overpressure Protection,'' for the determination of the PORV setpoints. This code case would permit a slightly higher PORV setpoint during low-temperature shutdown conditions. This would reduce the likelihood for inadvertent opening of the PORVs.

Appendix G of the ASME Code requires that the P–T limits be calculated: (a) using a safety factor of two on the principal membrane (pressure) stresses, (b) assuming a flaw at the surface with a depth of one quarter (¼) of the vessel wall thickness and a length of six (6) times its depth, and (c) using a conservative fracture toughness curve that is based on the lower bound of static, dynamic, and crack arrest fracture toughness tests on material similar to the Braidwood reactor vessel material.

ASME Code Case N–514 requires that the system pressure is maintained below the P–T limits during normal operation, but allows the pressure that may occur with the activation of pressure relieving devices (PORVs) to exceed the P–T limits, provided acceptable margins are maintained during these events. This approach protects the pressure vessel from LTOP events, and maintains the Technical Specification P-T limits applicable for normal heatup and cooldown in accordance with 10 CFR Part 50, Appendix G, and Sections III and XI of the ASME Code.

In determining the PORV setpoint for LTOP events, the licensee proposed to use the safety margins of ASME Code Case N–514. This alternate methodology allows determination of the setpoint for LTOP events such that the maximum pressure in the vessel will not exceed 110 percent of the P–T limits. This results in a safety factor of 1.8 on the principal membrane stresses. All other factors, including the assumed flaw size and fracture toughness, remain the same. Although this methodology would reduce the safety factor on the principal membrane stresses, use of the proposed criteria will provide adequate margins of safety for the reactor vessel during LTOP events.

Use of the Code Case N–514 safety margins will reduce operational challenges during low temperature, low pressure operations. In terms of overall safety, the safety benefits derived from simplified operations and the reduced potential for undesirable opening of the PORVs will more than offset the reduction of the principal membrane safety factor. Reduced operational challenges will reduce the potential for undesirable impacts to the environment.

Environmental Impacts of the Proposed Action

The proposed action involves features located entirely within the protected area as defined in 10 CFR Part 20.

The proposed action will not result in an increase in the probability or consequences of accidents or result in a change in occupational or offsite dose. Therefore, there are no radiological impacts associated with the proposed action.

The proposed action will not result in a change in nonradiological plant effluent and will have no other nonradiological environmental impact.

Accordingly, the Commission concludes that there are no environmental impacts associated with this action.

Alternatives to the Proposed Action

Since the Commission has concluded there is no measurable environmental impact associated with the proposed action, any alternatives with equal or greater environmental impact need not be evaluated. As an alternative to the proposed action, the staff considered denial of the proposed action. Denial of the application would result in no change in current environmental impacts. The environmental impacts of the proposed action and the alternative action are similar.

Alternative Use of Resources

This action does not involve the use of any resources not previously considered in the Final Environmental Statement for the Braidwood Station.

Agencies and Persons Consulted

In accordance with its stated policy, on October 22, 1997, the staff consulted with the Illinois State official, Frank Niziolek of the Illinois Department of Nuclear Safety, regarding the environmental impact of the proposed action. The State official had no comments.

Finding of No Significant Impact

Based upon the environmental assessment, the Commission concludes that the proposed action will not have a significant effect on the quality of the human environment. Accordingly, the Commission has determined not to prepare an environmental impact statement for the proposed action.

For further details with respect to the proposed action, see the licensee's letter dated November 30, 1994, as supplemented by letter dated May 11, 1995, which are available for public inspection at the Commission's Public Document Room, The Gelman Building, 2120 L Street, NW., Washington, DC,

and at the local public document room located at the Wilmington Public Library, 201 S. Kankakee Street, Wilmington, Illinois 60481.

Dated at Rockville, Maryland, this 23rd day of October 1997.

For the Nuclear Regulatory Commission.

George F. Dick, Jr.,

Senior Project Manager, Project Directorate III–2, Division of Reactor Projects III/IV, Office of Nuclear Reactor Regulation.

[FR Doc. 97–28881 Filed 10–30–97; 8:45 am]

BILLING CODE 7590–01–P

NUCLEAR REGULATORY COMMISSION

Advisory Committee on Reactor Safeguards Meeting of the ACRS Subcommittee on Reliability and Probabilistic Risk Assessment; Revised

A meeting of the ACRS Subcommittee on Reliability and Probabilistic Risk Assessment scheduled to be held on November 13-14, 1997 has been rescheduled for *Wednesday, November 12, 1997 and Thursday, November 13, 1997*, Room T–2B3, 11545 Rockville Pike, Rockville, Maryland. Notice of this meeting was published in the **Federal Register** on Friday, October 24, 1997 (62 FR 55435).

The entire meeting will be open to public attendance.

The agenda for the subject meeting shall be as follows:

Wednesday, November 12, 1997—8:30 a.m. until the conclusion of business

Thursday, November 13, 1997—8:30 a.m. until the conclusion of business

The Subcommittee will review the proposed final Standard Review Plan (SRP) Chapter 19 and associated Regulatory Guide DG-1061(General Guidance) for risk-informed, performance-based regulation. The Subcommittee will continue its review of the matter included in the Staff Requirements Memorandum dated May 27, 1997, regarding the use of uncertainty versus point values in the PRA-related regulatory decisionmaking process. The Subcommittee will discuss policy issues related to performance-based regulation, including industry initiatives in this area. All other items regarding this meeting remain the same as announced in the **Federal Register** published on Friday, October 24, 1997 (62 FR 55435).

Further information regarding this meeting can be obtained by contacting the cognizant ACRS staff engineer, Mr. Michael T. Markley (telephone 301/415–6885) between 7:30 a.m. and 4:15 p.m. (EST).

Dated: October 27, 1997.

Sam Duraiswamy,

Chief, Nuclear Reactors Branch.

[FR Doc. 97–28895 Filed 10–30–97; 8:45 am]

BILLING CODE 7590–01–P

SMALL BUSINESS ADMINISTRATION

[License No. 03/73–0212]

CEO Venture Fund III, L.P.; Notice of Issuance of a Small Business Investment Company License

On December 26, 1996, an application was filed by CEO Venture Fund III, L.P., at 2000 Technology Drive, Suite 160, Pittsburgh, Pennsylvania 15219–3109, with the Small Business Administration (SBA) pursuant to Section 107.300 of the Regulations governing small business investment companies (13 C.F.R. 107.300 (1996)) for a license to operate as a small business investment company.

Notice is hereby given that, pursuant to Section 301(c) of the Small Business Investment Act of 1958, as amended, after having considered the application and all other pertinent information, SBA issued License No. 03/73–0212 on August 1, 1997, to CEO Venture Fund III, L.P. to operate as a small business investment company.

(Catalog of Federal Domestic Assistance Program No. 59.011, Small Business Investment Companies)

Dated: October 22, 1997.

Don A. Christensen,

Associate Administrator for Investment.

[FR Doc. 97–28907 Filed 10–30–97; 8:45 am]

BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

Revocation of License of Small Business Investment Company

Pursuant to the authority granted to the United States Small Business Administration by the Final Order of the United States District Court for the Eastern District of New York, dated September 23, 1997, the United States Small Business Administration hereby revokes the license of S & S Venture Associates, Ltd., a New York corporation, to function as a small business investment company under the Small Business Investment Company License No. 02/02–0383 issued to S & S Venture Associates, Ltd. on April 25, 1980 and said license is hereby declared null and void as of October 21, 1997.

United States Small Business Administration.

Dated: October 21, 1997.

Don A. Christensen,

Associate Administrator for Investment.

[FR Doc. 97–28905 Filed 10–30–97; 8:45 am]

BILLING CODE 8025–01–P

SMALL BUSINESS ADMINISTRATION

Revocation of License of Small Business Investment Company

Pursuant to the authority granted to the United States Small Business Administration by the Final Order of the United States District Court for the Eastern District of Pennsylvania, entered August 15, 1997, the United States Small Business Administration hereby revokes the license of Salween Financial Services, Inc., a Pennsylvania corporation, to function as a small business investment company under the Small Business Investment Company License No. 03/03–5157 issued to Salween Financial Services, Inc. on July 1, 1983 and said license is hereby declared null and void as of October 15, 1997.

United States Small Business Administration.

Dated: October 15, 1997.

Don A. Christensen,

Associate Administrator for Investment.

[FR Doc. 97–28906 Filed 10–30–97; 8:45 am]

BILLING CODE 8025–01–P

SOCIAL SECURITY ADMINISTRATION

Information Collection Activities: Proposed Collection Requests and Comment Requests

This notice lists information collection packages that will require submission to the Office of Management and Budget (OMB), as well as information collection packages submitted to OMB for clearance, in compliance with PL. 104–13 effective October 1, 1995, The Paperwork Reduction Act of 1995.

I. The information collection(s) listed below require(s) extension(s) of the current OMB approval(s) or are proposed new collection(s):

1. Request to be Selected as Payee—0960–0014. The information collected on Form SSA–11–BK is used to determine the proper payee for a Social Security beneficiary, and it is designed to aid in the investigation of a payee applicant. The form will establish the applicant's relationship to the beneficiary, the justification, the concern for the beneficiary and the manner in which the benefits will be used. The respondents are applicants for

selection as representative payee for Old-Age, Survivors and Disability Insurance (OASDI), Supplemental Security Income (SSI) and Black Lung benefits.

Number of Respondents: 1,709,657.

Frequency of Response: 1.

Average Burden Per Response: 10.5 Minutes.

Estimated Annual Burden: 299,190 Hours.

2. Application for Benefits Under the Federal Mine Safety and Health Act of 1977, as Amended; (Widow's Claim, Child's Claim and Dependent's Claim)—0960–0118. Sections 402(g) and 412(a) of the Federal Mine Safety and Health Act provide that those widows, surviving children, and dependent parents, brothers or sisters who are not currently receiving benefits on the deceased miner's account must file the appropriate application within 6 months of the deceased miner's death, using Forms SSA–47, 48 and 49. This information is used to determine eligibility for benefits.

Number of Respondents: 1,800.

Frequency of Response: 1.

Average Burden Per Response: 11 Minutes.

Estimated Annual Burden: 330 Hours.

3. Work History Report—0960–0552. Form SSA–3369–BK is used by the State Disability Determination Services (DDSs) to determine disability and to record information about the claimant's work history during the past 15 years. The respondents are claimants who live in Virginia and are applying for OASDI and SSI benefits.

Number of Respondents: 32,000.

Frequency of Response: 1.

Average Burden Per Response: 30 Minutes.

Estimated Annual Burden: 16,000 Hours.

4. Disability Report-Child—0960–0504. Form SSA–3820–BK is used by the State DDSs to record claimants' allegations and sources of evidence in determining eligibility for children filing for SSI disability benefits. The respondents are SSI claimants who live in Virginia and are applying for disabled child's benefits.

Number of Respondents: 10,900.

Frequency of Response: 1.

Average Burden Per Response: 40 Minutes.

Estimated Annual Burden: 7,267 Hours.

Written comments and recommendations regarding the information collection(s) should be sent within 60 days from the date of this publication, directly to the SSA Reports Clearance Officer at the following address: Social Security Administration, DCFAM, Attn: Nicholas E. Tagliareni, 6401 Security Blvd., 1–A–21 Operations Bldg., Baltimore, MD 21235.

In addition to your comments on the accuracy of the agency's burden estimate, we are soliciting comments on the need for the information; its practical utility; ways to enhance its quality, utility and clarity; and on ways to minimize burden on respondents, including the use of automated collection techniques or other forms of information technology.

II. The information collection(s) listed below have been submitted to OMB:

1. Disability Report—0960–0573. The information collected on Form SSA–3368–F6 is needed for the determination of disability by the State DDSs. The information will be used to develop medical evidence and to assess the alleged disability. The respondents are applicants for disability benefits.

Number of Respondents: 2,438,496.

Frequency of Response: 1.

Average Burden Per Response: 45 minutes.

Estimated Annual Burden: 1,828,872 hours.

2. Work History Report—0960–0572. The information collected on Form SSA–3369–F6 is needed for the determination of disability by the State DDSs. The information will be used to document an individual's past work history. The respondents are applicants for OASDI and SSI benefits.

Number of Respondents: 1,000,000.

Frequency of Response: 1.

Average Burden Per Response: 30 minutes.

Estimated Annual Burden: 500,000 hours.

3. Medical History and Disability Report, Disabled Child—0960–0574. The information collected on Form SSA–3820–F4 is needed for the determination of disability by the State DDSs to obtain various types of information about a child's condition, his/her treating sources and/or other medical sources of evidence. The respondents are SSI claimants who are applying for disabled child's benefits.

Number of Respondents: 523,000.

Frequency of Response: 1.

Average Burden Per Response: 20 minutes.

Estimated Annual Burden: 174,333 hours.

Written comments and recommendations regarding the information collection(s) should be directed within 30 days to the OMB Desk Officer and SSA Reports Clearance Officer at the following addresses:

(OMB)

Office of Management and Budget, OIRA, Attn: Laura Oliven, New Executive Office Building, Room 10230, 725 17th St., NW, Washington, D.C. 20503

(SSA)

Social Security Administration, DCFAM, Attn: Nicholas E. Tagliareni, 1–A–21 Operations Bldg., 6401 Security Blvd., Baltimore, MD 21235

To receive a copy of any of the forms or clearance packages, call the SSA Reports Clearance Officer on (410) 965–4125 or write to him at the address listed above.

Dated: October 24, 1997.

Nicholas E. Tagliareni,

Reports Clearance Officer, Social Security Administration.

[FR Doc. 97–28782 Filed 10–30–97; 8:45 am]

BILLING CODE 4190–29–P

DEPARTMENT OF STATE

[Public Notice No. 2616]

Office of Defense Trade Controls; Notifications to the Congress of Proposed Export Licenses

AGENCY: Department of State.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Department of State has forwarded the attached Notifications of Proposed Export Licenses to the Congress on the dates shown on the attachments pursuant to section 36(c) and in compliance with section 36(e) of the Arms Export Control Act (22 U.S.C. § 2776).

EFFECTIVE DATE: As shown on each letter.

FOR FURTHER INFORMATION CONTACT: Mr. William J. Lowell, Director, Office of Defense Trade Controls, Bureau of Political-Military Affairs, Department of State (703) 875–6644.

SUPPLEMENTARY INFORMATION: Section 38(e) of the Arms Export Control Act mandates that notifications to the Congress pursuant to section 36(c) must be published in the **Federal Register** when they are transmitted to Congress or as soon thereafter as practicable.

Dated: October 10, 1997.

William J. Lowell,

Director, Office of Defense Trade Controls.

United States Department of State

Washington, D.C. 20520

September 30, 1997.

Dear Mr. Speaker: Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting here with certification of a proposed license for the export of defense articles and defense services sold

commercially under a contract in the amount of $50,000,000 or more.

The transaction described in the attached certification involves the export of 353 XTG411–6 tank transmissions to the Czech Republic.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–49–97
The Honorable Newt Gingrich, Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

September 30, 1997.

Dear Mr. Speaker: Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense articles and defense services sold commercially under a contract in the amount of $14,000,000 or more.

The transaction described in the attached certification involves the export to Israel of seventy AVDS–1790–9AR2229 tank engines.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–74–97
The Honorable Newt Gingrich, Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

September 30, 1997.

Dear Mr. Speaker: Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense articles or services sold commercially under contract to Spain in the amount of $50,000,000.00 or more.

The transaction described in the attached certification involves the transfer of technical data and assistance for integration of weapons for use by the Spanish EF–18 aircraft.

The United States Government is prepared to license the export of these items having taken into account political military, economic, human rights and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–77–97
The Honorable Newt Gingrich, Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

September 30, 1997.

Dear Mr. Speaker: Pursuant to the section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of proposed Manufacturing License Agreement involving the development of elements of the Tactical Command Control Communications System for the Government of Canada.

The United States Government is prepared to export these items having taken into account political, military, economic, human rights and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–105–97
The Honorable Newt Gingrich, Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

October 9, 1997.

Dear Mr. Speaker: Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense articles or defense services sold under a contract in the amount of $50,000,000 or more.

The transaction described in the attached certification involves the co-development of a training aircraft for the armed forces of the Republic of Korea.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–28–97
The Honorable Newt Gingrich, Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

October 9, 1997.

Dear Mr. Speaker: Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense articles or defense services sold under contract in the amount of $50,000,000 or more.

The transaction described in the attached certification involves the sale to the Republic of Turkey of twenty (20) Low Altitude Navigation and Targeting Infrared for Night (LANTIRN) Targeting Pods.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–106–97
The Honorable Newt Gingrich, Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

October 9, 1997.

Dear Mr. Speaker: Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense articles or defense services sold under a contract in the amount of $50,000,000 or more.

The transaction described in the attached certification involves a program with certain defense firms in NATO member countries to defend, develop, integrate, and qualify capabilities in the NATO AWACS Mid-Term Upgrade.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–115–97

The Honorable Newt Gingrich, Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

October 9, 1997.

Dear Mr. Speaker: Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense articles or defense services sold commercially under a contract in the amount of $50,000,000 or more.

The transaction described in the attached certification involves a program with the NATO AEW&C Progamme Management Organization (NAPMO) to define, develop, integrate, and qualify capabilities in the NATO AWACS Mid-Term Upgrade.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–116–97
The Honorable Newt Gingrich, Speaker of the House of Representatives.

[FR Doc. 97–28862 Filed 10–30–97; 8:45 am]

BILLING CODE 4710–25–M

DEPARTMENT OF STATE

[Public Notice No. 2601]

Office of Defense Trade Controls; Notifications to the Congress of Proposed Export Licenses

AGENCY: Department of State.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Department of State has forwarded the attached Notifications of Proposed Export Licenses to the Congress on the dates shown on the attachments pursuant to section 36(c) and in compliance with section 36(e) of the Arms Export Control Act (22 U.S.C. § 2776).

EFFECTIVE DATE: As shown on each letter.

FOR FURTHER INFORMATION CONTACT: Mr. William J. Lowell, Director, Office of Defense Trade Controls, Bureau of Political-Military Affairs, Department of State (703) 875–6644.

SUPPLEMENTARY INFORMATION: Section 38(e) of the Arms Export Control Act mandates that notifications to the Congress pursuant to section 36(c) must be published in the **Federal Register** when they are transmitted to Congress or as soon thereafter as practicable.

Dated: September 11, 1997.

William J. Lowell,

Director, Office of Defense Trade Controls.

United States Department of State

Washington, D.C. 20520

July 17, 1997.

Dear Mr. Speaker: Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense articles or defense services sold commercially under a contract in the amount of $14,000,000.00 or more.

The transaction described in the attached certification involves the export to Brazil of four (4) S–70A–36 helicopters, including ground support and test equipment, tooling, spares, one (1) spare T–700–GE–701C engine with optional external stores support fuel systems.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–10–97
The Honorable Newt Gingrich, Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

July 17, 1997.

Dear Mr. Speaker: Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of major defense equipment sold commercially under a contract in the amount of $14,000,000.00 or more.

The transaction contained in the attached certification involves the export to Sweden of 110 F404/RM12 engine kits, engine parts and raw materials for the Swedish JAS 39 Gripen program. The Swedish Air Force is the end-user.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–11–97
The Honorable Newt Gingrich, Speaker, House of Representatives.

United States Department of State

Washington, D.C. 20520

July 25, 1997.

Dear Mr. Speaker: Pursuasnt to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense articles or defense services sold commercially under a contract in the amount of $50,000,000.00 or more.

The transaction contained in the attached certification involves a joint venture, in which Norway, Ukraine and Russia will also participate, that is to provide commercial space launch services for commercial satellites from a modified oil platform in the Pacific Ocean.

The United States Government is prepared to license the export of these items having taken into account political, military, ecoinomic, human rights, and arms control considerations.

More detailed information is contained in the formal certifcation which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–16–97
The Honorable Newt Gingrich, Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

July 23, 1997.

Dear Mr. Speaker: Pursuant to Section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed Technical Assistance Agreement with Japan involving defense services sold commercially under a contract in the amount of $50,000,000.00 or more.

The transaction described in the attached certification involves the transfer of technical data and assistance to support the interface between U.S.-manufactured commercial and meteorological satellites and Japan's H-IIA launch vehicles.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmital No. DTC–43–97
The Honorable Newt Gingrich, Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

July 25, 1997.

Dear Mr. Speaker: Pursuant to sections 36(c) and (d) of the Arms Export Control Act, I am transmitting herewith certification of a proposed Technical Assistance Agreement and export license for defense articles and services sold commercially under contract to Taiwan in the amount of $50,000,000.00 or more.

The transaction described in the attached certification involves the sale and assembly of eleven helicopters; the integration of all specialized avionics; and, the maintenance/acceptance test flight of the aircraft after shipment.

The United States Government is prepared to license the export of these services having taken into account the political, military, economic, human rights and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistance Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–83–97
The Honorable, Newt Gingrich, Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

July 18, 1997.

Dear Mr. Speaker: Pursuant to Section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense equipment or services sold commercially under contract to the United Kingdom in the amount of $50,000,000.00 or more.

The transaction described in the attached certification involves the transfer of technical data and launch services for commerical communications satellites.

The United States Government is prepared to license the export of these items having taken into account the political, military, economic, human rights and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistance Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–96–97
The Honorable, Newt Gingrich, Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

September 17, 1997.

Dear Mr. Speaker: Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting here with certification of a proposed license for the export of defense articles and defense services sold commercially under a contract in the amount of $50,000,000.00 or more.

The transaction described in the attached certification involves the export to Germany of Radar System Improvement Program (RSIP) hardware.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin,

Assistant Secretary, Legislative Affairs.

Enclosure: Transmittal No. DTC–75–97
The Honorable Newt Gingrich, Speaker of the House of Representatives.

[FR Doc. 97–28863 Filed 10–30–97; 8:45 am]
BILLING CODE 4710–25–M

OFFICE OF THE UNITED STATES TRADE REPRESENTATIVE

Renewal of Treatment on Government Procurement of Products From Countries Designated Under the Caribbean Basin Economic Recovery Act

Under the authority delegated to me by the President in section 1–201 of Executive Order 12269 of December 31, 1980, I hereby direct that products of countries listed below, designed by the President as beneficiaries under the Caribbean Basin Economic Recovery Act (19 U.S.C. 2701, et. seq.), shall continue to be treated as eligible products for purpose of section 1–101 of Executive Order 12260 until September 30, 1998. Such treatment shall not apply to products originating in these countries that are excluded from duty free treatment under 19 U.S.C. 2703(b). Subsequent renewal of this treatment beyond September 30, 1998, will be subject to beneficiaries' participation and cooperation in the World Trade Organization (WTO) Working Group on Transparency in Government Procurement, efforts they make to accede to the WTO Agreement on Government Procurement or to support continuing multilateral negotiations in the WTO in the future and their participation in the Free Trade Area of the Americas Working Group on Government Procurement. Countries making significant efforts to comply with these conditions will be considered for future multiple-year renewals of preferential procurement status.

Charlene Barshefsky,

United States Trade Representative.

List of Countries Designated as Beneficiary Countries for Purpose of the Caribbean Basin Economic Recovery Act (CBERA)

Antigua and Barbuda
Aruba
Bahamas, The
Barbados
Belize
Costa Rica
Dominica
Dominican Republic
El Salvador
Grenada
Guatemala
Guyana
Haiti
Honduras
Jamaica
Nicaragua
Panama
Saint Lucia
Saint Vincent and the Grenadines
Trinidad and Tobago
Montserrat
Netherland Antilles
Saint Kitts-Nevis
Vigin Islands, British

[FR Doc. 97–28915 Filed 10–30–97; 8:45 am]
BILLING CODE 3190–01–M

OFFICE OF THE UNITED STATES TRADE REPRESENTATIVE

Request for Public Comment With Respect to the Annual National Trade Estimate Report on Foreign Trade Barriers

AGENCY: Office of the United States Trade Representative.

ACTION: Notice.

SUMMARY: Pursuant to section 303 of the Trade and Tariff Act of 1984, as amended, USTR is required to publish annually the National Trade Estimate Report on Foreign Trade Barriers (NTE). With this notice, the Trade Policy Staff

Committee (TPSC) is requesting interested parties to assist it in identifying significant barriers to U.S. exports of goods, services and overseas direct investment for inclusion in the NTE. Particularly important are impediments materially affecting the actual and potential financial performance of an industry sector. The TPSC invites written comments that provide views relevant to the issues to be examined in preparing the NTE.

DATES: Public comments are due not later than December 5, 1997.

ADDRESSES: Gloria Blue, Executive Secretary, Trade Policy Staff Committee, Office of the United States Trade Representative, 600 17th Street, NW., Room 501, Washington, DC 20508.

FOR FURTHER INFORMATION CONTACT: Gregory Gerdes, Office of the General Counsel, Office of the United States Trade Representative, (202) 395–9493.

SUPPLEMENTARY INFORMATION: The information submitted should relate to one or more of the following nine categories of foreign trade barriers:

(1) Import policies (*e.g.*, tariffs and other import charges, quantitative restrictions, import licensing, and customs barriers);

(2) Standards, testing, labeling, and certification (including unnecessarily restrictive application of phytosanitary standards, refusal to accept U.S. manufacturers' self-certification of conformance to foreign product standards, and environmental restrictions);

(3) Government procurement (*e.g.*, ''buy national'' policies and closed bidding);

(4) Export subsidies (*e.g.*, export financing on preferential terms and agricultural export subsidies that displace U.S. exports in third country markets);

(5) Lack of intellectual property protection (*e.g.*, inadequate patent, copyright, and trademark regimes);

(6) Services barriers (*e.g.*, limits on the range of financial services offered by foreign financial institutions, regulation of international data flows, restrictions on the use of data processing, quotas on imports of foreign films, and barriers to the provision of services by professionals (*e.g.*, lawyers, doctors, accountants, engineers, nurses, *etc.*));

(7) Investment barriers (*e.g.*, limitations on foreign equity participation and on access to foreign government-funded R&D consortia, local content, technology transfer and export performance requirements, and restrictions on repatriation of earnings, capital, fees and royalties);

(8) Anticompetitive practices with trade effects tolerated by foreign governments (including anticompetitive activities of both state-owned and private firms that apply to services or to goods and that restrict the sale of U.S. products to any firm, not just to foreign firms that perpetuate the practices; and

(9) Other barriers (*e.g.*, barriers that encompass more than one category, *e.g.*, bribery and corruption, or that affect a single sector).

As in the case of last year's NTE, we are asking that particular emphasis be placed on any practices that may violate U.S. trade agreements. We are also interested in receiving any new or updated information pertinent to the barriers covered in last year's report as well as new information. Please note that the information not used in the NTE will be maintained for use in future negotiations.

It is MOST IMPORTANT that your submission contain estimates of the potential increase in exports that would result from the removal of the barrier, as well as a clear discussion of the method(s) by which the estimates were computed. Estimates should fall within the following value ranges: less than $5 million; $5 to $25 million; $25 million to $50 million; $50 million to $100 million; $100 million to $500 million; or over $500 million. Such assessments enhance USTR's ability to conduct meaningful comparative analyses of a barrier's effect over a range of industries.

Please note that interested parties discussing barriers in more than one country should provide a separate submission (*i.e.*, one that is self-contained) for each country.

Written Comments

All written comments should be addressed to: Gloria Blue, Executive Secretary, Trade Policy Staff Committee, Office of the United States Trade Representative, 600 17th Street N.W., Room 501, Washington, D.C. 20508.

All submissions must be in English and should conform to the information requirements of 15 CFR 2003.

A party must provide ten copies of its submission which must be received at USTR no later than December 5, 1997. If the submission contains business confidential information, ten copies of a non-confidential version must also be submitted. A justification as to why the information contained in the submission should be treated confidentially must be included in the submission. In addition, any submissions containing business confidential information must be clearly marked ''Confidential'' at the top and bottom of the cover page (or letter) and of each succeeding page of the submission. The version that does not contain confidential information should also be clearly marked, at the top and bottom of each page, ''public version'' or ''non-confidential.''

Written comments submitted in connection with this request, except for information granted ''business confidential'' status pursuant to 15 CFR 2003.6, will be available for public inspection shortly after the filing deadline. Inspection is by appointment only with the staff of the USTR Public Reading Room and can be arranged by calling (202) 395–6186.

Frederick L. Montgomery.

Chairman, Trade Policy Staff Committee.

[FR Doc. 97–28914 Filed 10–30–97; 8:45 am]

BILLING CODE 3190–01–M

OFFICE OF THE UNITED STATES TRADE REPRESENTATIVE

North American Free Trade Agreement; Invitation for Applications for Inclusion on the Chapter 19 Roster

AGENCY: Office of the United States Trade Representative.

ACTION: Invitation for applications.

SUMMARY: Chapter 19 of the North American Free Trade Agreement (NAFTA) provides for the establishment of a roster of individuals to serve on binational panels convened to review final determinations in antidumping or countervailing duty (AD/CVD) proceedings and amendments to AD/CVD statutes of a NAFTA Party. The United States annually renews its selections for the Chapter 19 roster. Applications are invited from eligible individuals wishing to be included on the roster for the period April 1, 1998 through March 31, 1999.

DATES: Applications should be received no later than December 1, 1997.

ADDRESSES: Applications should be sent to Ms. Sybia Harrison, Attn: Chapter 19 Roster Applications, Office of the United States Trade Representative, 600 17th Street, NW, Washington, DC 20508.

FOR FURTHER INFORMATION CONTACT: With regard to the form of the application, Ms. Sybia Harrison, (202) 395–3419; with regard to eligibility requirements, William L. Busis, Associate General Counsel, (202) 395–3150.

SUPPLEMENTARY INFORMATION:

Binational Panel Reviews Under NAFTA Chapter 19

Article 1904 of the NAFTA provides that a party involved in an AD/CVD

proceeding may obtain review by a binational panel of a final AD/CVD determination of one NAFTA Party with respect to the products of another NAFTA Party. Binational panels decide whether such AD/CVD determinations are in accordance with the domestic laws of the importing NAFTA Party, and must use the standard of review that would have been applied by a domestic court of the importing NAFTA Party. A panel may uphold the AD/CVD determination, or may remand it to the national administering authority for action not inconsistent with the panel's decision. Panel decisions may be reviewed in specific circumstances by a three-member extraordinary challenge committee, selected from a separate roster composed of fifteen current or former judges.

Article 1903 of the NAFTA provides that a NAFTA Party may refer an amendment to the AD/CVD statutes of another NAFTA Party to a binational panel for a declaratory opinion as to whether the amendment is inconsistent with the General Agreement on Tariffs and Trade (GATT), the GATT Antidumping or Subsidies Codes, successor agreements, or the object and purpose of the NAFTA with regard to the establishment of fair and predictable conditions for the liberalization of trade. If the panel finds that the amendment is inconsistent, the two NAFTA Parties shall consult and seek to achieve a mutually satisfactory solution.

Chapter 19 Roster and Composition of Binational Panels

Annex 1901.2 of the NAFTA provides for the maintenance of a roster of at least 75 individuals for service on Chapter 19 binational panels, with each NAFTA Party selecting at least 25 individuals. A separate five-person panel is formed for each review of a final AD/CVD determination or statutory amendment. To form a panel, the two NAFTA Parties involved each appoints two panelists, normally by drawing upon individuals from the roster. If the Parties cannot agree upon the fifth panelist, one of the Parties, decided by lot, selects the fifth panelist from the roster. The majority of individuals on each panel must consist of lawyers in good standing, and the chair of the panel must be a lawyer.

Upon each request for establishment of a panel, roster members from the two involved NAFTA Parties will be requested to complete a disclosure form, which will be used to identify possible conflicts of interest or appearances thereof. The disclosure form requests information regarding financial interests and affiliations, including information regarding the identity of clients of the roster member and, if applicable, clients of the roster member's firm.

Criteria for Eligibility for Inclusion on Chapter 19 Roster

Section 402 of the NAFTA Implementation Act (Pub. L. 103–182, as amended (19 U.S.C. 3432)) (''Section 402'') provides that selections by the United States of individuals for inclusion on the Chapter 19 roster are to be based on the eligibility criteria set out in Annex 1901.2 of the NAFTA, and without regard to political affiliation. Annex 1901.2 provides that Chapter 19 roster members must be citizens of a NAFTA Party, must be of good character and of high standing and repute, and are to be chosen strictly on the basis of their objectivity, reliability, sound judgment and general familiarity with international trade law. Aside from judges, roster members may not be affiliated with any of the three NAFTA Parties. Section 402 also provides that, to the fullest extent practicable, judges and former judges who meet the eligibility requirements should be selected.

Procedures for Selection of Chapter 19 Roster Members

Section 402 establishes procedures for the selection by the United States Trade Representative of the individuals chosen by the United States for inclusion on the Chapter 19 roster. The roster is renewed annually, and applies during the one-year period beginning April 1 of each calendar year.

Under section 402, an interagency committee chaired by the United States Trade Representative prepares a preliminary list of candidates eligible for inclusion on the Chapter 19 Roster. After consultation with the Senate Committee on Finance and the House Committee on Ways and Means, the United States Trade Representative selects the final list of individuals chosen by the United States for inclusion on the Chapter 19 roster.

Remuneration

Roster members selected for service on a Chapter 19 binational panel will be remunerated at the rate of 400 Canadian dollars per day.

Applications

Eligible individuals who wish to be included on the Chapter 19 roster for the period April 1, 1998 through March 31, 1999 are invited to submit applications. Applicants should submit an original application and 1 copy. Applications must be typewritten, and should be headed ''Application for Inclusion on NAFTA Chapter 19 Roster.'' Applications should include the following information, and each section of the application should be numbered as indicated:

1. Name of the applicant.

2. Business address, telephone and fax number.

3. Citizenship(s).

4. Current employment, including title, description of responsibility, and name and address of employer.

5. Relevant education and professional training

6. Spanish language fluency, written and spoken.

7. Post-education employment history, including the dates and address of each prior position and a summary of responsibilities.

8. Relevant professional affiliations and certifications, including, if any, current bar memberships in good standing.

9. A list and copies of publications, testimony and speeches, if any, concerning AD/CVD law. Judges or former judges should list relevant judicial decisions. Only one copy of publications, testimony, speeches and decisions need be submitted.

10. Summary of any current and past employment by, or consulting or other work for, the United States, Canadian or Mexican Governments.

11. The names and nationalities of all foreign principals for whom the applicant is currently or has previously been registered pursuant to the Foreign Agents Registration Act, 22 U.S.C. 611 et seq., and the dates of all registration periods.

12. List of proceedings brought under U.S., Canadian or Mexican AD/CVD law regarding imports of U.S., Canadian or Mexican products in which applicant advised or represented (for example, as consultant or attorney) any U.S., Canadian or Mexican party to such proceeding and, for each such proceeding listed, the name and country of incorporation of such party.

13. A short statement of qualifications and availability for service on Chapter 19 panels, including information relevant to the applicant's familiarity with international trade law and willingness and ability to make time commitments necessary for service on panels.

14. On a separate page, the names, addresses, telephone and fax number of three individuals willing to provide information concerning the applicant's qualifications for service, including the applicant's familiarity with international trade laws, character, reputation, reliability, and judgment.

Current Roster Members and Prior Applicants

Current members of the Chapter 19 roster who remain interested in inclusion on the Chapter 19 roster are requested to submit updated applications. Individuals who have previously applied but have not been selected may reapply. If an applicant, including a current or former roster member, has previously submitted materials referred to in item 9, such materials need not be resubmitted.

Public Disclosure

Applications normally will be subject to public disclosure. An applicant who wishes to exempt information from public disclosure should follow the procedures set forth in 15 CFR 2003.6.

False Statements

Pursuant to section 402(c)(5) of the NAFTA Implementation Act, false statements by applicants regarding their personal or professional qualifications, or financial or other relevant interests, which bear on the applicants' suitability for placement on the Chapter 19 roster or for appointment to binational panels are subject to criminal sanctions under 18 U.S.C. 1001.

Paperwork Reduction Act

This notice contains a collection of information provision subject to the Paperwork Reduction Act (PRA) which has been approved by the Office of Management and Budget (OMB). Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB number. This notice's collection of information burden is only for those persons who wish to voluntarily apply for nomination to the NAFTA Chapter 19 roster. It is expected that the collection of information burden will be under 3 hours. This collection of information contains no annual reporting or record keeping burden. This collection of information was approved by OMB under OMB Control Number 0350–0007. Please send comments regarding the collection of information burden or any other aspect of the information collection to USTR at the address above.

Privacy Act

The following statements are made in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a). The authority for requesting information to be furnished is section 402 of the NAFTA Implementation Act. Provision of the information requested above is voluntary; however, failure to provide the information will preclude your consideration as a candidate for the NAFTA Chapter 19 roster. The information provided is needed, and will be used by USTR, other Federal Government trade policy officials concerned with NAFTA dispute settlement, and officials of the other NAFTA Parties to select well-qualified individuals for inclusion on the Chapter 19 roster and for service on Chapter 19 binational panels.

Susan G. Esserman,

General Counsel.

[FR Doc. 97–28933 Filed 10–30–97; 8:45 am]

BILLING CODE 3190–01–P

DEPARTMENT OF TRANSPORTATION

Office of the Secretary

Reports, Forms and Recordkeeping Requirements Agency Information Collection Activity Under OMB Review

AGENCY: Office of the Secretary, (DOT).

ACTION: Notice and request for comments.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), this notice announces that the Information Collection (ICR) abstracted below has been forwarded to the Office of Management and Budget (OMB) for review and comment. The ICR describes the nature of the information collection and its expected burden. The **Federal Register** Notice with a 60-day comment period soliciting comments on the following collection of information was published in 62 FR 28916, May 28, 1997.

DATES: Comments must be submitted on or before December 1, 1997.

FOR FURTHER INFORMATION CONTACT: Judith Street, ABC–100; Federal Aviation Administration; 800 Independence Avenue, SW.; Washington, DC 20591; Telephone number (202) 267–9895.

SUPPLEMENTARY INFORMATION:

Federal Aviation Administration (FAA)

Title: Pilot's Opinion Survey.

OMB Control Number: 2120–0612.

Type of Request: Extension of currently approved collection. FORM(s): N/A.

Affected Public: Individuals (a maximum of 6,700 licensed pilots with current medical certificates).

Abstract: In accordance with the Government Performance and Results Act of 1993 (GPRA) and Executive Order No. 12862, which mandate surveying customer satisfaction, the FAA is seeking to better understand pilots' opinions of the air traffic management and weather information services they receive. This information will be used by the FAA to track national airspace system service performance and identify trends and areas for improvement. It will also be used to support the FAA's work prioritization and resource allocation efforts.

Annual Estimated Burden Hours: 1675.

Addressee: Send comments to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725–17th Street, NW., Washington, DC 20503, Attention FAA Desk Officer.

Comments are Invited on: whether the proposed collection of information is necessary for the proper performance of the functions of the Department, including whether the information will have practical utility; the accuracy of the Department's estimate of the burden of the proposed information collection; ways to enhance the quality, utility and clarity of the information to be collected; and ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

Issued in Washington, D.C. on October 24, 1997.

Phillip A. Leach,

Clearance Officer, United States Department of Transportation.

[FR Doc. 97–28954 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–62–P

DEPARTMENT OF TRANSPORTATION

Office of the Secretary

Reports, Forms and Recordkeeping Requirements; Agency Information Collection Activity Under OMB Review

AGENCY: Office of the Secretary, (DOT).

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), this notice announces that the Information Collection Request (ICR) abstracted below has been forwarded to the Office of Management and Budget (OMB) for review and comment. The ICR describes the nature of the information collection and its expected burden. The **Federal Register** notice with a 60-day comment period soliciting comments on the

following collection of information was published in 61 FR 59483–59484, November 22, 1996.

DATES: Comments must be submitted on or before December 1, 1997.

FOR FURTHER INFORMATION CONTACT: Aretha L. Carr, Office of Civil Rights, Program Operations Division, (202) 366–1585, Federal Highway Administration, Department of Transportation, 400 Seventh Street, SW., Room 4132, Washington, DC 20590. Office hours are from 6:30 a.m. to 4:00 p.m., e.t., Monday through Friday, except Federal holidays.

SUPPLEMENTARY INFORMATION:

Federal Highway Administration (FHWA)

Title: Federal-aid Highway Construction Equal Employment Opportunity.

OMB Number: 2125–0019.

Type of Request: Reinstatement, without change, of a previously approved collection for which approval has expired.

Affected Public: Federal-aid Prime Contractors and State Highway Administration (SHA) in the 50 States, the District of Columbia, and Puerto Rico.

Abstract: Public comment is requested regarding the burden associated with collection of Federal-Aid project workforce statistics. This data is collected under authority of 23 U.S.C. 140, which places the responsibility on the Secretary of Transportation for ensuring nondiscrimination and equal opportunity employment in all States benefiting from the use of Federal funds. 23 CFR 121 provides the FHWA with the authority to request employment reports in conjunction with monitoring and administering the Federal-Aid Highway Program. Data collected from contractors and State Departments of Transportation is extracted and analyzed by FHWA to determine overall percentages of minorities and females, based upon the total project workforce in each State. By comparing yearly reports, FHWA is able to: (1) Monitor the progress; (2) Evaluate employment trends; and (3) Ensure commitment to the provisions of Title VI of the Civil Rights Act of 1964 and the PR–1273 (Federal-aid contract) agreement between FHWA and prime contractors awarded Federal-aid projects.

Estimated Annual burden Hours: 6,580 hours.

Number of Respondents: 52.

ADDRESSES: Send comments to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725–17th Street, NW., Washington, DC 20503, Attention FHWA Desk Officer. Comments are invited on: whether the proposed collection of information is necessary for the proper performance of the functions of the Department, including whether the information will have practical utility; the accuracy of the Department's estimate of the burden of the proposed information collection; ways to enhance the quality, utility and clarity of the information to be collected; and ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

Issued in Washington, DC, on October 27, 1997.

Vanester M. Williams,

Clearance Officer, United States Department of Transportation.

[FR Doc. 97–28955 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–62–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Approval of Noise Compatibility Program; Ft. Lauderdale Executive Airport, Ft. Lauderdale, FL

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice.

SUMMARY: The Federal Aviation Administration (FAA) announces its findings on the noise compatibility program submitted by the City of Ft. Lauderdale under the provisions of Title I of the Aviation Safety and Noise Abatement Act of 1979 (Pub. L. 96–193) and 14 CFR part 150. These findings are made in recognition of the description of Federal and nonfederal responsibilities in Senate Report No. 96–52 (1980). On March 28, 1997, the FAA determined that the noise exposure maps submitted by the City of Ft. Lauderdale under Part 150 were in compliance with applicable requirements. On September 23, 1997, the Administrator approved the Ft. Lauderdale Executive Airport noise compatibility program. Most of the program measures were fully approved. One (1) measure was partially approved and one (1) measure was disapproved.

EFFECTIVE DATE: The effective date of the FAA's approval of the Ft. Lauderdale Executive Airport noise compatibility program is September 23, 1997.

FOR FURTHER INFORMATION CONTACT: Mr. Tommy J. Pickering, P.E., Federal Aviation Administration, Orlando Airports District Office, 5950 Hazeltine National Drive, Suite 400, Orlando, FL 32822, (407) 812–6331, Extension 29. Documents reflecting this FAA action may be reviewed at this same location.

SUPPLEMENTARY INFORMATION: This notice announces that the FAA has given its overall approval to the noise compatibility program for Ft. Lauderdale Executive Airport, effective September 23, 1997.

Under Section 104(a) of the Aviation Safety and Noise Abatement Act of 1979 (hereinafter referred to as ''the Act''), an airport operator who has previously submitted a noise exposure map may submit to the FAA a noise compatibility program which sets forth the measures taken or proposed by the airport operator for the reduction of existing noncompatible land uses and prevention of additional noncompatible land uses within the area covered by the noise exposure maps. The Act requires such programs to be developed in consultation with interested and affected parties including local communities, government agencies, airport users, and FAA personnel.

Each airport noise compatibility program developed in accordance with Federal Aviation Regulations (FAR) part 150 is a local program, not a Federal program. The FAA does not substitute its judgment for that of the airport proprietor with respect to which measure should be recommended for action. The FAA's approval or disapproval of FAR part 150 program recommendations is measured according to the standards expressed in part 150 and the Act, and is limited to the following determinations:

a. The noise compatibility program was developed in accordance with the provisions and procedures of FAR part 150;

b. Program measures are reasonably consistent with achieving the goals of reducing existing noncompatible land uses around the airport and preventing the introduction of additional noncompatible land uses;

c. Program measures would not create an undue burden on interstate or foreign commerce, unjustly discriminate against types or classes of aeronautical users, violate the terms of airport grant agreements, or intrude into areas preempted by the Federal government; and

d. Program measures relating to the use of flight procedures can be

implemented within the period covered by the program without derogating safety, adversely affecting the efficient use and management of the navigable airspace and air traffic control systems, or adversely affecting other powers and responsibilities of the Administrator prescribed by law.

Specific limitations with respect to FAA's approval of an airport noise compatibility program are delineated in FAR part 150, Section 150.5. Approval is not a determination concerning the acceptability of land uses under Federal, state, or local law. Approval does not by itself constitute an FAA implementing action. A request for Federal action or approval to implement specific noise compatibility measures may be required, and an FAA decision on the request may require an environmental assessment of the proposed action. Approval does not constitute a commitment by the FAA to financially assist in the implementation of the program nor a determination that all measures covered by the program are eligible for grant-in-aid funding from the FAA. Where Federal funding is sought, requests for project grants must be submitted to the FAA Airports District Office in Orlando, FL.

The City of Ft. Lauderdale submitted to the FAA on March 5, 1997, updated noise exposure maps, descriptions, and other documentation produced during the noise compatibility planning study conducted from January 3, 1994 through March 5, 1997. The Ft. Lauderdale Executive Airport noise exposure maps were determined by FAA to be in compliance with applicable requirements on March 28, 1997. Notice of this determination was published in the **Federal Register**.

The Ft. Lauderdale Executive Airport study contains a proposed noise compatibility program comprised of actions designed for phased implementation by airport management and adjacent jurisdictions from the date of study completion to the year 2002. It was requested that FAA evaluate and approve this material as a noise compatibility program as described in Section 104(b) of the Act. The FAA began its review of the program on March 28, 1997, and was required by a provision of the Act to approve or disapprove the program within 180-days (other than the use of new flight procedures for noise control). Failure to approve or disapprove such program within the 180-day period shall be deemed to be an approval of such program.

The submitted program contained twenty-three (23) proposed actions for noise mitigation on and off the airport. The FAA completed its review and determined that the procedural and substantive requirements of the Act and FAR part 150 have been satisfied. The overall program, therefore, was approved by the Administrator effective September 23, 1997.

Out right approval was granted for twenty-one (21) of the twenty-three (23) specific program measures. One (1) measure was disapproved and one (1) measure was partially approved. The approval action was for the following program controls:

Noise abatement measure	Description	NCP pages
	Operational Measures	
3.2.1	Revised Measure: Informal Nighttime Preferential Assignment of Runway 26 to All Aircraft. It is recommended that the existing nighttime (10 p.m. through 7 a.m.) preferential use of Runway 26 by turbojet aircraft be extended to be applicable to all aircraft to reduce overflight of the populated areas closest to the airport. This measure results in a reduction of 31 people within the 65 dB L_{dn} noise contour and operates in conjunction with the noise abatement flight path for Runway 26 departures (turn to a heading of 310°) discussed below. FAA Action: Approved as a voluntary measure.	Pgs. 20, 49, 50 and 52; Figures 5.1 and 5.2; and Tables 3.2, 3.5, 5.3, 5.4 and 5.5.
3.2.2	Existing Measure: Voluntary Restriction of Jet Use of Runway 13/31. It is recommended that the existing voluntary restriction of jet use of Runway 13/31 be continued. The elimination of this measure would dramatically increase direct jet overflights of the close-in residential areas under the extended centerlines of runways at the airport, in areas where jet operations currently are rare, Increased jet use would almost certain result in a vigorous community reaction. FAA Action: Approved as a voluntary measure.	Pgs. 20 and 50; Tables 3.2, 3.5, 5.1, 5.2 and 5.3; and Appendix C.
3.23	New Measure: Relax Runway 08 Departure Altitude Restriction. Because of air traffic transiting the airspace around Fort Lauderdale Executive Airport (FXE) (largely from Fort Lauderdale-Hollywood International), the FAA currently restricts initial climb altitudes on departure from FXE to 2,000′. This measure recommends eliminating or relaxing this restriction. FAA Action: Disapproved for purposes of Part 150. The Air Traffic Control Tower commented that this procedure is already done to the maximum extent possible. Both FXE and Miami Tower personnel make every effort to climb aircraft to their cruising altitude as soon as traffic conditions permit. To eliminate the restriction, or to further relax it beyond current airport traffic capabilities, would impact air traffic efficiency and is therefore disapproved.	Pgs. 20, 21 and 56; Tables 3.2, 3.5, 5.3 and 5.7; and Figure 5.4.

Noise abatement measure	Description	NCP pages
3.2.4	Revised Measure: Noise Abatement Pattern Procedures. This measure proposes to raise the propeller pattern altitude from 1,000′ to 1200′, extend the upwind leg for Runway 31 departures out to the turnpike, and extend the approach leg for Runway 13 arrivals out to the turnpike. This measure would result in a reduction of 30 people within the 65 dB L_{dn} noise contour. FAA Action: Approved in part as a pilot request, voluntary measure, with respect to the proposal to extend the upwind leg for Runway 31 departures out to the turnpike. The measure is disapproved in part for the proposals to raise the propeller altitude and extend the approach leg for Runway 13 arrivals out to the turnpike. Raising the propeller altitude would have a severe impact on traffic at FXE and on traffic transiting into the Ft. Lauderdale-Hollywood International Airport, or working with Miami Approach Control overhead Ft. Lauderdale Executive Airport. The Air Traffic Control Tower (ATCT) expressed concern that the Runway 13 arrival change would create at least a 2½ mile longer pattern, more delays and a safety hazard due to the distance from the tower, and limited visibility for the ATCT at that distance.	Pgs. 21, 22 and 54; Tables 3.2, 3.5, 5.2, 5.3 and 5.6; and Figure 5.3.
5.7.3	Existing Measure: Voluntary Use of National Business Aircraft Association and Manufacturers' Procedures. This measure recommends continuation of an existing voluntary measure where pilots are requested to use National Business Aircraft Association (NBAA) recommended noise abatement procedures developed for corporate jet pilots or individual aircraft manufacturer developed aircraft-specific abatement procedures. The program recommends use of the ''standard'' departure procedure. Airport signs notify pilots. FAA Action: Approved as a voluntary measure.	Pgs. 58 and 114; Tables 3.2, 5.1, 5.2 and 5.3; and Appendix C.
3.2.5	Revised Measure: R/W 26 Departure Heading; Initiate Turns After Crossing NW 31st Avenue. The original Noise Compatibility Program included a turn to a heading of 280° for nighttime turbojet departures off of Runway 26. This procedure was implemented as a turn to 310°. It was extended to apply to fixed wing aircraft departing on this runway 24 hours per day. This measure recommends modifying the existing measure so the noise turn for aircraft departing Runway 26 would be initiated after crossing NW 31st Avenue for VFR guidance. Under instrument conditions, pilots should use the Runway 08 ILS approach middle marker for guidance. This measure reduces the population within the 65 dB L_{dn} noise contour by 631 people. FAA Action: Approved as a voluntary measure.	Pgs. 22, 63 and 65; Tables 3.2, 3.5, 5.3, 5.9 and 5.10; and Figures 5.8 and 5.9.
3.2.6	Existing Measure: Runway 08 Departure Headings. This measure recommends continuation of a noise abatement departure turn to the north, along I–95, for jets departing on Runway 08. The procedure requires all jets with destinations other than eastbound to be assigned a heading of 330°, with turns to be initiated ''abeam of I–95''. All eastbound departures, regardless of aircraft type, are assigned to a heading of 090°. Propeller-driven aircraft with non-eastbound destinations are assigned a heading of 300°. Emergency flights and medical ''life flights'' are exempt. The elimination of this procedure would approximately double the population within the 65 dB L_{dn} contour. FAA Action: Approved as a voluntary measure.	Pgs. 22, 58 and 59; Tables 3.2 and 5.8; Figures 5.5, 5.6 and 5.7; and Appendix C.
3.2.7	New Measure: Voluntary Use of Runway 08 ''Quit One'' Departure Procedure. This measure recommends continuation of the current ''Quiet One'' departure procedure for nighttime (10 p.m. through 7 a.m.) eastbound jet departures on Runway 08. The procedure applies to visual meterological conditions only and is initiated at pilot request only. The procedure is published as a climbing left 360° turn to 090° then commence a standard rate turn so as to remain within 5 nautical miles of FXE and north of Runway 8 centerline until on assigned heading. This procedure provides a reduction in single event noise levels over residential areas east of the airport, including approximately 400 people within the 65 dB L_{dn} noise contour. FAA Action: Approved as a voluntary measure.	Pgs. 23 and 67; Tables 3.2, 3.5 and 5.3; and Figures 5.10, 5.11 and 5.12.
3.2.8	New Measure: Voluntary Restriction of Nighttime (10 pm–7 am) Touch-and-Go Operations. This measure includes only a request that pilots and Fixed Base Operators limit all touch-and-go activity, particularly nighttime operations, on a voluntary basis. This measure reduces the number of people from within the 65 dB L_{dn} noise contour. FAA Action: Approved as a voluntary measure.	Pgs. 24 and 76; and Tables 3.2, 3.5 and 5.3.
3.2.9	Existing Measure: Support of Airport Perimeter Development as Noise Barrier. The program recommends continuation of an existing measure calling for the City to promote development of property on the airport perimeter in such a manner that the structures can act as noise barriers for neighboring residences. FAA Action: Approved.	Pgs. 24, 87 and 88; Tables 3.2 and 5.2; Figure 5.18; and Appendix C).

Noise abatement measure	Description	NCP pages
3.2.10	Existing Measure: Aircraft Engine Runup Time and Location Restrictions. This recommends continuaiton of an existing restriction on the time and locaiton of maintenance runups which is included in the Fort Lauderdale City Code. No maintenance runups are allowed between 7:00 p.m. and 7:00 a.m. and are limited to a location designated by the Air Traffic Control Tower. The designated runup area is at the compass rose as shown on figure 5.19 in the NCP document. The City Code will be revised to depict the location of the compass rose as the only site for maintenance runups unless the City authorizes alternate locaitons and the Airport Rules and Regulations manual will be revised to reflect the City Code. These existing restrictions have largely eliminated citizen complaints related to engine runup noise. FAA Action: Approved..	Pgs. 25 and 88; Tables 3.2 and 3.5; Figure 5.19; and Appendix C.
	Land Use Measures	
3.3.1	Existing Measure: Corrective Land Use and Zoning Changes. It is recommended that the City continue monitoring of land use and zoning requests in its environs to encourage appropriate changes to more compatible categories for vacant and developed land and to discourage inappropriate changes. Where changes could result in noncompatible land use but cannot be prevented, other corrective measures provided at the expense of the applicant should be pursued to maintain compatibility. The City will transmit the approved Noise Exposure Maps (NEM) to each local government with jurisdiction over land surrounding FXE along with a written request that they maintain land use compatibility and notification that no federal/airport funding will be available for corrective measures associated with any new non-compatible development within the noise contours depicted on the NEM. FAA Action: Approved.	Pgs. 26, 101 and 102; Tables 3.3, 3.6, 6.1, 6.2 and 6.5; and Figures 4.1 and 4.2.
3.3.2	Existing Measure: Preventive Development Controls. It is recommended that the Airport staff continue consultation with City and County planning, building, zoning and legal staff to explore the feasibility of enacting site plan and building code measures to minimize the potential for noise impacts. FAA Action: Approved.	Pgs. 26, 107 and 108; and Tables 3.3, 3.6, 6.1, 6.2 and 6.5.
3.3.3	Existing Measure: Preventive Fair Disclosure. It is recommended that the existing measure for fair disclosure primarily by NEM publication be continued. Dissemination and explanation of the Airport Master Plan and NEM to realtors and local government staff are recommended to ensure that potential residents are aware of the airport and its operations. This measure will protect both the airport and potential property owners. FAA Action: Approved.	Pgs. 26 and 108; and Tables 3.3, 3.6, 6.1, 6.2 and 6.5.
3.3.4	New Measure: Monitor to Determine Exact Extent of Contour into Residential Area. It is proposed that the City install one of the permanent noise monitors off the western end of Runway 08/26 within or close to the Village Park Mobile Home Park to measure actual noise levels. This will allow the City to fine tune implementation of the procedure to have pilots delay the initiation of the Runway 26 departure heading until they cross NW 31st Avenue so as to eliminate or reduce the encroachment of the contours into the property. Therefore, this measure would assist in the implementation of other measures. FAA Action: Approved.	Pgs. 27, 110 and 115; and Tables 3.3, 3.6, 3.7 and 6.5.
	Continuing Program Measures	
3.4.1	Existing Measure: Noise Abatement Advisory Committee. This will continue the Community Advisory Committee (CAC) which was established in the original Part 150 study to meet with FXE and other City staff throughout the year, as required, to discuss issues related to aircraft noise. The CAC provides a formal mechanism for ongoing dialogue with the community on noise issues. FAA Action: Approved.	Pgs. 29, 113 and 114; and Tables 3.4, 3.7 and 7.1
3.4.2	Existing Measure: Noise Abatement Officer. This will continue a full-time Noise Abatement Officer position which was established in the original Part 150 study. The Officer is responsible for operation of the permanent monitoring system, community liaison regarding noise issues, collection of and response to noise complaints, implementation of the NCP, and ongoing noise compatibility planning efforts. The Officer is a critical element of the ongoing implementation and success of the NCP. FAA Action: Approved.	Pgs. 29, 113 and 114; and Tables 3.4, 3.7 and 7.1.
3.4.3	Existing Measure: Permanent Noise Monitoring System. It is proposed that the City expand the existing noise monitoring system by adding a minimum of four new permanent noise monitors, a minimum of two compatible portable noise monitors, and expanded central database management capabilities. The monitoring system provides the City with objective and accurate information to use in implementing NCP elements, monitoring the effectiveness of the NCP, and responding to citizen inquiries. FAA Action: Approved. FAA participation in monitors will be limited to an additional four permanent monitors and two portable monitors unless FAA later specifically determines additional noise monitors are needed on a case-by-case basis.	Pgs. 29, 114, and 115; Tables 3.4, 3.7 and 7.1; and Figure 3.1 of the NEM document.

Noise abatement measure	Description	NCP pages
3.4.4	Existing Measure: Public Information Program. This will continue a public information program by the Airport staff through verbal and written briefings to the CAC, Aviation Advisory Board (AAB) meetings, briefings to City Commission meetings, and presentations to outside organizations, such as homeowner associations. This measure is a critical component of the ongoing dialogue with outside parties, to ensure that the NCP operates efficiently and effectively. FAA Action: Approved.	Pgs. 29, 113 and 114; and Tables 3.4, 3.7 and 7.1.
3.4.5	New Measure: Airfield Signs. It is proposed that the City install four additional signs on the airfield that inform departing pilots of the key noise abatement procedures to insure that all relevant locations have signs. FAA Action: Approved. Signs must not be construed as mandatory air traffic procedures. The content and location of airfield signs are subject to specific approval by appropriate FAA officials outside of the Part 150 process and are not approved in advance by this determination.	Pgs. 30 and 114; and Tables 3.4, 3.7 and 7.1.
3.4.6	New Measure: Pilot Manual Insert. The city has arranged for the printing of a full color informational insert on FXE in a format that is compatible with the Jepson Sanderson manual which includes a notice on the Runway 08 departure procedures. It is also recommended that the City reprint inserts prepared by the City that addresses the Runway 08 departure procedures. FAA Action: Approved.	Pgs. 30 and 114; and Tables 3.4, 3.7 and 7.1.
3.4.7	Existing Measure: NCP Review and Revision. This measure continues provisions for continuing review and evaluation of proposed changes to the NCP between overall updates as proposed in the NCP. This provides for amendment to the details of the NCP, to ensure its continued efficiency and effectiveness. FAA Action: Approved.	Pgs. 30, 31, 113 and 114; and Tables 3.4, 3.7 and 7.1.
3.4.8	Existing Measure: NEM and NCP Updates. The NCP recommends that the City update the NEM every five years, or as required by changed conditions, pursuant to FAA guidelines. Should the revised NEM indicate that changed conditions have diminished the effectiveness or efficiency of the NCP, the City will evaluate the NCP and update it as required. This will keep the NEM and NCP up to date. FAA Action: Approved.	Pgs. 31, 113 and 114; and Tables 3.4, 3.7 and 7.1.

These determinations are set forth in detail in a Record of Approval endorsed by the Administrator on September 23, 1997. The Record of Approval, as well as other evaluation materials and the documents comprising the submittal, are available for review at the FAA office listed above and at the administrative office of the City of Ft. Lauderdale.

Issued in Orlando, Florida on October 16, 1997.

W. Dean Stringer,

Acting Manager, Orlando Airports District Office.

[FR Doc. 97–28939 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Aviation Rulemaking Advisory Committee; Meeting

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of meeting.

SUMMARY: The FAA is issuing this notice to advise the public of a meeting of the Federal Aviation Administration Aviation Rulemaking Advisory Committee to discuss general aviation operations issues.

DATES: The meeting will be held on November 18, 1997 at 1:00 p.m.

ADDRESSES: The meeting will be held at the Helicopter Association International, 1635 Prince Street, Alexandria, VA 22314.

FOR FURTHER INFORMATION CONTACT: Noreen Hannigan, Regulations Analyst, Office of Rulemaking (ARM–106), 800 Independence Avenue, SW., Washington, DC 20591. Telephone: (202) 267–7476; FAX: (202) 267–5075.

SUPPLEMENTARY INFORMATION: Pursuant to section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463; 5 U.S.C. App. II), notice is hereby given of a meeting of the Aviation Rulemaking Advisory Committee to discuss general aviation operations issues. This meeting will be held on November 18, 1997, at 1:00 p.m. at the Helicopter Association International, 1635 Prince Street, Alexandria, VA 22314.

The agenda for this meeting will include:

(1) A status report on the Part 103 (Ultralight Vehicles) Working Group's Notice of Proposed Rulemaking (NPRM) on ''Sport Pilot Certification Requirements;''

(2) A vote on the IFR Fuel Requirements/Destination and Alternate Weather Minimums Working Group's NPRM on ''Flight Plan Requirements for Helicopter Operations Under Instrument Flight Rules.'' Members of the public may obtain copies of this NPRM by contacting the person listed above under **FOR FURTHER INFORMATION CONTACT**;

(3) An update of the status of the VHF Navigation and Communication Frequency Utilization Group's 1996 recommendations for implementation of International Civil Aviation Organization (ICAO) Annex 10 (VHF Navigation and Communication Receiver Immunity Performance Standards);

(4) Discussion of overflights of national parks;

(5) Other general aviation topics (open discussion). Attendance is open to the interested public but may be limited to the space available. The public must make arrangements in advance to present oral statements at the meeting or may present written statements to the committee at any time. In addition, sign and oral interpretation can be made available at the meeting, as well an assistive listening device, if requested 10 calendar days before the meeting. Arrangements may be made by contacting the person listed under the heading **FOR FURTHER INFORMATION CONTACT**.

Issued in Washington, DC, on October 27, 1997.

Louis C. Cusimano,

Assistant Executive Director for General Aviation Operations, Aviation Rulemaking Advisory Committee.

[FR Doc. 97–28944 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

Environmental Impact Statement: Smith County, TX

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice of intent.

SUMMARY: The FHWA is issuing this notice to advise the public that an environmental impact statement (EIS) will be prepared for a proposed new location highway project in Smith County, Texas.

FOR FURTHER INFORMATION CONTACT: John Mack, P.E., Acting District Engineer, Federal Highway Administration, Room 826, Federal Office Building, 300 East 8th Street, Austin, Texas 78701. Randy Hopman, P.E., Director of Transportation Planning and Development, Texas Department of Transportation, PO Box 2031, Tyler, Texas 75710.

SUPPLEMENTARY INFORMATION: The FHWA, in cooperation with the Texas Department of Transportation (TxDOT), will prepare an environmental impact statement (EIS) on a proposal to construct the western section of Loop 49, an approximately 40 mile circumferential controlled access highway around the urbanized area of Tyler in Smith County, Texas. The western section of the proposed Loop 49 extends from State Highway 155 northward to Interstate Highway 20 in western Smith County. The length of the project varies, depending on the selected alternative, averaging approximately 28.3 kilometers (17 miles). The proposed action is intended to provide access and increased mobility to the western Tyler/Smith County area and the Northeast Texas region; and to provide a safer, more convenient route for traffic traveling through the Tyler area.

Alternatives to the proposed action to be discussed in the EIS consist of (1) taking no action; and (2) improving existing roadways in the urbanized areas of Smith County. The build alternatives include five alternative alignments along new location rights-of-way connecting State Highway 155 to Interstate Highway 20.

Impacts caused by the construction and operation of Loop 49 will vary according to the alternative alignments utilized. Generally, impacts would include the following: Transportation impacts (construction detours, construction traffic, and mobility improvement), air and noise impacts from construction equipment and operation of the roadway, water impacts from construction area and roadway storm water runoff, impacts to waters of the United States including wetlands from right-of-way encroachment, wildlife habitat impacts, and impacts to residents and businesses including potential relocations.

Letters describing the proposed action and soliciting comments have been sent to appropriate Federal, State and local agencies, and to private organizations and citizens who have previously expressed interest in the proposal. A Major Investment Study has been completed in compliance with the Intermodal Surface Transportation Efficiency Act. In addition, several meetings have been held by the Loop 49 Steering Committee, composed of representatives of local governments, agencies, and interested organizations and citizens. A public meeting was held on August 28, 1997, at the Harvey Convention Center in Tyler, Texas, at which public comments on the proposed action and alternatives were requested. In addition, a public hearing will be held after publication of the Draft EIS. Public notice will be given of the time and place of the hearing. The Draft EIS will be available for public and agency review and comment prior to the public hearing.

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 or TxDOT at the addresses provided above.

(Catalog of Federal Domestic Assistance Program Number 20.205, Highway Research Planning and Construction. The regulations implementing Executive Order 12373 regarding intergovernmental consultation on Federal programs and activities apply to this program)

Issued on: October 21, 1997.

John Mack,

Acting District Engineer, Austin, Texas.

[FR Doc. 97–28865 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–22–M

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

Environmental Impact Statement: Travis and Williamson Counties, TX

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice of intent.

SUMMARY: The FHWA is issuing this notice to advise the public that an Environmental Impact Statement (EIS) will be prepared for a proposed highway project in Travis and Williamson Counties, Texas.

FOR FURTHER INFORMATION CONTACT: Mr. John Mack, P.E., Federal Highway Administration, 826 Federal Office Building, 300 E. 8th Street, Austin, Texas 78701, and Ms. Dianna Noble, P.E., Director, Environmental Affairs Division, Texas Department of Transportation, 125 E. 11th St., Austin, Texas 78701.

SUPPLEMENTARY INFORMATION: The FHWA, in cooperation with the Texas Department of Transportation (TxDOT), is considering an upgrade to the existing road network in Travis and Williamson Counties. Under this proposed action State Highway 45 (SH 45) would be constructed within a corridor beginning FM 685 north of Pflugerville, Texas, and running west to a terminus with U.S. Highway 183, a distance of approximately 14 miles. Improvements to be considered in this project include constructing a roadway on new or existing locations, and/or improving alternative transportation modes in the community. The proposed SH 45 would extend west from FM 685 along a new location right-of-way to Louis Henna Boulevard. The proposed roadway would follow Louis Henna Boulevard to its interchange with IH 35, briefly follow FM 1325 west from its intersection with IH 35, and then utilize new right-of-way location to connect with RM 620 west of Round Rock, Texas. The SH 45 roadway would follow RM 620 to its western terminus at U.S. Highway 183. Ultimate facility design is anticipated to be a six-lane roadway with frontage roads and overpasses at major thoroughfares and direct connection ramps at IH 35, Loop 1 and SH 130.

An EIS will be prepared for this project pursuant to 23 CFR part 771 and 40 CFR parts 1500 through 1508. The corridor being considered for SH 45 closely parallels a needed transportation corridor identified by the Austin Transportation Study. Two preliminary Draft EIS's were prepared in 1990 as part of the SH 45 planning process.

These previous studies identified the need for a new location, multiple lane roadway with full control of access; however, these DEIS's were never finalized. Much of the relevant information developed for these studies will be utilized during the project development process for proposed SH 45.

Major considerations in the EIS will include an analysis of the costs of right-of-way, the numbers and types of relocations necessary, engineering constraints and limitations due to topography, and potential environmental impacts involving land use, socioeconomic conditions, water resources, air quality, noise, traffic, ecological/cultural resources, and hazardous materials sites. Multiple alignment alternatives will be studied for the new location sections. At the present stage of the EIS process, no preferred alternative has been selected.

A public meeting was held on September 23, 1997, at the Cedar Valley Middle School in Round Rock, Texas. In addition, a public hearing will be held after the Draft EIS has been completed and made available to the agencies and public. Other public involvement opportunities include a newsletter to be sent periodically to update the public on the EIS progress and the dates, times, and locations of public meetings and hearings; and news releases to be prepared at appropriate times during the EIS process to inform the public about the EIS status and relevant dates, time, and locations of public meetings and hearings. In addition, at appropriate times over the course of the EIS process, presentations will be made to the Round Rock City Council, Williamson County Commissioner's Court, numerous resource protection agency personnel, and the Austin Transportation Study, which serves as the region's Metropolitan Planning Organization.

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 or TxDOT 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: October 21, 1997.

John Mack,

Acting District Engineer Austin, Texas.

[FR Doc. 97–28867 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–22–M

DEPARTMENT OF TRANSPORTATION

Research and Special Programs Administration

[Docket No. RSPA–97–2707; Notice 2]

Pipeline Safety; Liquefied Natural Gas Facilities, Grant of Waiver; Applied LNG Technologies

Applied LNG Technologies (ALT) petitioned the Research and Special Programs Administration (RSPA) for a waiver from compliance with certain provisions of 49 CFR Part 193 for its Needle Mountain Liquefied Natural Gas (LNG) storage and truck loading facility at Topock, Arizona. This facility consists of two, 50,000 gallon LNG storage tanks and a truck transfer system. The LNG is piped a short distance to a liquefaction facility owned and operated by a subsidiary of El Paso Natural Gas. A transmission pipeline, owned by El Paso Natural Gas Company, supplies Part 192 regulated gas to the El Paso Field Services, a liquefaction facility. Petitioner alleges that the Needle Mountain LNG storage and loading facility (NMF) is non-jurisdictional in accordance with Sections 193.2001(a) and (b)(1) because the facility would not be transporting natural gas by pipeline, but rather would be loading LNG into tank trucks for delivery to commercial and industrial customers. ALT claims that it's NMF is the ultimate consumer of LNG.

On May 16, 1997, the RSPA issued a Interpretation of Part 193 as it applies to the NMF facility. In that interpretation, RSPA stated that regardless of who owns or operates different sections of an LNG facility, it is subject to Part 193 in its entirety. Part 193 encompasses all parts of an LNG facility from the point at which it receives gas from a Part 192 regulated gas transmission pipeline through the liquefaction process, storage, and transfer into a motor carrier vehicle.

Petitioner then requested a waiver from compliance with certain sections of Part 193 and proposed to ensure equivalent safety through compliance with the National Fire Protection Association (NFPA) standard 59A. The specific sections of Part 193 for which Petitioner sought a waiver are:

(1) *§ 193.2173—Water Removal:* § 193.2173(a) requires that except for Class 1 systems, impounding systems must have sump pumps and piping over the dike to remove water collecting in the sump basin.

NFPA 59A section 2–2.2.7 requires either sump pumps or gravity drainage for water removal, provided there is means to prevent the escape of LNG by way of the drainage system.

Petitioner's rationale for noncompliance: The impoundment area in this facility drains to a sump basin. A sump dump is not provided due to the arid location. In the rare event of rain in Topock, AZ, Petitioner does not expect to have standing water for any length of time.

RSPA proposed granting waiver from § 193.2173 only if petitioner could demonstrate that there would be no standing water (i.e., proving ground is permeable) in the sump for any significant period.

(2) *§ 193.2209(b)(2)—Instrumentation for LNG storage tanks:* For LNG tanks with capacity of 70,000 gallons or less, § 193.2209(b)(2) requires pressure gages and recorders with high pressure alarm.

NEPA 59A 7–2.1 requires only a pressure gage.

Petitioner does not believe that safety has been compromised by requiring only a pressure gage, because any high pressure in the storage tank is controlled by a recompressor system within the ''facility'' that maintains the storage pressure at 20 psig. Any failure of this system places the entire storage facility in a ''fail safe'' (shut down) mode.

RSPA proposed not granting a waiver from § 193.2209(b)(2) because, in our view recorders (at the storage tank site and possibly at the control center) and a high pressure alarm (at the control center) are essential in the event of the failure of the recompressor system. Although the entire storage facility will be placed in a shut down mode, there appears to be no way to prevent pressure from increasing in the LNG storage tank. This is especially important because this LNG storage facility will be an unattended operation.

(3) *§ 193.2321(a)—Nondestructive tests, Circumferential butt welds:* § 193.2321(a) requires that 100 percent of circumferential butt welded pipe joints in the cryogenic piping and 30 percent of circumferential butt welded pipe joints in the non-cryogenic piping be nondestructively tested.

NEPA 59A 6–6.3.2 requires all circumferential butt welds to be nondestructively tested, except that liquid drain and vapor vent piping with an operating pressure that produces a hoop stress of less than 30 percent of specified minimum yield stress (SMYS) need not be nondestructively tested,

provided it has been inspected visually in accordance with the American Society of Mechanical Engineers (ASME) standard B31.3, Chemical Plant and Petroleum Refinery Piping, 344.2.

RSPA considered granting a waiver from 193.2321(a) for the liquid drain and vapor vent piping with operating pressures that produce hoop stresses of less than 20 percent SMYS, if that piping complies with the NFPA 59A 6–6.3.2. We believe that safety is not comprised.

(4) *§ 193.2321(e)—Nondestructive test, Circumferential and longitudinal welds in metal shells of storage tanks:* § 193.2321(e) requires 100 percent of both longitudinal and circumferential butt welds in metal shells of storage tanks that are subject to cryogenic temperatures, and are under pressure, to be radiographically tested.

NFPA 59A 4–2.2.2 requires welded construction for shell in accordance with the ASME Code section VIII, and shall be ASME-stamped and registered with the National board of Boiler and Pressure Vessels (NBBI)

Petitioner's rationale for requesting a waiver is that safety in this case is not comprised as storage tanks at NMF facility are small, shop fabricated, and built to ASME Code. ASME Section VIII is an accepted standard to which cryogenic pressure vessels are built all over the world.

RSPA proposed to grant a waiver from § 193.2321(e), because we believe that safety is not compromised for smaller pressure vessels (less than 70,000 gallons) which are designed and built to ASME Code VIII (greater than 15 psig). Tanks built to this code are shop fabricated under strict quality control and are inspected and stamped by the Authorized Inspectors of the NBBI. Storage tanks at the NMF facility are built to ASME code Section VIII and have a capacity of 50,000 gallons (relatively small).

(5) *§§ 193.2329 (a) and (b)—Construction Records:* § 193.2329(a) requires that an operator shall retain records of specifications, procedures, and drawings consistent with this part, and § 193.2329(b) requires that an operator shall retain records of results of tests, inspections and quality assurance program required by this subpart.

Petitioner requested a waiver for records for design and manufacture of the pressure vessels, because they are built to the ASME code as referenced in NFPA 59A. Petitioner would comply with all other recordkeeping requirements in accordance with §§ 193.2329 (a) and (b).

RSPA proposed to grant waiver from §§ 193.2329 (a) and (b) for those parts of the NMF facility where the petitioner has requested.

(6) *§ 193.2431 (c)—Vents:* § 193.2431(c) requires that venting of natural gas/vapor under operational control which could produce a hazardous gas atmosphere must be directed to a flare stack of heat exchanger.

NFPA 59A 3–4.5 also requires safe discharge of boil-off and flash gas to the atmosphere or into a closed system. NFPA 10–12.4.4 requires that safety relief valve discharge stacks or vents shall discharge directly into the atmosphere.

Petitioner requested a waiver from § 193.2431(c) which requires flare stacks. Petitioner's reasons for noncompliance are that (i) safety relief valves relieve under emergency conditions, and (ii) there will be no boil-off venting at this facility because LNG storage vessels are maintained at a storage pressure of 20 psi by a recompressor system.

RSPA agrees that at the NMF facility recompressor system will maintain a pressure of 20 psi in the LNG storage tanks. Therefore, no continuous discharge of boil-off to atmosphere is expected. We believe that relief valves discharge only under emergency conditions. Therefore, it is safe to discharge them to the atmosphere through a stack without flaring. Based on that information, RSPA proposed to grant a waiver from compliance with § 193.2431(c), as long as relief valves discharge through stacks were higher than surrounding structures at this facility.

(7) *§ 193.2817(b)(2)—Fire Equipment:* § 193.2817(b)(2) requires fire control equipment and supplies to include a water supply and associated delivery system, if the total inventory of LNG is 70,000 gallons.

NFPA 59A 9–5.1 similarly requires a water system except where an evaluation in accordance with 9–1.2 indicates the use of water is unnecessary or impractical. Section 9–1.2 also requires evaluation of the methods necessary for protection of the equipment and structures from the effects of fire exposure.

Petitioner requested a waiver from § 193.2817(b)(2), citing exemption in paragraph 9–5.1 of the NEPA 59A. Petitioner's rationale for such a waiver was that this facility is remotely located, generally unattended, and is equipped with fire detection sensors which will annunciate fire detection to the control center, as well as initiate a facility shutdown to a fail-safe condition.

RSPA disagreed with Petitioner's rationale that water was unnecessary and impractical at this facility and proposed not to grant waiver from § 193.2817(b)(2). RSPA argued that a fire protection water system was necessary for protection of the components and for controlling unignited leaks and spills at the NMF facility. RSPA also believed that providing a water system at this facility was feasible.

After reviewing the petition, the RSPA published a notice inviting interested persons to comment on this waiver (Notice 1) (62 FR 41993; August 4, 1997). RSPA received no comments in response to the notice.

On August 12, 1997, two pipeline safety inspectors from the Arizona Public Utility Commission, one inspector from the Office of Pipeline Safety (OPS), Southwest Region office and one representative from the OPS headquarters visited the NMF facility. The purpose of this trip was to get more facts and discuss the above issues with the representatives of the ALT, ElPaso Natural Gas Company and its subsidiary. At this meeting ALT was advised to provide a formal report addressing firewater requirements and a letter from the NFPA confirming the fact that an exception to this requirement is allowed when the evaluation required by Section 9–1.2 of the NFPA 59A indicates the use of water is unnecessary or impractical. All other issues in this petition were verified and agreed by all parties.

Subsequently, Petitioner in support of its waiver, has provided: (1) a report of the ''percolation test'', proving the ground near the facility is permeable, dated August 12, 1997, prepared by Western Technologies, Inc.; (2) drawings and data report on ''heat flux exclusion zones'' and ''Degadis Analysis''; (3) a formal report on ''fire water requirement determination'' dated September 30, 1997, developed by CH–IV Corporation; and (4) an interpretation letter from the NFPA dated October 1, 1997.

After a thorough review of the CH–IV Corporation's report, RSPA is not convinced with the conclusions that the lack of a fire water supply may not significantly increase foreseeable consequences of fires, including the failure of components or buildings within the facility.

RSPA notes that the above referenced NFPA interpretation letter states that Standard 59A permits the use of other fire protection systems (exclusive of a fixed water system) if an evaluation of the facility shows that the use of water is unnecessary or impractical. The NFPA letter further states that fire protection must be provided for all LNG facilities, and that water is the preferred

fire protection agent, but it is not mandated. The CH–IV report on the need for LNG fire fighting protection systems at the ALT facility describes fire detection, equipment shutdown and control systems. However, it does not address what other fire protection systems (in lieu of fixed water system) be utilized to prevent fire from spreading. Thus, it does not satisfy paragraph 9–1.2(c) of NFPA 59A, which states ''The methods necessary for protection of the equipment and structures from the effects of fire exposure.'' RSPA has also concerns about safety of the Mojave Compressor Station (MCS) and its day-shift personnel. According to ALT's drawings MCS lies clearly within the ''lower explosive limit'' of the ALT facility. Therefore, it lies within the perimeter where fire could occur as result of vapor dispersion.

Based on the above discussion, RSPA is not granting a waiver from the firewater requirements in § 193.2817(b)(2). RSPA, however, may consider any other alternative fire protection systems satisfying Section 9–1.2(c) of NFPA 59A.

Except for the sections for which RSPA is granting a waiver, this LNG facility must meet all the other requirements of Part 193. For the sections for which RSPA is granting a waiver, RSPA believes that the granting of a waiver from these requirements would not be inconsistent with pipeline safety, as long as Petitioner follows alternative provisions in the NFPA 59A. Therefore, ALT's petition for waiver from compliance with above specified sections of 49 CFR 193 is granted, effective October 31, 1997.

Authority: 49 App. U.S.C. 2002(h) and 2015; and 49 CFR 1.53.

Issued in Washington, D.C. on October 27, 1997.

Richard B. Felder,

Associate Administrator for Pipeline Safety.

[FR Doc. 97–28959 Filed 10–30–97; 8:45 am]

BILLING CODE 4910–60–M

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33475]

C&NC Railroad Corporation—Lease and Operation Exemption—Lines of the Norfolk and Western Railway Company and Indiana Hi Rail Corporation

C&NC Railroad Corporation (CNUR), a noncarrier, has filed a verified notice of exemption under 49 CFR 1150.31 to lease and operate the Connersville Line (Line) in the State of Indiana, consisting of 27.62 miles of rail line. CNUR will lease from the Norfolk and Western Railway Corporation (NW) and operate the 22.42-mile portion of the rail line that is owned by NW: (1) from Beesons, (N&W milepost 4.80), to New Castle, (N&W milepost 25.30—Thornburg Street); and (2) from milepost 0.0 to 1.92, in New Castle, (the New Castle Industrial Track). R. Franklin Unger, Trustee of the Indiana Hi Rail Corporation (Hi Rail) currently leases and operates the NW portion of the Line.

The remaining 5.2 miles of the Line, from Beesons, milepost 5.2, to Connersville, milepost 0.0, is owned and operated by Hi Rail and is the subject of a separate acquisition exemption in STB Finance Docket No. 33476, *C&NC, L.L.C.—Acquisition Exemption—Indiana Hi Rail Corporation*. CNUR has entered into an agreement with C&NC, L.L.C. (CLLC) to lease from CLLC and operate the Beesons to Connersville portion of the Line.

CNUR will grant to NW incidental trackage rights over the main and auxiliary tracks of CNUR for non-revenue operations between mileposts CB–25.30 (through C.B. 25.00=R–00) and R–0.80.

The transaction was scheduled to be consummated on or after the October 15, 1997 effective date of the exemption. The transaction is related to the Hi Rail Trustee's filing of an Amended Plan of Reorganization with the Board in STB Finance Docket No. 33491 on October 3, 1997.

If the verified notice contains false or misleading information, the exemption is void *ab initio.* Petitions to reopen the proceeding to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 33475, must be filed with the Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, N.W., Washington, DC 20423–0001. In addition, a copy of each pleading must be served on Richard R. Wilson, Esq., 1126 Eighth Avenue, Suite 403, Altoona, PA 16002.

Decided: October 21, 1997.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 97–28786 Filed 10–30–97; 8:45 am]

BILLING CODE 4915–00–P

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33476]

C & NC, L.L.C.—Acquisition Exemption—Indiana Hi Rail Corporation

C & NC, L.L.C. (CLLC), a noncarrier, has filed a verified notice of exemption under 49 CFR 1150.31 to acquire a line of railroad owned and operated by R. Franklin Unger, Trustee of the Indiana Hi Rail Corporation (Hi Rail) from Connersville, IN (milepost 0.0), to Beesons, IN (milepost 5.2), a distance of approximately 5.2 route miles.

The line will be operated by C&NC Railroad Corporation under a lease and operating agreement with CLLC, which is the subject of a separate lease and operation exemption in STB Finance Docket No. 33475, *C&NC Railroad Corporation—Lease and Operation Exemption—Lines of the Norfolk and Western Railway Company and Indiana Hi Rail Corporation.*

The transaction was scheduled to be consummated on or after the October 15, 1997 effective date of the exemption. The transaction is related to the Hi Rail Trustee's filing of an Amended Plan of Reorganization with the Board in STB Finance Docket No. 33491 on October 3, 1997.

If the verified notice contains false or misleading information, the exemption is void *ab initio.* Petitions to reopen the proceeding to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 33476, must be filed with the Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, N.W., Washington, DC 20423–0001. In addition, a copy of each pleading must be served on Richard R. Wilson, Esq., 1126 Eighth Avenue, Suite 403, Altoona, PA 16002.

Decided: October 21, 1997.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 97–28787 Filed 10–30–97; 8:45 am]

BILLING CODE 4915–01–P

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33496]

Delphos Terminal Company, Inc.—Acquisition and Operation Exemption—Indiana Hi-Rail Corporation

Delphos Terminal Company, Inc. (DTC), a noncarrier, has filed a verified notice of exemption under 49 CFR 1150.31 to acquire and operate approximately 3.8 miles of rail line owned and operated by R Franklin Unger, Trustee of the Indiana Hi-Rail Corporation (Hi-Rail). The rail line to be acquired is located between approximate milepost 73.7 (Valuation Marker 3891 + 00.9), at or near Delphos, OH, and approximate milepost 77.5 (Valuation Marker 4090 + 00), at or near Landeck, OH, together with the interchange trackage connecting such line and Consolidated Rail Corporation (Conrail), at or near Delphos.[1]

The transaction was scheduled to be consummated after the October 24, 1997 effective date of the exemption. The transaction is related to the Hi-Rail Trustee's filing of an Amended Plan of Reorganization with the Board in STB Finance Docket No. 33491 on October 3, 1997.

If the verified notice contains false or misleading information, the exemption is void *ab initio*. Petitions to reopen the proceeding to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 33496, must be filed with the Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, N.W., Washington, DC 20423–0001. In addition, a copy of each pleading must be served on Andrew P. Goldstein, Esq., McCarthy, Sweeney & Harkaway, P.C., 1750 Pennsylvania Avenue, N.W., Suite 1105, Washington, DC 20006.

Decided: October 22, 1997.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 97–28882 Filed 10–30–97; 8:45 am]

BILLING CODE 4915–00–P

[1] DTC indicates that it will contract with another entity, at the time of filing intended to be Conrail, to perform rail services over the line as a contract operator.

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33477]

Fulton County, L.L.C.—Acquisition and Operation Exemption—Norfolk and Western Railway Company

Fulton County, L.L.C. (FC), a noncarrier, has filed a verified notice of exemption under 49 CFR 1150.31 to acquire from the Norfolk and Western Railway Company and to operate the Rochester Line (Line),[1] consisting of approximately 13 miles of rail line, from Rochester, IN (milepost I.—95.6), to Argos, IN (milepost I.—108.6). In addition, FC will acquire incidental overhead trackage rights from milepost I.—108.6 to the Argos Yard, a distance of 1.1 miles.

The transaction was scheduled to be consummated on or after the October 15, 1997 effective date of the exemption. The transaction is related to the Hi Rail Trustee's filing of an Amended Plan of Reorganization with the Board in STB Finance Docket No. 33491 on October 3, 1997.

If the verified notice contains false or misleading information, the exemption is void *ab initio*. Petitions to reopen the proceeding to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 33477, must be filed with the Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, N.W., Washington, DC 20423–0001. In addition, a copy of each pleading must be served on Richard R. Wilson, Esq., 1126 Eighth Avenue, Suite 403, Altoona, PA 16002.

Decided: October 21, 1997.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 97–28788 Filed 10–30–97; 8:45 am]

BILLING CODE 4915–00–P

[1] R. Franklin Unger, Trustee of the Indiana Hi Rail Corporation currently leases and operates the Line.

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33478]

Maumee & Western, L.L.C.—Acquisition and Operation Exemption—Norfolk and Western Railway Company

Maumee & Western, L.L.C. (MAW), a noncarrier, has filed a verified notice of exemption under 49 CFR 1150.31 to acquire from the Norfolk and Western Railway Company (NW) and to operate the Maumee Line (Line),[1] consisting of approximately 51 miles of rail line, from Liberty Center, OH (milepost TN–28.0), to Woodburn, IN (milepost 79.0). In addition, MAW will also grant NW limited incidental local access trackage rights over MAW's line between milepost TN–77.8 and milepost TN–79.0.

The transaction was scheduled to be consummated on or after the October 15, 1997 effective date of the exemption. The transaction is related to the Hi Rail Trustee's filing of an Amended Plan of Reorganization with the Board in STB Finance Docket No. 33491 on October 3, 1997.

If the verified notice contains false or misleading information, the exemption is void *ab initio*. Petitions to reopen the proceeding to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 33478, must be filed with the Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, NW., Washington, DC 20423–0001. In addition, a copy of each pleading must be served on Richard R. Wilson, Esq., 1126 Eighth Avenue, Suite 403, Altoona, PA 16002.

Decided: October 21, 1997.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 97–28791 Filed 10–30–97; 8:45 am]

BILLING CODE 4915–00–P

[1] R. Franklin Unger, Trustee of the Indiana Hi Rail Corporation currently leases and operates the Line.

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33492]

State of Oklahoma by and Through the Oklahoma Department of Transportation and Blackwell Industrial Authority—Acquisition Exemption—Central Kansas Railway, L.L.C.

The State of Oklahoma, a noncarrier, by and through the Oklahoma Department of Transportation (ODOT), and Blackwell Industrial Authority (BIA), also a noncarrier, have filed a notice of exemption under 49 CFR 1150.31 to acquire separate segments of approximately 35.3 miles of rail line (lines) from the Central Kansas Railway, L.L.C. ODOT will acquire the segment of the line between milepost 34.3, at Blackwell, OK, and milepost 18.0+ 1712.9 feet, at the Oklahoma/Kansas state line near Hun Newell, KS. BIA will acquire the segments of the line (1) between milepost 35.0+ 1848 feet, west of Blackwell, OK, and milepost 34.3, at Blackwell, OK, and (2) between milepost 18+ 1712.9 feet, at the Oklahoma/Kansas state line near Hun Newell, KS, and milepost 0+ 466.3 feet, at Wellington, KS.

South Kansas and Oklahoma Railroad, Inc., a Class III rail carrier, has filed a notice of exemption under 49 CFR 1150.41 in STB Finance Docket No. 33494, *South Kansas and Oklahoma Railroad, Inc.—Operation Exemption—Oklahoma Department of Transportation and Blackwell Industrial Authority* to operate the lines.

The transaction was expected to be consummated on or after October 16, 1997.

If the verified notice contains false or misleading information, the exemption is void *ab initio*. Petitions to reopen the proceeding to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 33492, must be filed with the Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, N.W., Washington, DC 20423–0001. In addition, a copy of each pleading must be served on Eric M. Hocky, Esq., Gollatz, Griffin & Ewing, P.C., 213 W. Miner Street, P. O. Box 796, West Chester, PA 19381–0796.

Decided: October 22, 1997.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 97–28817 Filed 10–30–97; 8:45 am]

BILLING CODE 4915–00–P

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33494]

South Kansas and Oklahoma Railroad, Inc.—Operation Exemption—Oklahoma Department of Transportation and Blackwell Industrial Authority

South Kansas and Oklahoma Railroad, Inc., a Class III rail carrier, has filed a verified notice of exemption under 49 CFR 1150.41 to operate approximately 35.3 miles of rail line owned by the State of Oklahoma by and through the Oklahoma Department of Transportation and Blackwell Industrial Authority (1) between milepost 34.3, at Blackwell, OK, and milepost 18.0+ 1712.9 feet, at the Oklahoma/Kansas state line near Hun Newell, KS, (2) between milepost 35.0+ 1848 feet, west of Blackwell, OK, and milepost 34.3, at Blackwell, OK, and (3) between milepost 18+ 1712.9 feet, at the Oklahoma/Kansas state line near Hun Newell, KS, and milepost 0+ 466.3 feet, at Wellington, KS.

The transaction was expected to be consummated on or after October 16, 1997.

If the verified notice contains false or misleading information, the exemption is void *ab initio*. Petitions to reopen the proceeding to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 33494, must be filed with the Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, NW., Washington, DC 20423–0001. In addition, a copy of each pleading must be served on Karl Morrell, Esq., Ball Janik LLP, Suite 225, 1455 F Street, NW., Washington, DC 20005.

Decided: October 22, 1997.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 97–28792 Filed 10–30–97; 8:45 am]

BILLING CODE 4915–00–P

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33479]

Wabash Central, L.L.C.—Acquisition and Operation Exemption—Norfolk and Western Railway Company

Wabash Central, L.L.C. (WBCR), a noncarrier, has filed a verified notice of exemption under 49 CFR 1150.31 to acquire from the Norfolk and Western Railway Company (NW) and to operate the Bluffton Line (Line)[1] from (1) milepost T.S. 117.8 to milepost T.S. 123.0, in Craigsville, IN, and (2) from milepost 123.8 in Craigsville, IN, to milepost T.S. 144.2 in Van Buren, IN, a distance of approximately 25.6 route miles. In addition, WBCR will acquire overhead trackage rights to operate over NW's main tracks between milepost T.S. 123.0=C.F. 163.0 and milepost T.S. 123.8=C.F. 162.2, a distance of approximately .8 route miles.

The transaction was scheduled to be consummated on or after the October 15, 1997 effective date of the exemption. The transaction is related to the Hi Rail Trustee's filing of an Amended Plan of Reorganization with the Board in STB Finance Docket No. 33491 on October 3, 1997.

If the verified notice contains false or misleading information, the exemption is void *ab initio*. Petitions to reopen the proceeding to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 33479, must be filed with the Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, N.W., Washington, DC 20423–0001. In addition, a copy of each pleading must be served on Richard R. Wilson, Esq., 1126 Eighth Avenue, Suite 403, Altoona, PA 16002.

Decided: October 21, 1997.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 97–28789 Filed 10–30–97; 8:45 am]

BILLING CODE 4915–00–P

[1] R. Franklin Unger, Trustee of the Indiana Hi Rail Corporation currently leases and operates the Line.

Corrections

Federal Register

Vol. 62, No. 211

Friday, October 31, 1997

This section of the FEDERAL REGISTER contains editorial corrections of previously published Presidential, Rule, Proposed Rule, and Notice documents. These corrections are prepared by the Office of the Federal Register. Agency prepared corrections are issued as signed documents and appear in the appropriate document categories elsewhere in the issue.

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[AZ917–AZA29960]

Notice of Proposed Decision of Exchange of Lands in Maricopa and Pima Counties, Arizona

Correction

In notice document 97–28512, appearing on page 55826, in the issue of Tuesday, October 28, 1997, make the following correction:

On page 55826, in the second column, under the first **Gila and Salt River Meridian, Arizona** entry, in the fifth line, ''Sec. 4, SW¼SW¼, SW¼SE¼,'' should read ''Sec. 4, SW¼, SW¼SW¼SE¼,''.

BILLING CODE 1505-01-D

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 135

[Docket No.. 28743; Amendment No. 135-70]

RIN 2120-AG22

Commercial Passenger-Carrying Operations in Single-Engine Aircraft Under Instrument Flight Rules

Correction

In rule document 97–20641, beginning on page 42364, in the issue of Wednesday, August 6, 1997, make the following correction:

PART 135—[CORRECTED]

On page 42373, in the third column, in SFAR No. 81, in the first paragraph, in the sixth line, ''month'' should read ''months''.

DEPARTMENT OF THE TREASURY

Bureau of Alcohol, Tobacco and Firearms

27 CFR Part 9

[Notice No. 856]

RIN 1512-AA07

Establishment of the San Francisco Bay Viticultural Area and the Realignment of the Boundary of the Central Coast Viticultural Area (97-242)

Correction

In proposed rule document 97–27692, beginning on page 54399, in the issue of Monday, October 20, 1997, make the following correction:

On page 54399, under the heading **DATES:**, in the second line, ''January 20, 1997.'' should read ''January 20, 1998.''

BILLING CODE 1505-01-D

Federal Register

Friday
October 31, 1997

Part II

Department of Health and Human Services

National Institutes of Health

Recombinant DNA Research: Actions Under the Guidelines; Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Recombinant DNA Research: Actions Under the Guidelines

AGENCY: Notice of Actions Under the NIH Guidelines for Research Involving Recombinant DNA Molecules (NIH Guidelines) (59 FR 34496, amended 59 FR 40170, 60 FR 20726, 61 FR 1482, 61 FR 10004, 62 FR 4782).

FOR FURTHER INFORMATION CONTACT: Additional information can be obtained from Debra Knorr, Acting Director, Office of Recombinant DNA Activities (ORDA), Office of Science Policy, National Institutes of Health, MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, Phone 301–496–9838, FAX 301–496–9839. ORDA's web site is located at http://www.nih.gov/od/orda for further information about the office.

SUPPLEMENTARY INFORMATION: Today's actions are being promulgated under the NIH Guidelines for Research Involving Recombinant DNA Molecules. These Proposed Actions were published for comment in the **Federal Register** of July 8, 1996 (61 FR 7108), and August 20, 1997 (62 FR 44387). The Proposed Actions were reviewed and recommended for approval by the NIH Recombinant DNA Advisory Committee (RAC) at its meetings on December 9, 1996, March 6–7, 1997, and September 12, 1997.

I. Background Information and Decisions on Actions Under the NIH Guidelines

I–A. Amendment to the Overall Procedures for Human Gene Transfer Protocols

I–A–1. Notice of Intent—July 1996

On July 8, 1996, the NIH Director published a Notice of Intent to Propose Amendments to the NIH Guidelines for Research Involving Recombinant DNA Molecules Regarding Enhanced Oversight of Recombinant DNA Activities (61 FR 35774). This Notice of Intent proposed modifications in the NIH oversight of human gene transfer research. Specifically, it was proposed that RAC would be terminated and that all approval responsibilities for recombinant DNA experiments involving human gene transfer would be relinquished to the Food and Drug Administration (FDA), which retains statutory authority for such approval. Under this revised structure, a newly created ORDA Advisory Committee (OAC) would preserve continued public accountability for recombinant DNA research. To ensure quality and efficiency of public discussion of the scientific merit and the ethical issues relevant to gene therapy clinical trials, it was proposed that the NIH Director implement a regular series of Gene Therapy Policy Conferences (GTPCs). Finally, the proposal assured the continuation of the publicly available comprehensive NIH database of clinical trials with human gene transfer, including reporting of adverse events.

In response to the Notice of Intent, NIH received 71 written comments (90 signatures) reflecting a broad spectrum of public opinion on the proposed changes. Comments were received from a variety of stakeholders, including individuals representing academia, industry, patient advocacy organizations, consumer advocacy organizations, professional scientific societies, ethicists, other Federal agencies, NIH-funded investigators, past and present RAC members, and private citizens. Careful consideration was given to each of the written comments that was submitted.

I–B. Proposed Actions—November 1996

On November 22, 1996, the NIH Director published the Notice of Proposed Actions Under the NIH Guidelines for Research Involving Recombinant DNA Molecules (61 FR 59725). These Proposed Actions were prepared in response to public opinion and in keeping with the NIH Director's intent to increase the usefulness and productivity of public discussion of human gene transfer research.

In the Proposed Actions, the NIH Director proposed to: (1) Retain RAC, while modifying its roles and responsibilities relevant to human gene therapy research, (2) continue RAC discussion of novel human gene transfer experiments, without RAC approval of individual human gene transfer experiments; (3) regularly convene GTPCs; and (4) maintain public access to human gene transfer clinical trial information. The following summarizes the roles and responsibilities of the NIH Director, RAC, ORDA, and local institutions under the Notice of Proposed Actions.

I–B–1. Proposed Roles and Responsibilities in Accordance With the NIH Guidelines

I–B–1–a. NIH Director

The roles and responsibilities of the NIH Director in accordance with the NIH Guidelines remain unchanged except for the following: (1) Approval of human gene transfer experiments by the NIH Director will be relinquished to FDA which already holds statutory authority for such approval under 21 CFR, Chapter I, Subchapter D. (2) GTPCs will be established and regularly convened by the NIH Director.

I–B–1–b. Recombinant DNA Advisory Committee (RAC)

The roles and responsibilities of RAC related to human gene transfer research remain the same except for the following: (1) RAC will identify novel human gene transfer experiments deserving of public discussion by the full RAC and will transmit its comments/recommendations on specific human gene transfer experiments or categories of human gene transfer experiments to the NIH Director, the principal Investigator, the sponsoring institution, and other Department of Health and Human Services (DHHS) components, as appropriate. (2) Novel scientific, safety, social, and ethical issues relevant to specific human applications of gene transfer will be identified by RAC, which will recommend to the NIH Director appropriate modifications to the Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules into One or More Human Subjects (Points to Consider) that will provide guidance in the design and submission of human gene transfer clinical trials. (3) RAC will publicly review human gene transfer clinical trial data submitted to NIH/ORDA in accordance with the annual data reporting requirements contained in Appendix M–VII–B of the NIH Guidelines. (4) Broad scientific,safety, social, and ethical issues relevant to human gene transfer research will be identified by RAC and submitted to the NIH Director as recommendations for consideration as potential GTPC topics.

I–B–1–c. Gene Therapy Policy Conferences (GTPCs)

In order to enhance the depth and value of public discussion relevant to scientific, safety, social, and ethical implications of gene therapy research, the NIH Director will convene GTPCs at regular intervals. As appropriate, the NIH Director may convene a GTPC in conjunction with a regularly scheduled RAC meeting. GTPCs will be administered by NIH/ORDA. Conference participation will not involve a standing committee membership but rather will offer the unique advantage of assembling numerous participants who possess significant scientific, safety, social, and ethical expertise and/or interest that is directly applicable to a specific gene therapy research issue. At

least one member of RAC will serve as Co-chair of each GTPC and report the findings of each GTPC to RAC at its next scheduled meeting. The RAC representative for each GTPC will be chosen based on the participant's area of expertise relative to the specific gene therapy research issue to be discussed. GTPCs will have representation from other Federal agencies, including FDA and the Office for Protection from Research Risks (OPRR). GTPCs will focus on broad overarching policy and scientific issues related to gene therapy research. Proposals for GTPC topics may be submitted by members of RAC, representatives of academia, industry, patient and consumer advocacy organizations, other Federal agencies, professional scientific societies, and the general public. GTPC topics will not be limited to discussion of human applications of gene therapy research, i.e., they may include basic research on the use of novel gene delivery vehicles or novel applications of human gene transfer. GTPC findings will be transmitted to the NIH Director and will be made publicly available. The NIH Director anticipates that this public policy forum will serve as a model for interagency communication and collaboration, concentrated expert discussion of novel scientific issues and their potential societal implications, and enhanced opportunity for public discussion of the potential impact of such applications on human health and the environment.

I–B–1–d. The Office of Recombinant DNA Activities (ORDA)

ORDA is an organizational unit of the NIH Office of Science Policy within the Office of the Director. The roles and responsibilities of NIH/ORDA remain unchanged except for the following: (1) Serving as the focal point for public access to summary information pertaining to human gene transfer experiments. (2) Transmitting to the NIH Director comments/ recommendations arising from public RAC discussion of a novel human gene transfer experiment. RAC recommendations shall be forwarded to the Principal Investigator(s), the sponsoring institution, and other DHHS components, as appropriate. (3) Collaborating with Principal Investigators, IBCs, Institutional Review Boards (IRBs), and other DHHS components, to ensure human gene transfer experiment registration compliance. (4) Administering GTPCs as deemed appropriate by the NIH Director. (5) Publishing announcements of GTPCs and tentative agendas in the **Federal Register** at least 15 days in advance.

I–B–1–e. Institutional Biosafety Committees (IBCs)

The roles and responsibilities of IBCs related to human gene transfer experiments remain unchanged, except when the institution participates in or sponsors recombinant DNA research involving human subjects, the institution must ensure that: (a) The IBC has adequate expertise and training (using *ad hoc* consultants as deemed necessary), and (b) all aspects of Appendix M, Points to Consider, have been appropriately addressed by the Principal Investigator prior to submission to NIH/ORDA.

I–C. Proposed Actions—December 1996 RAC Meeting

On November 22, 1996, the NIH Director published a Notice of Proposed Actions Under the NIH Guidelines for Research Involving Recombinant DNA Molecules (61 FR 59725). The Notice of Proposed Actions was prepared in response to public opinion and in keeping with the NIH Director's intent to increase the usefulness and productivity of public discussion of human gene transfer research. As a result of its December 9, 1996, deliberations of the Proposed Actions under the NIH Guidelines, RAC proposed the following modifications to the November 22, 1996, Notice of Intent:

I–C–1. Triggering Mechanism for RAC Discussion

A motion was made that: (1) The capacity for Principal Investigators and institutional representatives to request RAC discussion of an individual human gene transfer protocol should be deleted. (2) The NIH Director or an appropriate FDA representative may request RAC review of an individual protocol. (3) Rather than a majority vote, RAC recommendations for full review of an individual protocol should be changed to a minimum of three members. (4) The decision regarding necessity for RAC discussion should be made within 15 working days. The motion passed by a vote of 16 in favor, 0 opposed, and no abstentions.

I–C–2. Reporting Requirements

A motion was made to request that FDA report back to the RAC on how RAC recommendations on an individual protocol were implemented. RAC should require investigator to provide additional information if FDA is unable to provide the necessary information. The motion failed by a vote of 3 in favor, 7 opposed, and 4 abstentions.

Another motion was made to require investigators to submit a written report to the RAC that includes the following information: (1) How the investigator(s) responded to RAC's recommendations on the protocol (if applicable), and (2) any modifications to the protocol as required by FDA. The motion passed by a vote of 12 in favor, 1 opposed, and 1 abstention.

I–C–3. Relationship of RAC and GTPCs

A motion was made that the RAC, with the NIH Director's approval, should have the primary responsibility for: (1) planning GTPC agendas, and (2) summarizing GTPC recommendations in the form of a report back to the NIH Director. The close GTP/RAC relationship should not preclude other parties from suggesting GTPC topics and GTPCs should be convened in consultation with FDA and OPRR. The motion passed by a vote of 13 in favor, 0 opposed, and 2 abstentions.

I–C–4. Proposed Actions—Structural Changes

A motion was made to accept the overall structural changes put forward in the Proposed Actions as published in the November 22, 1996, **Federal Register** (61 FR 59725). However, RAC recommended that promulgation of the final actions should be postponed to the March 6–7, 1997, RAC meeting, in order to more fully address these unresolved issues. The structural changes endorsed by RAC were as follows: (1) Retain RAC, while modifying its roles and responsibilities relevant to human gene therapy research, (2) continue RAC discussion of novel human gene transfer experiments without RAC *approval* of individual human gene transfer experiments; (3) regularly convene GTPCs; and (4) maintain public access to human gene transfer clinical trial information. RAC members noted that several minor modification still remained unresolved, particularly with regard to the format for future discussion of gene therapy protocols and defining the role of RAC relative to GTPCs. The motion passed by a vote of 12 in favor, 0 opposed, and 2 abstentions.

I–D. Proposed Action—March 1997

On February 14, 1997, the NIH Director published a revised Notice of Proposed Actions Under the NIH Guidelines for Research Involving Recombinant DNA Molecules (62 FR 7108). The Notice of Proposed Actions was in response to public opinion and in keeping with the NIH Director's intent to increase the usefulness and productivity of public discussing of

human gene transfer research. During its March 6–7, 1997, meeting, RAC recommended the following changes to the February 14, 1997, Proposed Actions under the NIH Guidelines.

I–D–1. Relationship of RAC and GTPCs

A motion was made to include the following modifications will regard to the role of RAC relative to GTPCs: (1) One member of RAC will co-chair each GTPC. (2) GTPCs will be held in conjunction with RAC meetings when appropriate (preferably on the first day). (3) All RAC members will be invited to attend GTPCs. The motion passed by a vote of 8 in favor, 0 opposed, and no abstentions.

I–D–2. IBC Approval Requirements

A motion was made to modify IBC approval requirements for human gene transfer protocols under Section III–C–a of the NIH Guidelines. Specifically, RAC proposed that IBC approval must be obtained from each institution at which recombinant DNS material will be administered to human subjects (as opposed to each institution involved in the production of vectors for human application and each institution at which there is ex vivo transduction of recombinant DNA material into target cells for human application). The motion passed by a vote of 6 in favor, 0 opposed, and 2 abstentions.

I–D–3. NIH Human Gene Therapy Database

A motion was made to identify the objectives of the human gene transfer database. As a result of RAC's deliberation on this issue, the following five objectives were identified: (1) Maintain and institutional memory, (2) provide administrative details of protocol registration, (3) provide annual status reports of protocols, (4) facilitate risk assessment of individual applications of human gene transfer, and (5) enhance public awareness of relevant scientific, safety, social, and ethical issues. The motion passed by a vote of 7 in favor, 0 opposed, and 1 abstention.

I–E. Requirement for Submission of Appendix M to FDA

In a letter dated November 20, 1996, Dr. Andra Miller, Cytokine and Gene Therapy Branch, Center of Biologics Evaluation and Research, FDA, requested that the NIH Guidelines should be amended regarding procedures for simultaneous submission of Appendix M material to RAC and FDA. In her November 20, 1996, letter, Dr. Miller states:

''(1) Remove the requirement for submission of Appendix M to FDA. FDA does not accept Appendix M in place of an IND submission. FDA is not proposed to be and need not be included in the decisionmaking process to identify protocols to undergo full RAC review. Therefore, there is no reason for sponsors to submit Appendix M materials to FDA.

''(2) Explore the feasibility of a unified format for submission of protocols to RAC and FDA. This would relieve the sponsor of the burden of preparing duplicative submission to satisfy each agency.

''(3) Establish a mechanism for FDA staff to bring general issues of novelty and concern to RAC for discussion. This will provide a mechanism for public input toward the resolution of issues we all must consider and provide direction for policy development and growth in the field of gene therapy.''

On January 27, 1997, NIH and FDA staff met to consider amendments to the NIH Guidelines that incorporate the recommendations of both NIH and FDA with regard to simultaneous submission of human gene transfer protocols.

During its December 9, 1996, and March 6–7, 1997, meetings, RAC discussed the proposed changes to the NIH Guidelines submitted by Dr. Miller. The consensus of RAC was that the requirement for submission of responses to Appendix M to FDA should be removed since FDA does not accept responses to Appendix M in place of an Investigational New Drug (IND) application. However, RAC stated that all human gene transfer protocols should include discussion of issues raised in Appendix M–II through M–V of the NIH Guidelines in the clinical protocols. The proposed action was published in the **Federal Register** of August 20, 1997, for public comment. No comment was received from the public with regard to the proposed action.

During the September 12, 1997, RAC meeting, RAC approved the amendments to the NIH Guidelines to eliminate the requirement for submission of responses to Appendix M of the NIH Guidelines to FDA. The motion passed by a vote of 12 in favor, 0 opposed, and 0 abstentions.

I–F. Environmental Assessment—October 1997

As a prerequisite to amending the NIH Guidelines for the purpose of relinquishing the requirement for NIH Director approval of individual human gene transfer experiments, NIH prepared an Environmental Assessment for the Proposed Actions in accordance with requirements of the National Environmental Protection Act of 1969, 42 U.S.C. This Environmental Assessment that was completed in October 1997 included a finding of no significant impact on the environment. Copies of the Environmental Assessment are available from the Office of Recombinant DNA Activities, National Institutes of Health, MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland, 20892–7010, (301) 496–9838.

These actions under the NIH Guidelines are detailed in Section II—Summary of Actions. I accept these recommendations, and the NIH Guidelines will be amended accordingly.

II. Summary of Actions

NIH will take the following action under the NIH Guidelines for Research Involving Recombinant DNA Molecules:

Note: Editorial changes and updating of references have been incorporated to clarify the document.

II–A. Amendments to Section I, Scope of the NIH Guidelines

Section I is amended to read:

''SECTION I. SCOPE OF THE NIH GUIDELINES

''Section I–A. Purpose''

[This section remains unchanged.]

''Section I–A–1. Any recombinant DNA experiment, which according to the NIH Guidelines requires approval by NIH, must be submitted to NIH or to another Federal agency that has jurisdiction for review and approval. Once approvals, or other applicable clearances, have been obtained from a Federal agency other than NIH (whether the experiment is referred to that agency by NIH or sent directly there by the submitter), the experiment may proceed without the necessity for NIH review or approval. (See exception in Section I–A–1-a regarding requirement for human gene transfer protocol registration.)

''Section I–A–1–a. Experiments involving the deliberate transfer of recombinant DNA or DNA or RNA derived from recombinant DNA into human subjects (human gene transfer) cannot be initiated without simultaneous submission to both NIH/ORDA and FDA of such information on the proposed experiment as is prescribed by those agencies. Submission of human gene transfer protocols to NIH shall be in the format described in Appendix M–I, Submission Requirements—Human Gene Transfer Experiments, of the NIH Guidelines. Submission to NIH shall be for registration purposes and will ensure continued public access to relevant human gene transfer information conducted in compliance with the NIH

Guidelines. Investigational New Drug (IND) applications shall be submitted to FDA in the format described in 21 CFR, chapter I, subchapter D, part 312, subpart B, section 23, IND Content and Format.

''If a determination is made that an experiment will undergo full RAC discussion, NIH/ORDA will immediately notify the Principal Investigator. RAC members may forward requests for additional information relevant to a specific protocol through NIH/ORDA to the Principal Investigator. In making a determination whether an experiment is novel and deserving of full RAC discussion, reviewers will examine the scientific rational, scientific content (relative to other proposals reviewed by RAC), whether the preliminary *in vitro* and *in vivo* safety data were obtained in appropriate models and are sufficient, and whether questions related to relevant social and ethical issues have been resolved. RAC's recommendation(s) on a specific human gene transfer experiment will be forwarded to the NIH Director, the Principal Investigator, the sponsoring institution, and other DHHS components, as appropriate.

''Section I–B. Definition of Recombinant DNA Molecules''

[This section remains unchanged.]

''Section I–C. General Applicability

''Section I–C–1. The NIH Guidelines are applicable to:

Section I–C–1–a. All recombinant DNA research within the United States (U.S.) or its territories that is within the category of research described in either Section I–C–1–a–(1) or Section I–C–1–a–(2).

''Section I–C–1–a–(1). Research that is conducted at or sponsored by an institution that receives any support for recombinant DNA research from NIH, including research performed directly by NIH. An individual who receives support for research involving recombinant DNA must be associated with or sponsored by an institution that assumes the responsibilities assigned in the NIH Guidelines.

''Section I–C–1–a–(2). Research that involves testing in humans of materials containing recombinant DNA developed with NIH funds, if the institution that developed those materials sponsors or participates in those projects. Participation includes research collaboration or contractual agreements, not mere provision of research materials.

''Section I–C–1–b. All recombinant DNA research performed abroad that is within the category of research described in either Section I–C–1–b–(1) or Section I–C–1–b–(2).

''Section I–C–1–b–(1). Research supported by NIH funds.

''Section I–C–1–b–(2). Research that involves testing in humans of materials containing recombinant DNA developed with NIH funds, if the institution that developed those materials sponsors or participates in those projects. Participation includes research collaboration or contractual agreements, not mere provisions of research materials.

''Section I–C–1–b–(3). If the host country has established rules for the conduct of recombinant DNA research, then the research must be in compliance with those rules. If the host country does not have such rules, the proposed research must be reviewed and approved by an NIH-approved Institutional Biosafety Committee or equivalent review body and accepted in writing by an appropriate national governmental authority of the host country. The safety practices that are employed abroad must be reasonably consistent with the NIH Guidelines.

''Section I–D. Compliance with the NIH Guidelines

''As a condition for NIH funding of recombinant DNA research, institutions shall ensure that such research conducted at or sponsored by the institution, irrespective of the source of funding, shall comply with the NIH Guidelines.

''Information concerning noncompliance with the NIH Guidelines may be brought forward by any person. It should be delivered to both NIH/ORDA and the relevant institution. The institution, generally through the Institutional Biosafety Committee, shall take appropriate action. The institution shall forward a complete report of the incident recommending any further action to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''In cases where NIH proposes to suspend, limit, or terminate financial assistance because of noncompliance with the NIH Guidelines, applicable DHHS and Public Health Service procedures shall govern.

''The policies on compliance are as follows:

''Section I–D–1. All NIH-funded projects involving recombinant DNA techniques must comply with the NIH Guidelines. Non-compliance may result in: (i) Suspension, limitation, or termination of financial assistance for the noncompliant NIH-funded research project and of NIH funds for other recombinant DNA research at the institution, or (ii) a requirement for prior NIH approval of any or all recombinant DNA projects at the institution.

''Section I–D–2. All non-NIH funded projects involving recombinant DNA techniques conducted at or sponsored by an institution that receives NIH funds for projects involving such techniques must comply with the NIH Guidelines. Noncompliance may result in: (i) Suspension, limitation, or termination of NIH funds for recombinant DNA research at the institution, or (ii) a requirement for prior NIH approval of any or all recombinant DNA projects at the institution.''

[Previously numbered Section I–D, General Definitions, will be renumbered to Section I–E.]

II–B. Amendments to Section II, Safety Considerations

The second paragraph of Section II–A–3 is amended to read:

''Section II–A–3. Comprehensive Risk Assessment

''* * * A final assessment of risk based on these considerations is then used to set the appropriate containment conditions for the experiment (see Section II–B, Containment). The containment level required may be equivalent to the Risk Group classification of the agent or it may be raised or lowered as a result of the above considerations. The Institutional Biosafety Committee must approve the risk assessment and the biosafety containment level for recombinant DNA experiments described in Sections III–A, Experiments that Require Institutional Biosafety Committee Approval, RAC Review, and NIH Director Approval Before Initiation; III–B, Experiments that Require NIH/ORDA and Institutional Biosafety Committee Approval Before Initiation; III–C, Experiments that Require Institutional Biosafety Committee and Institutional Review Board Approvals and NIH/ORDA Registration Before Initiation; and III–D, Experiments that Require Institutional Biosafety Committee Approval Before Initiation * * *''

II–C. Amendments to Section III, Experiments Covered by the NIH Guidelines

Section III is amended to read:

''SECTION III. EXPERIMENTS COVERED BY THE NIH GUIDELINES

''This section describes six categories of experiments involving recombinant

DNA: (i) Those that require Institutional Biosafety Committee (IBC) approval, RAC review, and NIH Director approval before initiation (see Section III–A), (ii) those that require NIH/ORDA and Institutional Biosafety Committee approval before initiation (see Section II–B), (iii) those that require Institutional Biosafety Committee and Institutional Review Board approvals and NIH/ORDA registration before initiation (see Section III–C), (iv) those that require Institutional Biosafety Committee approval before initiation (see Section III–D), (v) those that require Institutional Biosafety Committee notification simultaneous with initiation (see Section III–E), and (vi) those that are exempt from the NIH Guidelines (see Section III–F).

''Note: If an experiment falls into Sections III–A, III–B, or III–C and one of the other sections, the rules pertaining to Sections II–A, II–B, or III–C shall be followed. If an experiment falls into Section III–F and into either Sections III–D or III–E as well, the experiment is considered exempt from the NIH Guidelines.

''Any change in containment level, which is different from those specified in the NIH Guidelines, may not be initiated without the express approval of NIH/ORDA (see Section IV–C–1–b–(2) and its subsections, Minor Actions).

''Section III–A, Experiments that Require Institutional Biosafety Committee Approval, RAC Review, and NIH Director Approval Before Initiation

(See Section IV–C–1–b–(1), Major Actions).

''Section III–A–1. Major Actions under the NIH Guidelines

''Experiments considered as Major Actions under the NIH Guidelines cannot be initiated without submission of relevant information on the proposed experiment to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838, the publication of the proposal in the **Federal Register** for 15 days of comment, review by RAC, and specific approval by NIH. The containment conditions or stipulation requirements for such experiments will be recommended by RAC and set by NIH at the time of approval. Such experiments require Institutional Biosafety Committee approval before initiation. Specific experiments already approved are included in Appendix D, Major Actions Taken under the NIH Guidelines, which may be obtained from the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010 (301) 496–9838.

''Section III–A–1–a. The deliberate transfer of a drug resistance trait to microorganisms that are not known to acquire the trait naturally (see Section V–B, Footnotes and References of Sections I–IV), if such acquisition could compromise the use of the drug to control disease agents in humans, veterinary medicine, or agriculture, will be reviewed by RAC.

''Section III–B. Experiments That Require NIH/ORDA and Institutional Biosafety Committee Approval Before Initiation

''Experiments in this category cannot be initiated without submission of relevant information on the proposed experiment to NIH/ORDA. The containment conditions for such experiments will be determined by NIH/ORDA in consultation with *ad hoc* experts. Such experiments require Institutional Biosafety Committee approval before initiation (see Section IV–B–2–b–(1), Institutional Biosafety Committee).

''Section III–B–1. Experiments Involving the Cloning of Toxin Molecules with LD_{50} of Less Than 100 Nanograms per Kilogram Body Weight

''Deliberate formation of recombinant DNA containing genes for the biosynthesis of toxin molecules lethal for vertebrates at an LD_{50} of less than 100 nanograms per kilogram body weight (e.g., microbial toxins such as the botulinum toxins, tetanus toxin, diphteria toxin, and *Shigella dysenteriae* neurotoxin). Specific approval has been given for the cloning in *Escherichia coli* K–12 of DNA containing genes coding for the biosynthesis of toxic molecules which are lethal to vertebrates at 100 nanograms to 100 micrograms per kilogram body weight. Specific experiments already approved under this section may be obtained from the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 10892–7010, (301) 496–9838.

''Section III–C. Experiments That Require Institutional Biosafety Committee and Institutional Review Board Approvals and NIH/ORDA Registration Before Initiation

''Section III–C–1. Experiments Involving the Deliberate Transfer of Recombinant DNA or DNA or RNA Derived From Recombinant DNA Into One or More Human Subjects

''Research proposals involving the deliberate transfer of recombinant DNA, or DNA or RNA derived from recombinant DNA, into human subjects (human gene transfer) will be considered through a review process involving both NIH/ORDA and RAC. Investigators shall submit relevant information on the proposed human gene transfer experiments to NIH/ORDA. Submission of human gene transfer protocols to NIH will be in the format described in Appendix M–I, Submission Requirements—Human Gene Transfer Experiments. Submission to NIH/ORDA shall be for registration purposes and will ensure continued public access to relevant human gene transfer information in compliance with the NIH Guidelines. Investigational New Drug (IND) applications should be submitted to FDA in the format described in 21 CFR, chapter I, subchapter D, part 312, subpart B, section 23, IND content and Format.

''Institutional Biosafety Committee approval must be obtained from each institution at which recombinant DNA material will be administered to human subjects (as opposed to each institution invovled in the production of vectors for human application and each institution at which there is *ex vivo* transduction of recombinant DNA material into target cells for human application).

''RAC prefers that submission to NIH/ORDA in accordance with Appendix M–I, Submission Requirements—Human Gene Transfer Experiments, contain no proprietary data or trade secrets, enabling all aspects of the review to be open to the public. Following receipt by NIH/ORDA, relevant information shall be entered into the NIH human gene transfer database for registration purposes. Summary information pertaining to the human gene transfer protocol will be forwarded to RAC members. NIH/ORDA summary information shall include comparisons to previously registered protocols. Specific items of similarity to previous experiments include (but are not limited to): (i) Gene delivery vehicle, (ii) functional gene, (iii) marker gene, (iv) packaging cell (if applicable), (v) disease application, (vi) route of administration, and (vii) patient selection criteria.

''RAC members shall notify NIH/ORDA within 15 working days if the protocol has been determined to represent novel characteristics requiring further public discussion.

''Full RAC review of an individual human gene transfer experiment can be initiated by the NIH Director or recommended to the NIH Director by: (i) Three or more RAC members, or (ii) other Federal agencies. An individual human gene transfer experiment that is recommended for full RAC review should represent novel characteristics deserving of public discussion. RAC recommendations on a specific human gene transfer experiment shall be forwarded to the NIH Director, the Principal Investigator, the sponsoring institution, and other DHHS components, as appropriate.

''Note: For specific directives concerning the use of retroviral vectors for gene delivery, consult Appendix B–V–1, Murine Retroviral Vectors.''

[Previously numbered Section III–C, Experiments that Require Institutional Biosafety Committee Approval Before Initiation, will be renumbered to Section III–D. References in this section will be changed due to renumbering.]

[Previously numbered Section III–D, Experiments that Require Institutional Biosafety Committee Notice Simultaneous with Initiation, will be renumbered to Section III–E. References in this section will be changed due to renumbering.]

[Previously numbered Section III–E, Exempt Experiments, will be renumbered to Section III–F. References in this section will be changed due to renumbering.]

II–D. Amendments to Section IV, Roles and Responsibilities

Section IV is amended to read:

''SECTION IV. ROLES AND RESPONSIBILITIES

''Section IV–A. Policy

''The safe conduct of experiments involving recombinant DNA depends on the individual conducting such activities. The NIH Guidelines cannot anticipate every possible situation. Motivation and good judgment are the key essentials to protection of health and the environment. The NIH Guidelines are intended to assist the institution, Institutional Biosafety Committee, Biological Safety Officer, and the Principal Investigator in determining safeguards that should be implemented. The NIH Guidelines will never be complete or final since all conceivable experiments involving recombinant DNA cannot be foreseen. Therefore, it is the responsibility of the institution and those associated with it to adhere to the intent of the NIH Guidelines as well as to their specifics. Each institution (and the Institutional Biosafety Committee acting on its behalf) is responsible for ensuring that all recombinant DNA research conducted at or sponsored by that institution is conducted in compliance with the NIH Guidelines. General recognition of institutional authority and responsibility properly establishes accountability for safe conduct of the research at the local level. The following roles and responsibilities constitute an administrative framework in which safety is an essential and integral part of research involving recombinant DNA molecules. Further clarifications and interpretations of roles and responsibilities will be issued by NIH as necessary.

''Section IV–B. Responsibilities of the Institution

''Section IV–B–1. General Information

''Each institution conducting or sponsoring recombinant DNA research which is covered by the NIH Guidelines is responsible for ensuring that the research is conducted in full conformity with the provisions of the NIH Guidelines. In order to fulfill this responsibility, the institution shall:

''Section IV–B–1–a. Establish and implement policies that provide for the safe conduct of recombinant DNA research and that ensure compliance with the NIH Guidelines. As part of its general responsibilities for implementing the NIH Guidelines, the institution may establish additional procedures, as deemed necessary, to govern the institution and its components in the discharge of its responsibilities under the NIH Guidelines. Such procedures may include: (i) Statements formulated by the institution for the general implementation of the NIH Guidelines, and (ii) any additional precautionary steps the institution deems appropriate.

''Section IV–B–1–b. Establish an Institutional Biosafety Committee that meets the requirements set forth in Section IV–B–2–a and carries out the functions detailed in Section IV–B–2–b.

''Section IV–B–1–c. Appoint a Biological Safety Officer (who is also a member of the Institutional Biosafety Committee) if the institution: (i) Conducts recombinant DNA research at Biosafety Level (BL) 3 or BL4, or (ii) engages in large scale (greater than 10 liters) research. The Biological Safety Officer carries out the duties specified in Section IV–B–3.

''Section IV–B–1–d. Appoint at least one individual with expertise in plant, plant pathogen, or plant pest containment principles (who is a member of the Institutional Biosafety Committee) if the institution conducts recombinant DNA research that requires Institutional Biosafety Committee approval in accordance with Appendix P, Physical and Biological Containment for Recombinant DNA Research Involving Plants.

''Section IV–B–1–e. Appoint at least one individual with expertise in animal containment principles (who is a member of the Institutional Biosafety Committee) if the institution conducts recombinant DNA research that requires Institutional Biosafety Committee approval in accordance with Appendix Q, Physical and Biological Containment for Recombinant DNA Research Involving Animals.

''Section IV–B–1–f. Ensure that when the institution participates in or sponsors recombinant DNA research involving human subjects: (i) The Institutional Biosafety Committee has adequate expertise and training (using *ad hoc* consultants as deemed necessary), and (ii) all aspects of Appendix M, Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules into One or More Human Subject (Points to Consider), have been appropriately addressed by the Principal Investigator prior to submission to NIH/ORDA. Institutional Biosafety Committee approval must be obtained from each institution at which recombinant DNA material will be administered to human subjects (as opposed to each institution involved in the production of vectors for human application and each institution at which there is ex vivo transduction of recombinant DNA material into target cells for human application).

''Section IV–B–1–g. Assist and ensure compliance with the NIH Guidelines by Principal Investigators conducting research at the institution as specified in Section IV–B–4.

''Section IV–B–1–h. Ensure appropriate training for the Institutional Biosafety Committee Chair and members, Biological Safety Officer and other containment experts (when applicable), Principal Investigators, and laboratory staff regarding laboratory safety and implementation of the NIH Guidelines. The Institutional Biosafety Committee Chair is responsible for ensuring that Institutional Biosafety Committee members are appropriately trained. The Principal Investigator is

responsible for ensuring that laboratory staff are appropriately trained. The institution is responsible for ensuring that the Principal Investigator has sufficient training; however, this responsibility may be delegated to the Institutional Biosafety Committee.

''Section IV–B–1–i. Determine the necessity for health surveillance of personnel involved in connection with individual recombinant DNA projects; and if appropriate, conduct a health surveillance program for such projects. The institution shall establish and maintain a health surveillance program for personnel engaged in large scale research or production activities involving viable organisms containing recombinant DNA molecules which require BL3 containment at the laboratory scale. The institution shall establish and maintain a health surveillance program for personnel engaged in animal research involving viable recombinant DNA-containing microorganisms that require BL3 or greater containment in the laboratory. The Laboratory Safety Monograph discusses various components of such a program (e.g., records of agents handled, active investigation of relevant illnesses, and the maintenance of serial serum samples for monitoring serologic changes that may result from the employees' work experience). Certain medical conditions may place a laboratory worker at increased risk in any endeavor where infectious agents are handled. Examples cited in the Laboratory Safety Monograph include gastrointestinal disorders and treatment with steroids, immunosuppressive drugs, or antibiotics. Workers with such disorders or treatment should be evaluated to determine whether they should be engaged in research with potentially hazardous organisms during their treatment or illness. Copies of the Laboratory Safety Monograph are available from the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''Section IV–B–1–j. Report any significant problems, violations of the NIH Guidelines, or any significant research-related accidents and illnesses to NIH/ORDA within thirty days, unless the institution determines that a report has already been filed by the Principal Investigator or Institutional Biosafety Committee. Reports shall be sent to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''Section IV–B–2. Institutional Biosafety Committee (IBC)

''The institution shall establish an Institutional Biosafety Committee whose responsibilities need not be restricted to recombinant DNA. The Institutional Biosafety Committee shall meet the following requirements:

''Section IV–B–2–a. Membership and Procedures

''Section IV–B–2–a–(1). The Institutional Biosafety Committee must be comprised of no fewer than five members so selected that they collectively have experience and expertise in recombinant DNA technology and the capability to assess the safety of recombinant DNA research and to identify any potential risk to public health or the environment. At least two members shall not be affiliated with the institution (apart from their membership on the Institutional Biosafety Committee) and who represent the interest of the surrounding community with respect to health and protection of the environment (e.g., officials of state or local public health or environmental protection agencies, members of other local governmental bodies, or persons active in medical occupational health, or environmental concerns in the community). The Institutional Biosafety Committee shall include at least one individual with expertise in plant, plant pathogen, or plant pest containment principles when experiments utilizing Appendix P, Physical and Biological Containment for Recombinant DNA Research Involving Plants, require prior approval by the Institutional Biosafety Committee. The Institutional Biosafety Committee shall include at least one scientist with expertise in animal containment principles when experiments utilizing Appendix Q, Physical and Biological Containment for Recombinant DNA Research Involving Animals, require Institutional Biosafety Committee prior approval. When the institution conducts recombinant DNA research at BL3, BL4, or Large Scale (greater than 10 liters), a Biological Safety Officer is mandatory and shall be a member of the Institutional Biosafety Committee (see Section IV–B–3, Biological Safety Officer). When the institution participates in or sponsors recombinant DNA research involving human subjects, the institution must ensure that: (i) The Institutional Biosafety Committee has adequate expertise and training (using ad hoc consultants and deemed necessary) and (ii) all aspects of Appendix M, Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules into One or More Human Subjects (Points to Consider), have been appropriately addressed by the Principal Investigator prior to submission to NIH/ORDA. Institutional Biosafety Committee approval must be obtained from each institution at which recombinant DNA material will be administered to human subjects (as opposed to each institution involved in the production of vectors for human application and each institution at which there is *ex vivo* transduction of recombinant DNA material into target cells from human application).

''Note: Individuals, corporations, and institutions not otherwise covered by the NIH Guidelines, are encouraged to adhere to the standards and procedures set forth in Sections I through IV (see Section IV–E, Voluntary Compliance. The policy and procedures for establishing an Institutional Biosafety Committee under Voluntary Compliance, are specified in Section IV–D–2, Institutional Biosafety Committee Approval).

''Section IV–B–2–a–(2). In order to ensure the competence necessary to review and approve recombinant DNA activities, it is recommended that the Institutional Biosafety Committee: (i) Include persons with expertise in recombinant DNA technology, biological safety, and physical containment; (ii) include or have available as consultants persons knowledgeable in institutional commitments and policies, applicable law, standards of professional conduct and practice, community attitudes, and the environment, and (iii) include at least one member representing the laboratory technical staff.

''Section IV–B–2–a–(3). The institution shall file an annual report with NIH/ORDA which includes: (i) A roster of all Institutional Biosafety Committee members clearly indicating the Chair, contact person, Biological Safety Officer (if applicable), plan expert (if applicable), animal expert (if applicable), human gene therapy expertise or ad hoc consultant (if applicable); and (ii) biographical sketches of all Institutional Biosafety Committee members (including community members).

''Section IV–B–2–a–(4). No member of an Institutional Biosafety Committee may be involved (except to provide information requested by the Institutional Biosafety Committee) in the review or approval of a project in which he/she has been or expects to be engaged or has a direct financial interest.

''Section IV–B–2–a–(5). The institution, that is ultimately

responsible for the effectiveness of the Institutional Biosafety Committee, may establish procedures that the Institutional Biosafety Committee shall follow in its initial and continuing review and approval of applications, proposals, and activities.

''Section IV–B–2–a–(6). When possible and consistent with protection of privacy and proprietary interests, the institution is encouraged to open its Institutional Biosafety Committee meetings to the public.

''Section IV–B–a–(7). Upon request, the institution shall make available to the public all Institutional Biosafety Committee meeting minutes and any documents submitted to or received from funding agencies which the latter are required to make available to the public. If public comments are made on Institutional Biosafety Committee actions, the institution shall forward both the public comments and the Institutional Biosafety Committee's response to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''Section IV–B–2–b. Functions

''On behalf of the institution, the Institutional Biosafety Committee is responsible for:

''Section IV–B–2–b–(1). Reviewing recombinant DNA research conducted at or sponsored by the institution for compliance with the NIH Guidelines as specified in Section III, Experiments Covered by the NIH Guidelines, and approving those research projects that are found to conform with the NIH Guidelines. This review shall include: (i) Independent assessment of the containment levels required by the NIH Guidelines for the proposed research; (ii) assessment of the facilities, procedures, practices, and training and expertise of personnel involved in recombinant DNA research; and (iii) ensuring compliance with all surveillance, data reporting, and adverse event reporting requirements required by the NIH Guidelines.

''Section IV–B–2–b–(2). Notifying the Principal Investigator of the results of the Institutional Biosafety Committee's review and approval.

''Section IV–B–2–b–(3). Lowering containment levels for certain experiments as specified in Section III–C–2–a, Experiments in which DNA from Human or Animal Pathogens (Risk Group 2, Risk Group 3, Risk Group 4, or Restricted Agents is Cloned into Nonpathogenic Prokaryotic or Lower Eurkaryotic Host-Vector Systems.

''Section IV–B–2–b–(4). Setting containment levels as specified in Sections III–C–4–b, Experiments Involving Whole Animals, and III–C–5, Experiments Involving Whole Plants.

''Section IV–B–2–b–(5). Periodically reviewing recombinant DNA research conducted at the institution to ensure compliance with the NIH Guidelines.

''Section IV–B–2–b–(6). Adopting emergency plans covering accidental spills and personnel contamination resulting from recombinant DNA research.

''Note: The Laboratory Safety Monograph describes basic elements for developing specific procedures dealing with major spills of potentially hazardous materials in the laboratory, including information and references about decontamination and emergency plans. The NIH and the Centers for Disease Control and Prevention are available to provide consultation and direct assistance, if necessary, as posted in the Laboratory Safety Monograph. The institution shall cooperate with the state and local public health departments by reporting any significant research-related illness or accident that may be hazardous to the public health.

''Section IV–B–2–b–(7). Reporting any significant problems with or violations of the NIH Guidelines and any significant research-related accidents or illnesses to the appropriate institutional official and NIH/ORDA within 30 days, unless the Institutional Biosafety Committee determines that a report has already been filed by the Principal Investigator. Reports to NIH/ORDA shall be sent to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''Section IV–B–2–b–(8). The Institutional Biosafety Committee may not authorize initiation of experiments which are not explicitly covered by the NIH Guidelines until NIH (with the advice of the RAC when required) establishes the containment requirement.

''Section IV–B–2–b–(9). Performing such other functions as may be delegated to the Institutional Biosafety Committee under Section IV–B–2, Institutional Biosafety Committee.

''Section IV–B–3. Biological Safety Officer (BSO)

''Section IV–B–3–a. The institution shall appoint a Biological Safety Officer if it engages in large scale research or production activities involving viable organisms containing recombinant DNA molecules.

''Section IV–B–3–b. The institution shall appoint a Biological Safety Officer if it engages in recombinant DNA research at BL3 or BL4. The Biological Safety Officer shall be a member of the Institutional Biosafety Committee.

''Section IV–B–3–c. The Biological Safety Officer's duties include, but are not limited to:

''Section IV–B–3–c–(1). Periodic inspections to ensure that laboratory standards are rigorously followed;

''Section IV–B–3–c–(2). Reporting to the Institutional Biosafety Committee and the institution any significant problems, violations of the NIH Guidelines, and any significant research-related accidents or illnesses of which the Biological Safety Officer becomes aware unless the Biological Safety Officer determines that a report has already been filed by the Principal Investigator;

''Section IV–B–3–c–(3). Developing emergency plans for handling accidental spills and personnel contamination and investigating laboratory accidents involving recombinant DNA research;

''Section IV–B–3–c–(4). Providing advice on laboratory security;

''Section IV–B–3–c–(5). Providing technical advice to Principal Investigators and the Institutional Biosafety Committee on research safety procedures.

''Note: See the Laboratory Safety Monograph for additional information on the duties of the Biological Safety Officer.

''Section IV–B–4. Plant, Plant Pathogen, or Plant Pest Containment Expert

''When the institution conducts recombinant DNA research that requires Institutional Biosafety Committee approval in accordance with Appendix P, Physical and Biological Containment for Recombinant DNA Research Involving Plants, the institution shall appoint at least one individual with expertise in plant, plant pathogen, or plant pest containment principles (who is a member of the Institutional Biosafety Committee).

''Section IV–B–5. Animal Containment Expert

''When the institution conducts recombinant DNA research that requires Institutional Biosafety Committee approval in accordance with Appendix Q, Physical and Biological Containment for Recombinant DNA Research Involving Animals, the institution shall appoint at least one individual with expertise in animal containment principles (who is a member of the Institutional Biosafety Committee).

''Section IV–B–6. Human Gene Therapy Expertise

''When the institution participates in or sponsors recombinant DNA research

involving human subjects, the institution must ensure that: (i) The Institutional Biosafety Committee has adequate expertise and training (using ad hoc consultants as deemed necessary) and (ii) all aspects of Appendix M, Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules into One or More Human Subjects (Points to Consider), have been appropriately addressed by the Principal Investigator prior to submission to NIH/ORDA.

''Section IV–B–7. Principal Investigator (PI)

''On behalf of the institution, the Principal Investigator is responsible for full compliance with the NIH Guidelines in the conduct of recombinant DNA research.

''Section IV–B–7–a. General Responsibilities

''As part of this general responsibility, the Principal Investigator shall:

''Section IV–B–7–a–(1). Initiate or modify no recombinant DNA research which requires Institutional Biosafety Committee approval prior to initiation (see Sections III–A, III–B, III–C, and III–D, Experiments Covered by the NIH Guidelines) until that research or the proposed modification thereof has been approved by the Institutional Biosafety Committee and has met all other requirements of the NIH Guidelines;

''Section IV–B–7–a–(2). Determine whether experiments are covered by Section III–D, Experiments that Require Institutional Biosafety Committee Notice Simultaneous with Initiation, and ensure that the appropriate procedures are followed;

''Section IV–B–7–a–(3). Report any significant problems, violations of the NIH Guidelines, or any significant research-related accidents and illnesses to the Biological Safety Officer (where applicable), Greenhouse/Animal Facility Director (where applicable), Institutional Biosafety Committee, NIH/ORDA, and other appropriate authorities (if applicable) within 30 days. Reports to NIH/ORDA shall be sent to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838;

''Section IV–B–7–a–(4). Report any new information bearing on the NIH Guidelines to the Institutional Biosafety Committee and to NIH/ORDA (reports to NIH/ORDA shall be sent to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838);

''Section IV–B–7–a–(5). Be adequately trained in good microbiological techniques;

''Section IV–B–7–a–(6). Adhere to Institutional Biosafety Committee approved emergency plans for handling accidental spills and personnel contamination; and

''Section IV–B–7–a–(7). Comply with shipping requirements for recombinant DNA molecules (see Appendix H, Shipment, for shipping requirements and the Laboratory Safety Monograph for technical recommendations).

''Section IV–B–7–b. Submissions by the Principal Investigator to NIH/ORDA

''The Principal Investigator shall:

''Section IV–B–7–b–(1). Submit information to NIH/ORDA for certification of new host-vector systems;

''Section IV–B–7–b–(2). Petition NIH/ORDA, with notice to the Institutional Biosafety Committee, for proposed exemptions to the NIH Guidelines;

''Section IV–B–7–b–(3). Petition NIH/ORDA, with concurrence of the Institutional Biosafety Committee, for approval to conduct experiments specified in Sections III–A–1, Major Actions Under the NIH Guidelines, and III–B, Experiments that Require NIH/ORDA and Institutional Biosafety Committee Approval Before Initiation;

''Section IV–B–7–b–(4). Petition NIH/ORDA for determination of containment for experiments requiring case-by-case review; and

''Section IV–B–7–b–(5). Petition NIH/ORDA for determination of containment for experiments not covered by the NIH Guidelines.

''Section IV–B–7–b–(6). Ensure that all aspects of Appendix M, Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules into One or More Human Subjects, have been appropriately addressed prior to submission of human gene therapy experiments to NIH/ORDA.

''Section IV–B–7–c. Submissions by the Principal Investigator to the Institutional Biosafety Committee

''The Principal Investigator shall:

''Section IV–B–7–c–(1). Make an initial determination of the required levels of physical and biological containment in accordance with the NIH Guidelines;

''Section IV–B–7–c–(2). Select appropriate microbiological practices and laboratory techniques to be used for the research;

''Section IV–B–7–c–(3). Submit the initial research protocol and any subsequent changes (e.g., changes in the source of DNA or host-vector system), if covered under Sections III–A, III–B, III–C, or III–D (Experiments Covered by the NIH Guidelines), to the Institutional Biosafety Committee for review and approval or disapproval; and

''Section IV–B–7–c–(4). Remain in communication with the Institutional Biosafety Committee throughout the conduct of the project.

''Section IV–B–7–d. Responsibilities of the Principal Investigator Prior To Initiating Research

''The Principal Investigator shall:

''Section IV–B–7–d–(1). Make available to all laboratory staff the protocols that describe the potential biohazards and the precautions to be taken;

''Section IV–B–7–d–(2). Instruct and train laboratory staff in: (i) The practices and techniques required to ensure safety, and (ii) the procedures for dealing with accidents; and

''Section IV–B–7–d–(3). Inform the laboratory staff of the reasons and provisions for any precautionary medical practices advised or requested (e.g., vaccinations or serum collection).

''Section IV–B–7–e. Responsibilities of the Principal Investigator During the Conduct of the Research

''The Principal Investigator shall:

''Section IV–B–7–e–(1). Supervise the safety performance of the laboratory staff to ensure that the required safety practices and techniques are employed;

''Section IV–B–7–e–(2). Investigate and report any significant problems pertaining to the operation and implementation of containment practices and procedures in writing to the Biological Safety Officer (where applicable), Greenhouse/Animal Facility Director (where applicable), Institutional Biosafety Committee, NIH/ORDA, and other appropriate authorities (if applicable) (reports to NIH/ORDA shall be sent to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838);

''Section IV–B–7–e–(3). Correct work errors and conditions that may result in the release of recombinant DNA materials; and

''Section IV–B–7–e–(4). Ensure the integrity of the physical containment (e.g., biological safety cabinets) and the biological containment (e.g., purity and genotypic and phenotypic characteristics).

''Section IV–B–7–e–(5). Comply with reporting requirements for human gene

transfer experiments conducted in compliance with the NIH Guidelines (see Appendix M–VII, Reporting Requirements—Human Gene Transfer Protocols).

''Section IV–C. Responsibilities of the National Institutes of Health (NIH)

''Section IV–C–1. NIH Director

''The NIH Director is responsible for: (i) Establishing the NIH Guidelines, (ii) overseeing their implementation, and (iii) their final interpretation. The NIH Director has responsibilities under the NIH Guidelines that involve ORDA and RAC. ORDA's responsibilities under the NIH Guidelines are administrative. Advice from RAC is primarily scientific, technical, and ethical. In certain circumstances, there is specific opportunity for public comment with published response prior to final action.

''Section IV–C–1–a. General Responsibilities

''The NIH Director is responsible for:

''Section IV–C–1–a–(1). Promulgating requirements as necessary to implement the NIH Guidelines;

''Section IV–C–1–a–(2). Establishing and maintaining RAC to carry out the responsibilities set forth in Section IV–C–2, Recombinant DNA Advisory Committee (RAC membership is specified in its charter and in Section IV–C–2);

''Section IV–C–1–a–(3). Establishing and maintaining NIH/ORDA to carry out the responsibilities defined in Section IV–C–3, Office of Recombinant DNA Activities;

''Section IV–C–1–a–(4). Conducting and supporting training programs in laboratory safety for Institutional Biosafety Committee members, Biological Safety Officers and other institutional experts (if applicable), Principal Investigators, and laboratory staff.

''Section IV–C–1–a–(5). Establishing and convening Gene Therapy Policy Conferences as described in Appendix L, Gene Therapy Policy Conferences.

''Section IV–C–1–b. Specific Responsibilities

''In carrying out the responsibilities set forth in this section, the NIH Director, or a designee shall weigh each proposed action through appropriate analysis and consultation to determine whether it complies with the NIH Guidelines and presents no significant risk to health or the environment.

''Section IV–C–1–b–(1). Major Actions

''To execute Major Actions, the NIH Director shall seek the advice of RAC and provide an opportunity for public and Federal agency comment. Specifically, the Notice of Meeting and Proposed Actions shall be published in the **Federal Register** at least 15 days before the RAC meeting. The NIH Director's decision/recommendation (at his/her discretion) may be published in the **Federal Register** for 15 days of comment before final action is taken. The NIH Director's final decision/recommendation, along with responses to public comments, shall be published in the **Federal Register**. The RAC and Institutional Biosafety Committee Chairs shall be notified of the following decisions:

''Section IV–C–1–b–(1)–(a). Changing containment levels for types of experiments that are specified in the NIH Guidelines when a Major Action is involved;

''Section IV–C–1–b–(1)–(b). Assigning containment levels for types of experiments that are not explicitly considered in the NIH Guidelines when a Major Action is involved;

''Section IV–C–1–b–(1)–(c). Promulgating and amending a list of classes of recombinant DNA molecules to be exempt from the NIH Guidelines because they consist entirely of DNA segments from species that exchange DNA by known physiological processes or otherwise do not present a significant risk to health or the environment;

''Section IV–C–1–b–(1)–(d). Permitting experiments specified by Section III–A, Experiments that Require Institutional Biosafety Committee Approval, RAC Review, and NIH Director Approval Before Initiation;

''Section IV–C–1–b–(1)–(e). Certifying new host-vector systems with the exception of minor modifications of already certified systems (the standards and procedures for certification are described in Appendix I–II, Certification of Host-Vector Systems). Minor modifications constitute (e.g., those of minimal or no consequence to the properties relevant to containment); and

''Section IV–C–1–b–(1)–(f). Adopting other changes in the NIH Guidelines.

''Section IV–C–1–b–(2). Minor Actions

''NIH/ORDA shall carry out certain functions as delegated to it by the NIH Director (see Section IV–C–3, Office of Recombinant DNA Activities). Minor Actions (as determined by NIH/ORDA in consultation with the RAC Chair and one or more RAC members, as necessary) will be transmitted to RAC and Institutional Biosafety Committee Chairs:

''Section IV–C–1–b–(2)–(a). Changing containment levels for experiments that are specified in Section III, Experiments Covered by the NIH Guidelines (except when a Major Action is involved);

''Section IV–C–1–b–(2)–(b). Assigning containment levels for experiments not explicitly considered in the NIH Guidelines;

''Section IV–C–1–b–(2)–(c). Revising the Classification of Etiologic Agents for the purpose of these NIH Guidelines (see Section V–A, Footnotes and References of Sections I–IV).

''Section IV–C–1–b–(2)–(d). Interpreting the NIH Guidelines for experiments to which the NIH Guidelines do not specifically assign containment levels;

''Section IV–C–1–b–(2)–(e). Setting containment under Sections III–C–1–d, Experiments Using Risk Group 2, Risk Group 3, Risk Group 4, or Restricted Agents as Host-Vector Systems, and III–C–2–b, Experiments in which DNA from Risk Group 2, Risk Group 3, Risk Group 4, or Restricted Agents is Cloned into Nonpathogenic Prokaryotic or Lower Eukaryotic Host-Vector Systems;

''Section IV–C–1–b–(2)–(f). Approving minor modifications of already certified host-vector systems (the standards and procedures for such modifications are described in Appendix I–II, Certification of Host-Vector Systems);

''Section IV–C–1–b–(2)–(g). Decertifying already certified host-vector systems;

''Section IV–C–1–b–(2)–(h). Adding new entries to the list of molecules toxic for vertebrates (see Appendix F, Containment Conditions for Cloning of Genes Coding for the Biosynthesis of Molecules Toxic for Vertebrates); and

''Section IV–C–1–b–(2)–(i). Determining appropriate containment conditions for experiments according to case precedents developed under Section IV–C–1–b–(2)–(c).

''Section IV–C–2. Recombinant DNA Advisory Committee (RAC)

''RAC is responsible for carrying out specified functions cited below as well as others assigned under its charter or by the DHHS Secretary and the NIH Director. RAC consists of 15 voting members including the Chair, appointed by the DHHS Secretary or his/her designee, at least 8 of whom are selected from authorities knowledgeable in the fields of molecular genetics, molecular biology, recombinant DNA research, or other scientific fields. At least 4 members of RAC shall be persons knowledgeable in applicable law, standards of professional conduct and practice, public attitudes, the environment, public health, occupational health, or related fields. Representatives from Federal agencies shall serve as non-voting members.

Nominations for RAC members may be submitted to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''All meetings of RAC shall be announced in the **Federal Register,** including tentative agenda items, 15 days before the meeting. Final agendas, if modified, shall be available at least 72 hours before the meeting. No item defined as a Major Action under Section IV–C–1–b–(1) may be added to an agenda following **Federal Register** publication.

''RAC shall be responsible for:

''Section IV–C–2–a. Advising the NIH Director on the following actions: (1) Adopting changes in the NIH Guidelines. (2) Assigning containment levels, changing containment levels, and approving experiments considered as Major Actions under the NIH Guidelines, i.e., the deliberate transfer of a drug resistance trait to microorganisms that are not known to acquire the trait naturally, if such acquisition could compromise the use of the drug to control disease agents in humans, veterinary medicine, or agriculture. (3) Promulgating and amending lists of classes of recombinant DNA molecules to be exempt from the NIH Guidelines because they consist entirely of DNA segments from species that exchange DNA by known physiological processes or otherwise do not present a significant risk to health or the environment. (4) Certifying new host-vector systems.

''Section IV–C–2–b. Identifying novel human gene transfer experiments deserving of public discussion by the full RAC;

''Section IV–C–2–c. Transmitting to the NIH Director specific comments/recommendations about: (i) A specific human gene transfer experiment, or (ii) a category of human gene transfer experiments;

''Section IV–C–2–d. Publicly reviewing human gene transfer clinical trial data and relevant information evaluated and summarized by NIH/ORDA in accordance with the annual data reporting requirements;

''Section IV–C–2–e. Identifying broad scientific, safety, social, and ethical issues relevant to gene therapy research as potential Gene Therapy Policy Conference topics;

''Section IV–C–2–f. Identifying novel social and ethical issues relevant to specific human applications of gene transfer and recommending appropriate modifications to the Points to Consider that will provide guidance in the preparation of relevant Informed Consent documents; and

''Section IV–C–2–g. Identifying novel scientific and safety issues relevant to specific human applications of gene transfer and recommending appropriate modifications to the Points to Consider that will provide guidance in the design and submission of human gene transfer clinical trials.

''Section IV–C–3. Office of Recombinant DNA Activities (ORDA)

''ORDA shall serve as a focal point for information on recombinant DNA activities and provide advice to all within and outside NIH including institutions, Biological Safety Officers, Principal Investigators, Federal agencies, state and local governments, and institutions in the private sector. ORDA shall carry out such other functions as may be delegated to it by the NIH Director. ORDA's responsibilities include (but are not limited to) the following:

''Section IV–C–3–a. Serving as the focal point for public access to summary information pertaining to human gene transfer experiments;

''Section IV–C–3–b. Serving as the focal point for data management of human gene transfer experiments;

''Section IV–C–3–c. Administering the annual data reporting requirements (and subsequent review) for human gene transfer experiments (see Appendix M–VII, Reporting Requirements—Human Gene Transfer Protocols);

''Section IV–C–3–d. Transmitting comments/recommendations arising from public RAC discussion of a novel human gene transfer experiment to the NIH Director. RAC recommendations shall be forwarded to the Principal Investigator, the sponsoring institution, and other DHHS components, as appropriate.

''Section IV–C–3–e. Collaborating with Principal Investigators, Institutional Biosafety Committees, Institutional Review Boards, and other DHHS components (including FDA and Office for Protection from Research Risks), to ensure human gene transfer experiment registration compliance in accordance with Appendix M–I, Submission Requirements, Human Gene Transfer Experiments of the NIH Guidelines.

''Section IV–C–3–f. Administering Gene Therapy Policy Conferences as deemed appropriate by the NIH Director (see Appendix L, Gene Therapy Policy Conference).

''Section IV–C–3–g. Reviewing and approving experiments in conjunction with *ad hoc* experts involving the cloning of genes encoding for toxin molecules that are lethal for vertebrates at an LD_{50} of less than or equal to 100 nanagrams per kilogram body weight in organisms other than Escherichia coli K–12 (see Section III–B–1, Experiments Involving the Cloning of Toxin Molecules with LD_{50} of Less than 100 Nanograms Per Kilogram Body Weight, Appendix F, Containment Conditions for Cloning of Genes Coding for the Biosynthesis of Molecules Toxic for Verebrates);

''Section IV–C–3–h. Serving as the executive secretary of RAC;

''Section IV–C–3–i. Publishing in the **Federal Register**:

''Section IV–C–3–i–(1). Announcements of RAC meetings and tentative agendas at least 15 days in advance (Note: If the agenda for a RAC meeting is modified, ORDA shall make the revised agenda available to anyone upon request in advance of the meeting);

''Section IV–C–3–i–(2). Announcements of Gene Therapy Policy Conferences and tentative agendas at least 15 days in advance;

''Section IV–C–3–i–(3). Proposed Major Actions (see Section IV–C–1–b–(1), Major Actions) at least 15 days prior to the RAC meeting; and

''Section IV–C–3–j. Reviewing and approving the membership of an institution's Institutional Biosafety Committee, and where it finds the Institutional Biosafety Committee meets the requirements set forth in Section IV–B–2, Institutional Biosafety Committee (IBC), giving its approval to the Institutional Biosafety Committee membership.

''Section IV–C–4. Other NIH Components

''Other NIH components shall be responsible for certifying maximum containment (BL4) facilities, inspecting them periodically, and inspecting other recombinant DNA facilities as deemed necessary.

''Section IV–D. Voluntary Compliance

''Section IV–D–1. Basic Policy—Voluntary Compliance

''Individuals, corporations, and institutions not otherwise covered by the NIH Guidelines are encouraged to follow the standards and procedures set forth in Sections I through IV. In order to simplify discussion, references hereafter to 'institutions' are intended to encompass corporations and individuals who have no organizational affiliation. For purposes of complying with the NIH Guidelines, and individual intending to carry out research involving recombinant DNA is encouraged to

affiliate with an institution that has an Institutional Biosafety Committee approved under the NIH Guidelines.

''Since commercial organizations have special concerns, such as protection of proprietary data, some modifications and explanations of the procedures are provided in Section IV–D–2 through IV–D–5–b, Voluntary Compliance, in order to address these concerns.

''Section IV–D–2. Institutional Biosafety Committee Approval—Voluntary Compliance

''It should be emphasized that employment of an Institutional Biosafety Committee member solely for purposes of membership on the Institutional Biosafety Committee does not itself make the member an institutionally affiliated member. Except for the unaffiliated members, a member of an Institutional Biosafety Committee for an institution not otherwise covered by the NIH Guidelines may participate in the review and approval of a project in which the member has a direct financial interest so long as the member has not been, and does not expect to be, engaged in the project. Section IV–B–2–a–(4), Institutional Biosafety Committee, is modified to that extent for purposes of these institutions.

''Section IV–D–3. Certification of Host-Vector Systems—Voluntary Compliance

''A host-vector system may be proposed for certification by the NIH Director in accordance with the procedures set forth in Appendix I–II, Certification of Host-Vector Systems. In order to ensure protection for proprietary data, any public notice regarding a host-vector system which is designated by the institution as proprietary under Section IV–D, Voluntary Compliance, will be issued only after consultation with the institution as to the content of the notice.

''Section IV–D–4. Requests for Exemptions and Approvals—Voluntary Compliance

''Requests for exemptions or other approvals as required by the NIH Guidelines should be submitted based on the procedures set forth in Sections I through IV. In order to ensure protection for proprietary data, any public notice regarding a request for an exemption or other approval which is designated by the institution as proprietary under Section IV–D–5–a, Voluntary Compliance, will be issued only after consultation with the institution as to the content of the notice.

''Section IV–D–5. Protection of Proprietary Data—Voluntary Compliance

''Section IV–D–a. General

''In general, the Freedom of Information Act requires Federal agencies to make their records available to the public upon request. However, this requirement does not apply to, among other things, 'trade secrets and commercial or financial information that is obtained from a person and that is privileged or confidential.' Under 18 U.S.C. 1905, it is a criminal offense for an officer or employee of the U.S. or any Federal department or agency to publish, divulge, disclose, or make known 'in any manner or to any extent not authorized by law any information coming to him in the course of his employment or official duties or by reason of any examination or investigation made by, or return, report or record made to or filed with, such department or agency or officer or employee thereof, which information concerns or relates to the trade secrets, (or) processes * * * of any person, firm, partnership, corporation, or association.' This provision applies to all employees of the Federal Government, including special Government employees. Members of RAC are 'special Government employees.'

''In submitting to NIH for purposes of voluntary compliance with the NIH Guidelines, an institution may designate those items of information which the institution believes constitute trade secrets, privileged, confidential, commercial, or financial information. If NIH receives a request under the Freedom of Information Act for information so designated, NIH will promptly contact the institution to secure its views as to whether the information (or some portion) should be released. If NIH decides to release this information (or some portion) in response to a Freedom of Information request or otherwise, the institution will be advised and the actual release will be delayed in accordance with 45 Code of Federal Regulations, § 5.65 (d) and (e).

''Section IV–D–5–b. Pre-submission Review

''Any institution not otherwise covered by the NIH Guidelines, which is considering submission of data or information voluntarily to NIH, may request pre-submission review of the records involved to determine if NIH will make all or part of the records available upon request under the Freedom of Information Act.

''A request for pre-submission review should be submitted to NIH/ORDA along with the records involved to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838. These records shall be clearly marked as being the property of the institution on loan to NIH solely for the purpose of making a determination under the Freedom on Information Act. NIH/ORDA will seek a determination from the responsible official under DHHS regulations (45 CFR part 5) as to whether the records involved, (or some portion) will be made available to members of the public under the Freedom of Information Act. Pending such a determination, the records will be kept separate from NIH/ORDA files, will be considered records of the institution and not NIH/ORDA, and will not be received as part of NIH/ORDA files. No copies will be made of such records.

''NIH/ORDA will inform the institution of the DHHS Freedom of Information Officer's determination and follow the institution's instructions as to whether some or all of the records involved are to be returned to the institution or to become a part of NIH/ORDA files. If the institution instructs NIH/ORDA to return the records, no copies or summaries of the records will be made or retained by DHHS, NIH, or ORDA. The DHHS Freedom of Information Officer's determination will represent that official's judgment at the time of the determination as to whether the records involved (or some portion) would be exempt from disclosure under the Freedom of Information Act if at the time of the determination the records were in NIH/ORDA files and a request was received for such files under the Freedom of Information Act.''

II–E. Amendments to Appendix A, Exemptions Under Section III–E–5—Sub-lists of Natural Exchanges

Appendix A, first paragraph, is amended to reflect renumbering of a previous section.

II–F. Amendments to Appendix C, Exemptions Under Section III–E–6

Appendix C is amended to reflect renumbering of a previous section.

II–G. Amendments to Appendix I, Biological Containment

After the first paragraph in Section I–II–A, Responsibility, the following Note is added:

''**Note.** A host-vector system may be proposed for certification by the NIH Director in accordance with the procedures set forth in Appendix I–II, Certification of Host-Vector Systems. In order to ensure protection for

proprietary data, any public notice regarding a host-vector system which is designated by the institution as proprietary under Section IV–D, Voluntary Compliance, will be issued only after consultation with the institution as as to the content of the notice (see Section IV–D–3, Certification of Host-Vector Systems-Voluntary Compliance).''

II–H. Addition of Appendix L, Gene Therapy Policy Conferences, to the NIH Guidelines

Appendix L is to read:

''Appendix L. Gene Therapy Policy Conferences (GTPCs)

''In order to enhance the depth and value of public discussion relevant to scientific, safety, social, and ethical implications of gene therapy research, the NIH Director will convene GTPCs at regular intervals. As appropriate, the NIH Director may convene a GTPC in conjunction with a RAC meeting. GTPCs will be administered by NIH/ORDA. Conference participation will not involve a standing committee membership but rather will offer the unique advantage of assembling numerous participants who possess significant scientific, ethical, and legal expertise and/or interest that is directly applicable to a specific gene therapy research issue. At least one member of RAC will serve as Co-chair of each GTPC and report the findings of each GTPC to RAC at its next scheduled meeting. The RAC representative for each GTPC will be chosen based on the participant's area of expertise relative to the specific gene therapy research issue to be discussed. All RAC members will be invited to attend GTPCs. GTPCs will have representation from other Federal agencies, including FDA and OPRR. GTPCs will focus on broad overarching policy and scientific issues related to gene therapy research. Proposals for GTPC topics may be submitted by members of RAC, representatives of academia, industry, patient and consumer advocacy organizations, other Federal agencies, professional scientific societies, and the general public. GTPC topics will not be limited to discussion of human applications of gene therapy research, i.e., they may include basic research on the use of novel gene delivery vehicles, or novel applications of human gene transfer. The RAC, with the Director's approval, will have the primary responsibility for planning GTPC agendas. GTPC findings will be transmitted to the NIH Director and will be made publicly available. The NIH Director anticipates that this public policy forum will serve as a model for interagency communication and collaboration, concentrated expert discussion of novel scientific issues and their potential societal implications, and enhanced opportunity for public discussion of specific issues and potential impact of such applications on human health and the environment.''

II–I. Amendments to Appendix M, Points To Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules Into One or More Human Subjects

Appendix M is amended to read:

''Appendix M. Points To Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules Into One or More Human Subjects (Points to Consider)

''Appendix M applies to research conducted at or sponsored by an institution that receives any support for recombinant DNA research from NIH. Researchers not covered by the NIH Guidelines are encouraged to use Appendix M (see Section I–C, General Applicability).

''The acceptability of human somatic cell gene therapy has been addressed in several public documents as well as in numerous academic studies. In November 1982, the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research published a report, Splicing Life, which resulted from a two-year process of public deliberation and hearings. Upon release of that report, a U.S. House of Representatives subcommittee held three days of public hearings with witnesses from a wide range of fields from the biomedical and social sciences to theology, philosophy, and law. In December 1984, the Office of Technology Assessment released a background paper, Human Gene Therapy, which concluded that civic, religious, scientific, and medical groups have all accepted, in principle, the appropriateness of gene therapy of somatic cells in humans for specific genetic diseases. Somatic cell gene therapy is seen as an extension of present methods of therapy that might be preferable to other technologies. In light of this public support, RAC is prepared to consider proposals for somatic cell gene transfer.

''RAC will not at present entertain proposals for germ line alterations but will consider proposals involving somatic cell gene transfer. The purpose of somatic cell gene therapy is to treat an individual patient, e.g., by inserting a properly functioning gene into the subject's somatic cells. Germ line alteration involves a specific attempt to introduce genetic changes into the germ (reproductive) cells of an individual, with the aim of changing the set of genes passed on to the individual's offspring.

''Research proposals involving the deliberate transfer of recombinant DNA, or DNA or RNA derived from recombinant DNA, into human subjects (human gene transfer) will be considered through a review process involving both NIH/ORDA and RAC. Investigators shall submit their relevant information on the proposed human gene transfer experiments to NIH/ORDA. Submission of human gene transfer protocols to NIH will be in the format described in Appendix M–I, Submission Requirements—Human Gene Transfer Experiments. Submission to NIH shall be for registration purposes and will ensure continue public access to relevant human gene transfer information conducted in compliance with the NIH Guidelines. Investigational New Drug (IND) applications should be submitted to FDA in the format described in 21 CFR, Chapter I, Subchapter D, Part 312, Subpart B, Section 23, IND Content and Format.

''Institutional Biosafety Committee approval must be obtained from each institution at which recombinant DNA material will be administered to human subjects (as opposed to each institution involved in the production of vectors for human application and each institution at which there is ex vivo transduction of recombinant DNA material into target cells for human application).

''Factors that may contribute to public discussion of a human gene transfer experiment by RAC include: (i) New vectors/new gene delivery systems, (ii) new diseases, (iii) unique applications of gene transfer, and (iv) other issues considered to require further public discussion. Among the experiments that may be considered exempt from RAC discussion are those determined not to represent possible risk to human health or the environment. Full RAC review of an individual human gene transfer experiment can be initiated by the NIH Director or recommended to the NIH Director by: (i) Three or more RAC members, or (ii) other Federal agencies. An individual human gene transfer experiment that is recommended for full RAC review should represent novel characteristics deserving of public discussion. If the Director, NIH, determines that an experiment will undergo full RAC discussions, NIH/ORDA will immediately notify the Principal Investigator. RAC members may forward individual requests for additional information relevant to a specific protocol through NIH/ORDA to the Principal Investigator. In making a

determination whether an experiment is novel, and thus deserving of full RAC discussion, reviewers will examine the scientific rationale, scientific context (relative to other proposals reviewed by RAC), whether the preliminary *in vitro* and *in vivo* safety data were obtained in appropriate models and are sufficient, and whether questions related to relevant social and ethical issues have been resolved. RAC recommendations on a specific human gene transfer experiment shall be forwarded to the NIH Director, the Principal Investigator, the sponsoring institution, and other DHHS components, as appropriate. Relevant documentation will be included in the material for the RAC meeting at which the experiment is scheduled to be discussed. RAC meetings will be open to the public except where trade secrets and proprietary information are reviewed (see Section IV–D–5, Protection of Proprietary Data). RAC prefers that information provided in response to Appendix M contain no proprietary data or trade secrets, enabling all aspects of the review to be open to the public.

''Note: Any application submitted to NIH/ORDA shall not be designated as 'confidential' in its entirety. In the event that a sponsor determines that specific responses to one or more of the items described in Appendix M should be considered as proprietary or trade secret, each item should be clearly identified as such. The cover letter (attached to the submitted material) shall: (1) Clearly indicate that select portions of the application contain information considered as proprietary or trade secret, (2) a brief explanation as to the reason that each of these items is determined proprietary or trade secret.

''Public discussion of human gene transfer experiments (and access to relevant information) shall serve to inform the public about the technical aspects of the proposals, meaning and significance of the research, and significant safety, social, and ethical implications of the research. RAC discussion is intended to ensure safe and ethical conduct of gene therapy experiments and facilitate public understanding of this novel area of biomedical research.

In its evaluation of human gene transfer proposals, RAC will consider whether the design of such experiments offers adequate assurance that their consequences will not go beyond their purpose, which is the same as the traditional purpose of clinical investigation, namely, to protect the health and well being of human subjects being treated while at the same time gathering generalizable knowledge. Two possible undesirable consequences of the transfer of recombinant DNA would be unintentional: (i) Vertical transmission of genetic changes from an individual to his/her offspring, or (ii) horizontal transmission of viral infection to other persons with whom the individual comes in contact. Accordingly, Appendices M–I through M–V request information that will enable RAC and NIH/ORDA to assess the possibility that the proposed experiment(s) will inadvertently affect reproductive cells or lead to infection of other people (e.g., medical personnel or relatives).

''Appendix M will be considered for revisions as experience in evaluating proposals accumulates and as new scientific developments occur. This review will be carried out periodically as needed.

''Appendix M–I. Submission Requirements—Human Gene Transfer Experiments

''Investigators must submit the following material to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838 (see exemption in Appendix M–VIII–A, Footnotes of Appendix M). Proposals shall be submitted to NIH/ORDA in the following order: (1) Scientific abstract; (2) non-technical abstract; (3) Institutional Biosafety Committee and Institutional Review Board approvals and their deliberations pertaining to your protocol (Institutional Biosafety Committee approval must be obtained from each institution at which recombinant DNA material will be administered to human subjects (as opposed to each institution involved in the production of vectors for human application and each institution at which there is ex vivo transduction of recombinant DNA material into target cells for human application)); (4) Responses to Appendix M–II through M–V, Description of the Proposal, Informed Consent, Privacy and Confidentiality, and Special Issues (the pertinent responses can be provided in the protocol or as an appendix to the protocol); (5) clinical protocol (as approved by the local Institutional Biosafety Committee and Institutional Review Board); (6) Informed Consent document—approved by the Institutional Review Board (see Appendix M–III, Informed Consent); (7) appendices (including tables, figures, and manuscripts); and (8) curricula vitae—2 pages for each key professional person in biographical sketch format. Investigational New Drug (IND) applications shall be submitted to FDA in the format described in 21 CFR, chapter I, subchapter D, part 312, subpart B, section 23, IND Content and Format. Submissions to FDA should be sent to the Division of Congressional and Public Affairs, Document Control Center, HFM–99, Center for Biologics Evaluation and Research, 1401 Rockville Pike, Rockville, Maryland 20852–1448.

''Appendix M–II. Description of the Proposal''

[This section remains unchanged]

''Appendix M–III. Informed Consent''

[This section remains unchanged]

''Appendix M–IV. Privacy and Confidentiality''

[This section remains unchanged]

''Appendix M–V. Special Issues''

[This section remains unchanged]

''Appendix M–VI. RAC Review—Human Gene Transfer Experiments

''In order to maintain public access to information regarding human gene transfer protocols, NIH/ORDA will maintain the documentation described in Appendices M–I through M–V (including protocols that are not reviewed by RAC). RAC prefers that information provided in response to Appendix M, Points to Consider, contain no proprietary data or trade secrets, enabling all aspects of the discussion to be open to the public.

''Appendix M–VI–A. RAC Members' Written Comments

''Following receipt by NIH/ORDA, summary information on each human gene transfer protocol will be forwarded to RAC members. Each RAC member shall notify NIH/ORDA within 15 working days regarding the necessity for full RAC discussion. Full RAC review of an individual human gene transfer experiment can be initiated by the NIH Director or recommended to the NIH Director by: (i) Three or more RAC members, or (ii) other Federal agencies. An individual human gene transfer experiment that is recommended for full RAC review should represent novel characteristics deserving of public discussion. If the Director, NIH, determines that an experiment will undergo full RAC discussion, NIH/ORDA will immediately notify the Principal Investigator. RAC members may forward individual requests for additional information relevant to a specific protocol through NIH/ORDA to the Principal Investigator. In making a determination whether an experiment is novel, and thus deserving of full RAC

discussion, reviewers shall examine the scientific rationale, scientific context (relative to other proposals reviewed by RAC), whether the preliminary *in vitro* and *in vitro* safety data were obtained in appropriate models and are sufficient, and whether questions related to relevant social and ethical issues have been resolved. RAC recommendations on a specific human gene transfer experiment shall be forwarded to the NIH Director, the Principal Investigator, the sponsoring insititution, and other DHHS components, as appropriate.

''Appendix M–VII. Reporting Requirements—Human Gene Transfer Protocols

''Appendix M–VII–A. Investigational New Drug Application Reporting

''Upon receipt of notification of permission to proceed with an Investigational New Drug application for a human gene transfer protocol, the Principal Investigator(s) shall submit a written report that includes the following information: (1) How the investigator(s) responded to RAC's recommendations on the protocol (if applicable), and (2) any modifications to the protocol as required by FDA.

''Appendix M–VII–B. Annual Data Reporting and Gene Therapy Database

''Investigators shall comply with annual data reporting requirements. Annual Data Report forms will be forwarded by NIH/ORDA to investigators. Data submitted in these reports will be evaluated by RAC and NIH/ORDA, and reviewed at a future RAC meeting. Information obtained through annual data reporting will be included in a human gene transfer database that will be administered by NIH/ORDA. The purpose of this human gene transfer database is to: (1) Maintain an institutional memory, (2) provide administrative details of protocol registration, (3) provide annual status reports of protocols, (4) facilitate risk assessment of individual applications of human gene transfer, and (5) enhance public awareness of relevant scientific, safety, social, and ethical issues.

''Appendix M–VII–C. Adverse Event Reporting

''Investigators who have received approval for FDA to initiate a human gene transfer protocol must report any serious adverse event immediately to the local Institutional Review Board, Institutional Boisafety Committee, Office for Protection from Research Risks (if applicable), NIH/ORDA, and FDA, followed by the submission of a written report filed with each group. Reports submitted to NIH/ORDA shall be sent to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''Appendix VIII. Footnotes of Appendix M

''Appendix VIII–A. Human studies in which induction or enhancement of an immune response to a vector-encoded microbialimmunogen is the major goal, such an immune response has been demonstrated in model systems, and the persistence of the vector-encoded immunogen is not expected, are exempt from Appendix M–I, Submission Requirements, and Appendix M–VII, Reporting Requirements—Human Gene Transfer Experiments.''

OMB's ''Mandatory Information Requirements for Federal Assistance Program Announcements'' (45 FR 39592) requires a statement concerning the official government programs contained in the Catalog of Federal Domestic Assistance. Normally NIH lists in its announcements the number and title of affected individual programs for the guidance of the public. Because the guidance in this notice covers virtually every NIH and Federal research program in which recombinant DNA molecule techniques could be used, it has been determined not to be cost effective or in the public interst to attempt to list these programs. Such a list would likely require several additional pages. In addition, NIH could not be certain that every Federal program would be included as many Federal agencies, as well as private organizations, both national and international, have elected to follow the NIH Guidelines. In lieu of the individual program listing, NIH invites readers to direct questions to the information address above about whether individual programs listed in the Catalog of Federal Domestic Assistance are affected.

Effective Date: October 22, 1997.

Harold Varmus,

Director, National Institutes of Health.

[FR Doc. 97–28921 Filed 10–30–97; 8:45 am]

BILLING CODE 4140–01–M

Federal Register

Friday
October 31, 1997

Part III

Department of Health and Human Services

Health Care Financing Administration

42 CFR Part 400, et al.

Medicare: Physician Fee Schedule for Calendar Year 1998; Payment Policies and Relative Value Unit Adjustments and Clinical Psychologist Fee Schedule; Final Rule

Medicare: Physician Fee Schedule Conversion Factor for Calendar Year 1998; Sustainable Growth Rate for Fiscal Year 1998; Notice

Medicare: Physician Fee Schedule for Calendar Year 1998; Payment Policies and Relative Value Unit Adjustments; Practice Expense Relative Value Units Adjustments; Proposed Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 400, 405, 410, 411, and 414

[BPD–884–FC]

RIN 0938–AH94

Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule, Other Part B Payment Policies, and Establishment of the Clinical Psychologist Fee Schedule for Calendar Year 1998

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

ACTION: Final rule with comment period.

SUMMARY: This final rule makes several policy changes affecting Medicare Part B payment. The changes relate to physician services, including geographic practice cost index changes, clinical psychologist services, physician supervision of diagnostic tests, establishment of independent diagnostic testing facilities, the methodology used to develop reasonable compensation equivalent limits, payment to participating and nonparticipating suppliers, global surgical services, caloric vestibular testing, and clinical consultations.

This rule also implements provisions in the Balanced Budget Act of 1997 relating to practice expense relative value units, screening mammography, colorectal cancer screening, screening pelvic examinations, and EKG transportation. In addition, we are finalizing the 1997 interim work relative value units and are issuing interim work relative value units for new and revised codes for 1998.

DATES: *Effective Date:* This rule is effective January 1, 1998. This rule is a major rule as defined in Title 5, United States Code, section 804(2). Pursuant to 5 U.S.C. section 801(a)(1)(A), we are submitting a report to the Congress on this rule on October 30, 1997.

Comment Date: We will accept comments on interim RVUs for selected procedure codes 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. on December 30, 1997.

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–884–FC, P.O. Box 26688, Baltimore, MD 21207–0488.

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, or

Room C5–09–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code BPD–884-FC. Comments received timely will be available for public inspection as they are received, beginning approximately 3 weeks after publication of the 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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FOR FURTHER INFORMATION CONTACT: For staff in the Center for Health Plans and Providers, Plan and Provider Purchasing Policy Group, Division of Practitioner and Ambulatory Care:

Jim Menas, (410) 786–4507 (for issues related to practice expense relative value units).

Regina Walker-Wren, (410) 786–9160 (for issues related to the clinical psychologist fee schedule).

William Morse, (410) 786–4520 (for issues related to the supervision of diagnostic tests and independent diagnostic testing facilities).

Ward Pleines, Center for Health Plans and Providers, Chronic Care Purchasing Policy Group, Division of Cost Reporting, (410) 786–4528, (for issues related to the reasonable compensation equivalent limit update factor).

Anita Heygster, Center for Health Plans and Providers, Plan and Provider Purchasing Policy Group, Division of Integrated Delivery Systems, (410) 786–4486 (for issues related to participating and nonparticipating suppliers).

Bill Larson, Office of Clinical Standards and Quality, Coverage and Analysis Group, (410) 786–4639 (for issues related to screening mammography, screening pelvic examinations, and screening colorectal cancer examinations).

Stanley Weintraub, Center for Health Plans and Providers, Plan and Provider Purchasing Policy Group, Division of Practitioner and Ambulatory Care, (410) 786–4498 (for all other issues).

SUPPLEMENTARY INFORMATION: 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) are reviewed and, in some cases, revised.

Section 1848(c)(2)(B) of the Social Security Act (the Act) provides that adjustments in RVUs resulting from an annual review of those RVUs may not

cause total physician fee schedule payments to differ by more than $20 million from what they would have been had the adjustments not been made. 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 to the physician fee schedule would have added to projected expenditures in calendar year 1998 by approximately $300 million. Therefore, we are making the budget neutrality adjustment required by changes in payment policy and Physicians' Current Procedural Terminology (CPT) through the conversion factor (CF). A CF is a national value that converts RVUs into payment amounts. Effective January 1, 1998, there will be one CF, as specified by the Balanced Budget Act of 1997 (BBA 1997) (Public Law 105–33), enacted on August 5, 1997. (Anesthesia has a separate CF but is paid using a different formula.) The CF is updated annually.

We have made the adjustment to achieve budget neutrality as we were best able to estimate. As a result, the total projected expenditures from the revised fee schedule are estimated to be the same as they would have been had we not changed the RVUs for any individual codes or added new codes to the fee schedule.

Addenda to this rule provide the following information:

Addendum A—Explanation and Use of Addenda B Through G.

Addendum B—1998 Relative Value Units and Related Information Used in Determining Medicare Payments for 1998.

Addendum C—Codes with Interim Relative Value Units.

Addendum D—1999 Geographic Practice Cost Indices by Medicare Carrier and Locality.

Addendum E—1998 Geographic Practice Cost Indices by Medicare Carrier and Locality.

Addendum F—1999 Versus 1997 Geographic Adjustment Factor (GAF) by 1998 Fee Schedule Area.

Addendum G—Counties Included in 1998 Localities (Alphabetically by State and Locality Name Within State).

The RVUs and revisions to payment policies in this final rule apply to physicians' services furnished on or after January 1, 1998.

To assist readers in referencing sections contained in this preamble, we are providing the following table of contents. Some of the issues discussed in this preamble affect the payment policies but do not require changes to the regulations in the Code of Federal Regulations. Information on the regulation's impact appears throughout the preamble and not exclusively in section VIII.

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 these acronyms and their corresponding terms in alphabetical order below:

AMA—American Medical Association.
BBA—1997 Balanced Budget Act of 1997
CF—Conversion factor.
CFR—Code of Federal Regulations.
CPI—Consumer Price Index.
CPI–U—Consumer Price Index for All Urban Consumers.
CPT—[Physicians'] Current Procedural Terminology [4th Edition, 1997, copyrighted by the American Medical Association].
CT—Computerized axial tomography.
FDA—Food and Drug Administration.
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.
HUD—[Department of] Housing and Urban Development.
IDTF—Independent Diagnostic Testing Facility.
IPL—Independent Physiological Laboratory.
MEI—Medicare Economic Index.
MRI—Magnetic resonance imaging.
OBRA—Omnibus Budget Reconciliation Act.
PC—Professional component.
RUC—[AMA's Specialty Society] Relative [Value] Update Committee.
RVU—Relative value unit.
TC—Technical component.

I. Background

A. Legislative History

Since January 1, 1992, Medicare has paid for physician services under section 1848 of the Social Security Act (the Act), ''Payment for Physicians' Services.'' This section contains three major elements: (1) A fee schedule for the payment of physician services; (2) a method to control the rates of increase in Medicare expenditures for physicians' services; and (3) limits on the amounts that nonparticipating physicians can charge beneficiaries. The Act requires that payments under the fee schedule be based on national uniform relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense, and malpractice expense.

Section 1848(c)(2)(B)(ii)(II) of the Act provides that adjustments in RVUs because of changes resulting from a review of those RVUs may not cause total physician fee schedule payments to differ by more than $20 million from what they would have been had the adjustments not been made. As noted above, if this tolerance is exceeded, we must make an adjustment to the conversion factor (CF) to preserve budget neutrality.

Section 1848(e)(1)(C) of the Act requires us to review and, if necessary, adjust the geographic practice cost indices (GPCIs) at least every 3 years. This section also requires us to phase in the adjustment over 2 years and implement only one-half of any adjustment if more than 1 year has elapsed since the last GPCI revision. The GPCIs were first implemented in 1992 and were reviewed and revised in 1995. Thus, we are required to complete the second GPCI review and implement only one-half of any adjustment by 1998 and one-half in 1999.

The Act requires that payments vary among fee schedule areas according to geographic indices. In general, the fee schedule areas that existed under the prior reasonable charge system were retained under the fee schedule. A detailed discussion of fee schedule areas can be found in the June 5, 1991 proposed rule (56 FR 25832) and in the November 25, 1991 final rule (56 FR 59514). We are required by section 1848(e)(1)(A) of the Act to develop separate indices to measure relative cost differences among fee schedule areas compared to the national average for each of the three fee schedule components. While requiring that the practice expense GPCIs and malpractice GPCIs reflect the full relative cost differences, the Act requires that the work indices reflect only one-quarter of the relative cost differences compared to the national average.

B. Published Changes to the Fee Schedule

In the June 18, 1997 proposed rule (62 FR 33159), we listed all of the final rules published through November 22, 1996 relating to the updates to the RVUs and revisions to payment policies under the physician fee schedule. In the June 1997 proposed rule (62 FR 33158), we discussed several policy options affecting Medicare payment for physicians' services including resource-based practice expense RVUs, geographic practice cost index changes, clinical psychologist services, supervision of diagnostic tests, establishment of independent diagnostic testing facilities, the methodology used to develop reasonable compensation equivalent limits, payment to participating and nonparticipating suppliers, global surgical services, caloric vestibular testing, clinical consultations, and payments based on actual charges.

This final rule affects the regulations set forth at part 400, which consists of an introduction and definitions; part 405, which consists of regulations on Federal health insurance for the aged and disabled; part 410, which consists of regulations pertaining to supplementary medical insurance benefits (Part B); part 411, which consists of regulations pertaining to exclusions from Medicare and limitations on Medicare payment; and part 414, which consists of regulations pertaining to the payment for Part B medical and other health services. It also discusses changes to work RVUs affecting payment of physician services. The information in this final rule updates information in the June 18, 1997 proposed rule (62 FR 33158).

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 for the service; (2) a geographic adjustment factor (GAF) for each physician fee schedule area; and (3) a nationally uniform CF for the service. The CF converts the relative values into payment amounts.

For each physician fee schedule service, there are three relative values: (1) An RVU for physician work; (2) an RVU for practice expense; and (3) an RVU for malpractice expense. For each

of these components of the fee schedule there is a GPCI for each fee schedule area. The GPCIs reflect the relative costs of practice expenses, malpractice insurance, and physician work in an area compared to the national average for each component.

The general formula for calculating the Medicare fee schedule amount for a given service in a given fee schedule area can be expressed as:

$$\text{Payment}=[(RVU_{work}\times{}_{work\ adjuster}\times GPCI_{work})+(RVU_{practice\ expense}\times GPCI_{practice\ expense})+(RVU_{malpractice}\times GPCI_{malpractice})\times CF]$$

The CF for calendar year 1998 appears in Addendum A. The RVUs for calendar year 1998 are in Addendum B. The GPCIs for calendar year 1998 are in Addendum E.

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 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.

D. Summary of the Development of the Relative Value Units

1. Work Relative Value Units

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 physicians from numerous specialties.

The RVUs for radiology services are based on the American College of Radiology 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 while we continue to recognize time as a factor in determining payment for these services. As a result, there is a separate payment system for anesthesia 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 25, 1991 final rule. Since many of the RVUs were published for the first time in the final rule, we considered the RVUs to be interim 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 25, 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 25, 1992 notice (57 FR 55914) 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 25, 1992 notice, were considered interim in 1993 and open to comment through January 26, 1993.

We responded to comments received on RVUs listed in Addendum C of the November 25, 1992 notice (57 FR 56152) in the December 2, 1993 final rule (58 FR 63647) for the 1994 physician fee schedule. The December 2, 1993 final rule discussed the process used to establish RVUs for codes that were new or revised for 1994. The RVUs for these codes, which are listed in Addendum C of the December 2, 1993 final rule (58 FR 63842), were considered interim in 1994 and open to comment through January 31, 1994. We proposed RVUs for some non-Medicare and carrier-priced codes in our June 24, 1994 proposed rule (59 FR 32760). Codes listed in Table 1 of the June 1994 proposed rule were open to comment. These comments, in addition to comments on RVUs published as interim in the December 2, 1993 final rule were addressed in the December 8, 1994 final rule (59 FR 63432). In addition, the December 8, 1994 final rule discussed the process used to establish RVUs for codes that were new or revised for 1995. Interim RVUs for new or revised procedure codes were open to comment. Comments were also accepted on all RVUs considered under the 5-year refinement process. The December 8, 1995 final rule (60 FR 63124) addressed comments on RVUs published as interim in the December 8, 1994 final rule. In addition, the December 8, 1995 final rule discussed the process used to establish RVUs for codes that were new or revised for 1996. The November 22, 1996 final rule (61 FR 59490) addressed all comments received in response to our May 3, 1996 proposed notice (61 FR 19992) on the 5-year review of work RVUs, finalized the 1996 interim work RVUs, and issued interim RVUs for new and revised procedure codes for 1997.

2. Practice Expense and Malpractice Expense Relative Value Units

Section 1848(c)(2)(C) of the Act required 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.

Section 121 of the Social Security Act Amendments of 1994 (Pub. L. 103–432), enacted on October 31, 1994, and amended by the BBA 1997, requires us to develop a methodology for a resource-based system for determining practice expense RVUs for each physician service. In developing the methodology, we considered the staff, equipment, and supplies used in providing medical and surgical services in various settings. The legislation required the new payment methodology to be phased in over 4 years, effective for services furnished in 1999.

II. Specific Proposals for Calendar Year 1998

In response to the publication of the June 1997 proposed rule, we received approximately 8,600 comments. We received comments from individual physicians, health care workers, and professional associations and societies. The majority of the comments addressed the proposals related to resource-based practice expense RVUs, supervision of diagnostic tests, and payments based on actual charges.

The proposed rule discussed policies that affect the number of RVUs on which payment for certain services would be based. Certain changes implemented through this final rule are subject to the $20 million limitation on annual adjustments contained in section 1848(c)(2)(B) of the Act.

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 1998. We discuss in detail the effects of these changes in the

Regulatory Impact Analysis (section VIII).

For the convenience of the reader, the headings for the policy issues in section II correspond to the headings used in the June 1997 proposed rule (62 FR 33158). More detailed background information for each issue can be found in the June 1997 proposed rule.

A. Resource-Based Practice Expense Relative Value Units

Section 121 of the Social Security Act Amendments of 1994 (Public Law 103–432), enacted on October 31, 1994, requires us to develop a methodology for a resource-based system for determining practice expense RVUs for each physician service. The June 1997 proposed rule (62 FR 33160), contained the proposed resource-based practice expense RVUs. We received a substantial number of comments on our proposal, both favorable and unfavorable.

Before the close of the comment period on August 18, 1997, the Balanced Budget Act (BBA) of 1997 (Pub. L. 105–33) was enacted on August 5, 1997. The BBA 1997 delayed implementation of the resource-based practice expense system until 1999. The BBA 1997 contained additional requirements.

1. Phased-in Implementation

Instead of paying for all services entirely under a resource-based practice expense system in 1999, the system will be implemented over a 4-year period. The practice expense RVUs for 1999 will be based on the product of 75 percent of the previous year's practice expense RVUs (1998) and 25 percent of the resource-based practice expense RVUs. For the year 2000, the percentages will be 50 percent of the charge-based practice expense RVUs and 50 percent of the resource-based practice expense RVUs. For 2001, the percentages will be 25 percent of the charge-based practice expense RVUs and 75 percent of the resource-based practice expense RVUs. For subsequent years, the RVUs will be based totally on resource-based practice expense RVUs.

2. Adjustment for Practice Expense Relative Value Units for 1998

Section 4505 of the BBA 1997 specifies the manner in which practice expense RVUs in 1998 are adjusted.

Section 4505 of the BBA 1997 enacted a provision that would in 1998 redistribute practice expense RVUs in the direction of the resource-based RVUs that are to be implemented in 1999. The 1998 practice expense RVUs for certain services are reduced to 110 percent of their work RVUs for the service, and the monies are used to raise the practice expense RVUs for office visit procedures. (Section 4505 of the BBA 1997 also gives us the authority to adjust this percentage if the aggregate amount of reductions exceeds $390 million. Since the application of the 110 percent results in reductions of approximately $330 million, no further adjustment is necessary.) A detailed discussion of this provisions is discussed in section III, ''Implementation of the Balanced Budget Act of 1997.''

3. Additional Provisions

Several additional provisions relating to the development of resource-based practice expense RVUs will be published in the **Federal Register** in the spring of 1998. These provisions will be discussed in a notice of intent to regulate that is being published elsewhere in this issue of the **Federal Register.**

We are not adopting the resource-based practice expense system proposal published in the June 1997 proposed rule. However, we will publish a new proposed rule in the spring of 1998 with a new set of resource-based practice expense RVUs.

B. Geographic Practice Cost Index Changes

The Act requires that payments vary among fee schedule areas to the extent that resource costs vary as measured by the GPCIs. As stated earlier, section 1848(e)(1)(C) of the Act requires us to review and, if necessary, adjust the GPCIs at least every 3 years. This section of the Act also requires us to phase in the adjustment over 2 years and implement only one-half of any adjustment in the first year if more than 1 year has elapsed since the last GPCI revision. The GPCIs were first implemented in 1992, and the first review and revision was implemented in 1995. (A detailed discussion of the development of the GPCIs and references to obtaining studies on the development of the GPCIs can be found in the June 1997 proposed rule (62 FR 33172.)

The 1998 through 2000 GPCIs represent the second GPCI update. The 1999 GPCIs (Addendum D) are the fully revised GPCIs. The 1998 GPCIs (Addendum E) represent the one-half transition GPCIs. Addendum F shows the estimated effects on area payments of the fully revised 1999 GPCIs. The payment effects in 1998 will be about one-half of these amounts.

The same data sources and methodology used for the 1995 through 1997 GPCIs were used for the 1998 through 2000 GPCIs with a few very minor modifications. No acceptable additional data sources were found.

1. Work Geographic Practice Cost Indices

The work GPCIs are based on the decennial census. The 1992 through 1994 work GPCIs were based on 1980 census data, because 1990 census data were not yet available. The work GPCIs were revised in 1995 with new data from the 1990 census. New census data will not be available again until after the 2000 census. We searched for other data that would enable us to update the work GPCIs between the decennial census. No acceptable data sources were found.

Therefore, we are making no changes in the work GPCIs, other than the generally negligible changes resulting from using 1994, rather than 1992, RVUs in mapping counties to localities for this GPCI update. We believe it is preferable to make no changes rather than making inaccurate changes based on unacceptable data. We believe that this is a particularly reasonable position given the generally small magnitude of the changes in payments resulting from the changes in the work GPCIs from the 1980 to the 1990 census data.

2. Practice Expense Geographic Practice Cost Indices

a. Employee Wage Indices. As with the work GPCIs, the employee wage portion of the practice expense GPCIs is based on decennial census data. Like the work GPCIs, the employee wage indices are not being changed during this GPCI update.

b. Rent Indices. The office rental indices are again based on HUD residential rent data. The revised rental indices are based on 1996 HUD data as opposed to 1994 HUD data used in the 1995 through 1997 GPCIs.

c. Medical Equipment, Supplies, and Miscellaneous Expenses. As with the 1992 through 1994 and 1995 through 1997 GPCIs, this component was given a national value of 1.000, indicating no measurable difference among areas in costs. (For previously published **Federal Register** documents that discuss these issues, see section I.B. of this final rule, ''Published Changes to the Fee Schedule.'')

3. Malpractice Geographic Practice Cost Indices

Again, malpractice premium data were collected for a mature ''claims made'' policy with $1 million to $3 million limits of coverage, with adjustments made for mandatory patient compensation funds. The proposed malpractice indices were based on 1992

through 1994 premium data, the latest years available when this study was being conducted in 1995 through 1996, compared to the 1990 through 1992 data used in the current 1995 through 1997 indices.

Fee schedule areas are described by carrier and locality number with a short geographic description such as ''Atlanta.'' We received numerous inquiries about the geographic areas that comprise our fee schedule areas. Addendum G lists alphabetically by State and fee schedule area the counties included in each fee schedule area.

Comment: The majority of commenters expressed concern about the continued use of proxy data, especially the HUD residential rent data, rather than commercial rent data, in the GPCIs. They suggested we collect actual data on physician earnings and expenses.

Response: In both the 1995 and this GPCI revision we conducted an extensive search for alternative data sources as well as for more recent data. The search led us to conclude that the current GPCI proxies are still the best available data to measure practice cost differences among areas. As stated in all previous proposed and final rules on the GPCIs, the actual earnings of physicians were not used to adjust geographical differences in fees because these fees are, in large part, the determinants of the earnings. That is, the use of actual physician earnings would be ''circular.'' As also discussed in all previous proposed and final rules on the GPCIs, no acceptable sources of commercial rent data were found.

We believe the current GPCI data sources are an accurate reflection of area practice cost differences. We believe physician earnings will vary among areas as do the earnings of other highly educated professionals, and commercial rents will vary among areas as do residential rents. The employee wage portion of the GPCIs is based on census data on the actual earnings of the type of employees found in physicians' offices. The malpractice index is based on actual malpractice premiums. The current GPCI data sources reflect costs across the country and are updated on a regular basis. Any data collection of actual physician costs of sufficient breadth to cover all counties and be updated on a regular basis would be massive and extremely costly. We are unconvinced that such an effort would produce a result so significantly at variance with the present GPCIs as to justify the resources required to collect the data.

Comment: Commenters stated that there should be no geographic payment differences under the physician fee schedule. They believe that in a national program with the same Medicare Part B premium everywhere, that equivalent services should have equivalent payment regardless of geographic area.

Response: Section 1848(e)(1)(A) of the Act requires that payments vary among areas as resource costs vary as reflected by the GPCIs.

Comment: One commenter stated that the GPCIs did not accurately reflect area cost differences because uniform GPCI component cost share weights were used. The commenter stated that use of the same cost shares everywhere fails to recognize that component weights might vary among areas, specialties, and services depending upon factors such as case mix, availability of other health care resources, and individual practice styles.

Response: We agree that different specialties and individual practitioners utilize resources differently and may have expenses in different proportions from the component weights used in the GPCIs as discussed in the June 1997 proposed rule at 62 FR 33172. The physician fee schedule was established in 1992 specifically to eliminate the large unjustifiable payment differences that existed among services, specialties, and geographic areas by establishing a uniform national payment system. Payments under the physician fee schedule are based on uniform national RVUs for a service and a national dollar conversion factor and can vary only as area resource costs vary as demonstrated by the GPCIs. The law prohibits any specialty payment differential. The RVUs for a service represent the typical service. The GPCI component weights represent the average practice expense component weights across all physician specialties and are intended to reflect average costs across all services and specialties in an area and not to reflect exactly the costs of each individual practitioner. Thus, physician fee schedule payments are designed by law to reflect the resources involved with provision of the typical service across all specialties and physicians in an area. It would not be in keeping with the intent of the law nor would it be practical or desirable in a national program to attempt to recognize individual practice patterns.

Comment: One commenter stated that contrary to the GPCIs, which show that costs tend to be higher in urban areas, rural physicians may actually have higher costs than urban or suburban physicians. The commenter attributed this to such factors as higher shipping costs, higher equipment maintenance costs, higher continuing education costs, and less efficient use of medical equipment.

Response: While we have heard this argument since the inception of the physician fee schedule, we have no data demonstrating that physicians in rural areas have higher costs of practice than physicians in urban or suburban areas. Physician work, rents, employee wages, and malpractice insurance represent about 86 percent of physician costs as reflected in the GPCIs. Our data show that wages, both physician wages as reflected by wages of other highly educated professionals and the wages of medical and clerical personnel in physicians' offices, and rents are higher in urban and suburban areas than in rural areas. While malpractice premiums are the same statewide in many States, in those States where premiums do vary geographically they are higher in urban areas. The types of expenses mentioned as higher in rural areas, continuing education, higher shipping costs, higher equipment maintenance costs, and less efficient use of equipment, represent only a very small portion of physician practice costs.

Comment: One commenter recommended that changes in malpractice GPCIs reflect actual changes in costs from year to year.

Response: We interpret this comment to mean that the malpractice GPCIs should reflect actual changes in malpractice premiums from the prior year. That is, the 1998 malpractice GPCIs should reflect actual changes in malpractice premiums from 1997 to 1998, and the malpractice GPCIs should be changed each year to reflect annual premium changes. The law requires that we review and revise the GPCIs at least every 3 years. This revision involves substantial data collection and analysis and must be published in a proposed rule. For example, the last GPCI revision was in 1995, meaning that the next revision is required in 1998. This requires publication of the proposed changes in the **Federal Register** in early 1997 to allow for public comment. To meet this timeframe, data collection begins in 1995 to allow time for data analysis and drafting of the proposed rule. Therefore, given the time frame for the process to utilize updated data, this is the most current data that could be used. Thus, the revised malpractice GPCIs are based on 1992 through 1994 malpractice premium data, the most recent data available at the time the revision process was begun in 1995. As discussed in the proposed rule, we use a 3-year average rather than the most recent single year of malpractice data to smooth the annual volatility of

malpractice premiums and present a more accurate indication of malpractice premium trends over time. We do not plan to revise the GPCIs more frequently than every 3 years as required by law.

Result of evaluation of comments: The GPCIs proposed on June 18, 1997 will be effective beginning in 1998.

C. Fee Schedule for Clinical Psychologist Services

1. Background

Until 1997, the fee schedule for clinical psychologist services was a locality-based fee schedule developed by the individual Medicare carriers. The Medicare carriers established the locality-based fee schedule in 1988 after section 4077(b) of the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) (Public Law 100–203), enacted on December 22, 1987, first provided for direct payment for clinical psychologist services furnished in a community mental health center. Section 4077(b)(3)(D) of OBRA 1987 amended section 1833(a)(1) of the Act by providing that payment for clinical psychologist services be based at 80 percent of the lower of the actual charge or a fee schedule.

The Act provides that the Secretary determine the fee schedule. As a result, we furnished guidance to all Medicare Part B carriers to establish the initial, that is, baseline, clinical psychologist fee schedule as follows:

- Set the fee schedule for therapeutic services at 80 percent of the adjusted prevailing charge for participating psychiatrists in a locality; and
- Set the fee schedule for diagnostic services at 90 percent of the adjusted prevailing charge for participating psychologists in a locality.

We also advised the Medicare Part B carriers to update the clinical psychologist fee schedule in subsequent years by the annual change in the Consumer Price Index for All Urban Consumers (CPI–U). We adopted the CPI–U to update the clinical psychologist fee schedule because it was the economic index used for updating most other nonphysician practitioner charges at that time.

Since that time, there have been two significant changes to the fee schedule for clinical psychologist services. First, effective January 1, 1992, we implemented the policy to base payment for psychological testing services furnished by clinical psychologists on the amounts in the physician fee schedule. Second, effective January 1, 1997, we linked the fee schedule for clinical psychologist services to the physician fee schedule in the same manner as for most other health care practitioner services. We describe these changes in more detail in the sections that follow.

2. Legislative Changes

Although section 4077(b) of OBRA 1987 provided for clinical psychologist services as separately payable under Medicare Part B under a fee schedule, direct payment was limited to services furnished in community mental health centers. Subsequent amendments to the law expanded the scope of the benefit. These amendments were discussed in a related **Federal Register** document described in section II.C.4. below.

3. Physician Payment Reform

As noted in section I.A., since January 1, 1992, Medicare Part B has paid for physician services based on a fee schedule. Until 1992, physician services had been paid on the basis of a reasonable charge system. This system led to significant payment variations among types of services, physician specialties, and localities. Section 6102 of OBRA 1989 added a new section 1848 to the Act, ''Payment for Physicians'' Services,'' which replaced the reasonable charge system with a fee schedule that reflected the resources required to perform a given service. Although this legislation linked the payment methodology for most practitioner services to the physician fee schedule, it did not address payment for clinical psychologist services. Nevertheless, because amounts established under the physician fee schedule for psychological testing were heavily based on combined charge data for psychiatrists and psychologists, we wished to ensure that clinical psychologists would receive 100 percent of the physician fee schedule amount for those services. Therefore, effective January 1, 1992, fee schedule amounts for psychological testing services furnished by clinical psychologists are set at 100 percent of the physician fee schedule. However, before 1997, no change was made to the clinical psychologist fee schedule for therapeutic and other diagnostic services.

4. Related **Federal Register** Document

We discussed several aspects of payment for clinical psychologist services in a proposed rule published in the **Federal Register** on December 29, 1993 (Medicare Coverage and Payment for Clinical Psychologist, Other Psychologist, and Clinical Social Worker Services (BPD–706–P)) (58 FR 68829). That document addressed issues such as coinsurance, the outpatient mental health treatment limitation in section 1833(c) of the Act, and assignment of claims. In the December 1993 proposed rule, we indicated that we would address the calculation of the clinical psychologist fee schedule amounts set forth under section 1833(a)(1)(L) of the Act in a separate proposed rule (58 FR 68837). Below, we discuss establishing the fee schedule for clinical psychologist services as referred to in the December 1993 proposed rule.

5. Policy Pertaining to Clinical Psychologist Services

There are two types of services billed directly to Medicare Part B by clinical psychologists: diagnostic services and therapeutic services. Medicare direct payment for services furnished by clinical psychologists became effective July 1, 1988. From 1988 through 1996, Medicare Part B payment to clinical psychologists for therapeutic services was subject to a locality-based fee schedule calculated by each Medicare carrier. In 1988, the Medicare carriers developed the clinical psychologist fee schedule on the basis of a HCFA analysis of charging practices of psychologists and psychiatrists. Because no Medicare charge data for therapeutic services furnished by clinical psychologists existed at that time, we compared psychologist and psychiatrist charges from other payor sources as a gap-filling measure for Medicare pricing purposes. The resulting clinical psychologist fee schedule amounts for therapeutic services, as shown in section II.C.1. above, were set at 80 percent of the adjusted prevailing charge for similar services of Medicare-participating psychiatrists in the locality. (The ''adjusted prevailing charge'' for physicians means the locality prevailing charge that is calculated by applying the Medicare Economic Index (MEI) to the base year prevailing charge. In this way, Medicare reasonable charges for physician services are increased above the base year rates only to the extent determined to be justified by appropriate economic data.)

Initially, the fee schedule amounts for diagnostic services furnished by clinical psychologists were set at 90 percent of the Medicare prevailing charge for independently practicing psychologists in a locality. In contrast to therapeutic services, Medicare charge data had existed for diagnostic testing because psychological testing furnished by independent psychologists under a physician's order had been covered as ''other diagnostic tests'' under section 1861(s)(3) of the Act.

The amounts established under the physician fee schedule for diagnostic psychological testing were largely based on blended charge data for both psychologists and physicians. Furthermore, because psychologists are the predominant suppliers of psychological testing services, the physician fee schedule amounts for those services were based in large part on psychologist charge data. In the November 25, 1991 final rule that established the physician fee schedule, we stated (56 FR 59507) that diagnostic tests furnished by clinical psychologists would be paid under the physician fee schedule. Since January 1, 1992, amounts for diagnostic psychological testing services furnished by psychologists are equivalent to the amounts established under the physician fee schedule authorized by section 1848 of the Act. (Diagnostic psychological testing services are listed in the Physicians' Current Procedural Terminology (CPT) '97 as CPT codes 96100 through 96117.)

A variety of health care practitioners under Medicare have payment levels that are tied, by law, to the physician fee schedule. These practitioners include nurse practitioners, nurse midwives, and physician assistants. We believe that it is also appropriate to establish a clinical psychologist fee schedule that is linked to the physician fee schedule. The implementation of 24 new billing codes for psychotherapy services effective January 1, 1997 required us to establish relative values under the physician fee schedule for each code. We established the clinical psychologist fee schedule value for all services at 100 percent of the physician fee schedule amount for the corresponding service. Consequently, this rule sets forth the fee schedule for covered clinical psychologist services at 100 percent of the physician fee schedule amount for the corresponding service. The rationale for this payment level appears in section II.C.6. below. Although this payment policy was implemented January 1, 1997, we are including it in this final rule in order to codify in regulations the methodology for the clinical psychologist fee schedule.

6. Rationale and Alternatives Considered

As noted in section II.C.1., we recommended in 1988 that Medicare carriers set clinical psychologist fee schedule amounts for therapeutic services at 80 percent of the MEI-adjusted prevailing charge for psychiatrists. That level had been primarily based on the fee differential found in a review of psychologist and psychiatrist fees from 1985 through 1988.

Effective January 1, 1992, physicians' services are paid under a resource-based fee schedule rather than a reasonable charge methodology. The physician fee schedule establishes payment amounts for all physician services as defined in section 1848(j)(3) of the Act. One effect of the physician fee schedule is that payment for physician services is now standardized. We believe that the clinical psychologist fee schedule amounts for therapeutic services should be tied to the physician fee schedule.

As noted earlier, effective for services furnished on or after January 1, 1992, payment for diagnostic psychological tests furnished by clinical psychologists is based on the physician fee schedule. The clinical psychologist fee schedule for therapeutic services, which was in use until January 1, 1997, was not resource-based but was derived from the initial linkage between psychologist and psychiatrist prevailing charges. However, with the implementation of the physician fee schedule, prevailing charges no longer apply for physician services. Furthermore, because the prevailing charge was based on actual charging patterns, it frequently resulted in large differences in charges from one area to another. With implementation of the physician fee schedule, the GAF used to adjust the RVUs for physician services has changed the geographic distribution of fees. The purpose of the GAF is to recognize only justifiable differences in the cost of operating a medical practice in different areas.

Finally, once the clinical psychologist fee schedule is linked directly to the physician fee schedule, the annual physician update factor used to update fees for clinical psychologist services will be the same as the index used to update fees for physicians and other health care practitioners. The following table illustrates that, for the years between 1989 through 1991 (during which the prevailing charge system applied), the CPI–U update factor exceeded the congressionally imposed limits on the MEI that was used to adjust Medicare prevailing charges for nonprimary care physician services:

Annual increase	1989 (percent)	1990 (percent)	1991 (percent)
CPI–U	4.0	5.2	4.7
MEI (for other than primary care)	1.0	2.0	0.0

Using a hypothetical prevailing charge of $100 for psychiatrists in 1988, we illustrate the relationship of the clinical psychologist fee schedule to psychiatrist prevailing charges in 1991 in the following table:

	1989	1990	1991
Psychiatrists (1988 prevailing charge = $100):			
MEI update factor	1.01	1.02	1.00
Updated prevailing charge	$101.01	$103.02	$103.02
Clinical Psychologists (1988 fee = $80):			
CPI–U update factor	1.04	1.052	1.047
Updated fee	$83.20	$87.53	$91.64
Psychologist/Psychiatrist (1988 = 80%)	82.4%	85.0%	89.0%

By 1991, the combined effect of using the CPI–U to update the clinical psychologist fee schedule and the MEI to update psychiatrist prevailing charges resulted in a clinical psychologist fee schedule that was equivalent to 89 percent of the psychiatrist prevailing charge. Additionally, implementation of the physician fee schedule resulted in slight payment decreases for psychiatrist services in 1992. In 1993 and 1994, moreover, the physician fee schedule amounts for nonsurgical services other than primary care services were increased by 0.8 percent and 5.3 percent, respectively. By comparison, during the first 3 years that the physician fee schedule was in effect, clinical psychologist fee schedule amounts increased by 4.7 percent, 3.1 percent, and 3.0 percent, respectively, for 1992, 1993, and 1994, because clinical psychologist fee schedule amounts were adjusted by a different economic index, the Consumer Price Index (CPI). Consequently, through 1994, clinical psychologist fee schedule increases outpaced those for physicians furnishing nonsurgical services other than primary care as well as those for

other nonphysician practitioners whose payments are tied to the physician fee schedule.

The combined effect of all these factors is that the clinical psychologist fee schedule no longer reflected the original fee differentials between psychologists and psychiatrists that had been found in the health care marketplace and factored into the initial clinical psychologist fee schedule. As a result, the clinical psychologist fee schedule was marked by disparities with the physician fee schedule for similar services as well as by wide geographic variations that reflected historical charging patterns in different areas.

We had previously considered setting the clinical psychologist fee schedule at the level established under the physician fee schedule for similar services. However, at that time, the CPT descriptors for individual psychotherapy services (CPT codes 90841 through 90844) included the term ''* * * [with] continuing medical diagnostic evaluation, and drug management, when indicated.'' These are medical aspects of a psychotherapeutic service that are outside the scope of clinical psychologist licensure. Therefore, we were concerned that it would be inappropriate to set the clinical psychologist fee schedule amounts at the same level as the physician fee schedule when clinical psychologists were unable to perform the full service described in the codes.

During 1996, as part of the statutorily mandated 5-year refinement of the RVUs for the physician fee schedule, the American Medical Association's (AMA's) Specialty Society Relative Value Scale Update Committee (RUC) recommended increases for a number of psychotherapy codes. (The RUC, which is comprised of representatives of various medical specialty societies, the AMA, the American Osteopathic Association, and the CPT Editorial Panel, makes recommendations to us concerning the assignment of RVUs to new and revised CPT codes.) As a prelude to accepting the RUC recommendations, we examined the coding of psychiatry services. We concluded that the CPT code descriptors for individual psychotherapy needed to be changed to define the service more clearly, recognize the variations in work associated with different types of psychotherapy as well as the settings in which the types of psychotherapy are furnished, and assign face-to-face time values for the service. As a result, effective January 1, 1997, CPT codes 90842, 90843, 90844, and 90855 for individual psychotherapy are no longer recognized for Medicare purposes. These codes have been replaced by 24 alphanumeric codes that include 12 codes for therapy furnished in the office and other outpatient settings and 12 codes for therapy furnished in inpatient hospital, partial hospital, or residential care settings. These two categories were further broken down into the types of psychotherapy services. A full listing and discussion of these codes was included in the final rule (Medicare Program; Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1997 (BPD–852–FC)), published November 22, 1996. (See 61 FR 59521 through 59523.)

One of the effects of the coding system changes for psychiatric services is that now there are codes for reporting psychotherapy both with and without medical evaluation and management services. Under Medicare, clinical psychologists may bill for individual psychotherapy without medical evaluation and management services. Consequently, when clinical psychologists bill for individual psychotherapy without medical evaluation and management, those services are equivalent to individual psychotherapy without medical evaluation and management services when furnished by a physician. As a result, we believe that it is both reasonable and equitable to pay clinical psychologists the same amount as physicians for equivalent services.

Alternatively, we considered retaining the previous clinical psychologist fee schedule for therapeutic services. We also considered setting the clinical psychologist fee schedule at a level other than 100 percent of the physician fee schedule. However, we rejected these options because the resulting fee schedule amounts would have essentially continued to be derived from physician prevailing charges, which are no longer relevant under the physician fee schedule and would only serve to perpetuate geographic variations in charges that are a residual effect of the reasonable charge payment system.

We received a few comments on the clinical psychologist fee schedule from five separate major professional associations and federations at the national and State level.

Comment: One commenter urged us to develop an equitable payment methodology for clinical social workers that takes into account the practitioner's investment in education and training, office expenses, and malpractice costs instead of a methodology that is based on a percentage of what is paid to another nonphysician provider. The commenter noted that payment for clinical social worker services seems to be the only instance under the Medicare statute when one G48 nonphysician's payment rate is tied to that of another nonphysician provider.

Response: The Medicare statute requires that payment be made to clinical social workers at 80 percent of the lesser of the actual charge for the services or 75 percent of the amount determined for payment for clinical psychologist services. Under the circumstances, it would be inappropriate to develop an alternative payment amount for clinical social worker services.

Comment: Several commenters stated that they are pleased that we have addressed the problem of the clinical psychologist fee schedule and the inequitable situation that in some areas of the country fees for psychology services were higher than the fees for the same services provided by a psychiatrist. Accordingly, these commenters are supportive of our requirement that psychologists may bill only for psychotherapy without medical evaluation and management. However, two of the commenters suggested that we consider our policy of a fee schedule for psychologists' services set at 100 percent of the physician fee schedule amount to be an interim policy, pending completion of ongoing survey work and the RUC's deliberations. Completion of the RUC's review of the work involved in the new codes will help inform decision makers about whether the coding changes and RVUs have adequately captured the resource cost differences between psychotherapy provided by psychiatrists and that provided by psychologists.

Additionally, one of these commenters stated that it is illogical to permit psychologists to be paid at 100 percent of the physician fee schedule for comparable services using the same malpractice expense RVUs assigned to physician codes. Malpractice insurance premiums for psychologists are as low as 10 percent of the premiums charged to leading psychiatrists. Even when psychiatrists provide psychotherapy without evaluation and management, their professional standard of care exceeds the standard of care applicable to psychologists. Psychologists do not have the same responsibility as psychiatrists in terms of being accountable for failure to furnish medications or recognize a non-psychiatric medical condition when providing psychotherapy without medical evaluation and management.

Accordingly, this commenter believes that the malpractice expense and practice expense associated with the significantly higher standard of care required of psychiatrists requires that we set payment for psychologists' services at less than 100 percent of the physician fee schedule amount.

Response: The temporary psychotherapy ''G'' HCFA Common Procedure Coding System (HCPCS) codes (G0071 through G0094) were implemented as interim codes, and the RUC-recommended RVUs for these services were also considered as interim. Although these temporary ''G'' codes will be crosswalked directly to permanent numeric HCPCS codes effective January 1, 1998, the codes and the assigned RVUs will continue to be considered interim.

We believe that, for the most part, we have addressed the situation when malpractice insurance premiums for psychiatrists are higher than the cost of malpractice insurance for psychologists by establishing an entire set of psychotherapy codes that are exclusive to physicians that psychologists are precluded from billing under the Medicare program. We established this set of codes because the services that both physicians and psychologists can furnish are probably not the services that are contributing to the psychiatrist's higher malpractice costs. The services that are reserved to physicians alone are those involving medications and complexities that would contribute to the higher malpractice costs.

Comment: One commenter expressed that it has a major concern about our continued exclusion of psychologists from the use of CPT evaluation and management codes as well as the ''G'' HCPCS codes that encompass an evaluation and management component. The commenter believes that we should remove our longstanding restriction on the use of these codes by psychologists and, instead, incorporate into our coding system a realistic reflection of the present day practice of psychology.

Moreover, the commenter believes that since psychologists play an important evaluative role, we should seriously reconsider our longstanding exclusionary policy and permit payment to psychologists for evaluation and management codes that represent services that psychologists are already providing under the Medicare program.

Response: We believe that the CPT diagnostic psychological testing CPT codes 96100 through 96117 and the CPT psychotherapy codes 90801 through 90899 capture the range of mental health services, including nonmedical evaluation services, that clinical psychologists are expected to provide for purposes of the Medicare clinical psychologist benefit and that clinical psychologists are authorized by law to furnish. The evaluation and management services included in the codes that psychologists cannot bill Medicare are services involving *medical* evaluation and management. Psychologists are not licensed to perform these types of services.

Result of evaluation of comments: We are finalizing our proposal to maintain the clinical psychologist fee schedule at 100 percent of the physician fee schedule amount for comparable services. The RVUs for individual psychotherapy services remain in effect on an interim basis.

D. Diagnostic Tests

1. Ordering of Diagnostic Tests

In our November 22, 1996 final rule for the 1997 physician fee schedule (61 FR 59490), we revised § 410.32 (Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions) to state that, to be covered, diagnostic tests had to be ordered by the physician who treats the patient. Section 410.32 contained exceptions for x-rays used by chiropractors to demonstrate the subluxation of the spine and for certain nonphysician practitioners operating within the scope of their statutory benefit and State licenses. We are adding an additional exception to § 410.32 to indicate that a physician who meets the qualification requirements for an interpreting physician under section 354 of the Public Health Service Act as provided in § 410.34 (Mammography services: Conditions for and limitations on coverage), paragraph (a)(7), may order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the beneficiary. We believe this is appropriate because the Food and Drug Administration, rather than HCFA, is responsible for the conditions under which mammograms are covered. It would also facilitate additional and necessary diagnostic testing to investigate suspicious findings at the time the beneficiary is present at the testing site rather than requiring the beneficiary to return at a later date for follow-up testing.

In addition, commenters have asked about the statutory basis for denial of claims under the ordering rule adopted in the 1996 physician fee schedule final rule. We have determined that tests are not demonstrably reasonable and medically necessary unless they are ordered by the patient's physician who will employ the tests to manage the patient's care. Thus, we are clarifying in § 410.32(a) that the denials are based on the exclusion in section 1862(a)(1)(A) of the Act, and contained in § 411.15(k)(1), that is, the services ''are not reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member.'' Beneficiaries may be protected from liability for claims denied on this basis by the limitation on liability provision of section 1879 of the Act.

All commenters addressing the proposal to permit certain physicians to order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the beneficiary enthusiastically supported the proposal. We received no comments on the proposal to clarify that denial of claims by carriers because the tests were not ordered by a physician who uses the findings in the management of the beneficiary's care are based on the reasonable and necessary exclusion in section 1862(a)(1)(A) of the Act and in § 411.15(k)(1).

Below is a discussion of the public comments we received on our proposal relating to ordering of diagnostic tests and our responses:

Comment: Several commenters requested clarification of the applicability of the diagnostic test ordering provision, adopted in the final rule of November 22, 1996, to diagnostic procedures performed in hospital settings: the responses to comments seemed to indicate that, although the intent of the new policy was primarily directed at nonhospital testing, the requirement applied in all settings.

Response: The policy was set forth in § 410.32, which generally addresses diagnostic tests covered under section 1861(s)(3) of the Act and payable by Part B carriers rather than fiscal intermediaries. Regulations other than § 410.32 govern the coverage of diagnostic tests furnished to hospital patients, which are payable through fiscal intermediary payment mechanisms. Specifically, the coverage of diagnostic tests furnished to hospital outpatients is addressed in § 410.28, and the coverage of diagnostic tests furnished to hospital inpatients is addressed in § 409.16. Therefore, the test ordering policy adopted in the final rule of November 22, 1996, effective for procedures furnished beginning January 1, 1997, does not apply to diagnostic tests furnished in hospitals.

Comment: A few commenters expressed concern that manual sections

implementing the ordering rule have not been issued. One commenter indicated that interpreting physicians are in the untenable position of having to choose between performing additional tests they know the patient needs based on the findings of the initial procedure or postponing procedures to ensure that they do not violate HCFA rules. Another indicated that there are times that the referring physician cannot be reached and delaying a procedure would not be in the best interests of the patient.

Response: In adopting the test-ordering proposal, we intended to establish the general principle that, to be covered under Medicare, a diagnostic test must be ordered by a physician who will use the findings in the medical management of the patient. The policy did not require that the order be in writing or instruct carriers to investigate claims prior to payment to ensure the existence of such an order. It was intended for use by carriers in situations in which a problem has been identified, or is strongly suspected, as a basis for recovery of payments for tests that did not meet the reasonable and necessary criteria of section 1862(a)(1)(A) of the Act. In the situations cited by the commenters, we do not think it would be unreasonable to ask for the testing physician to receive authorization from the ordering physician's office (either by phone or FAX) for the additional tests he or she believes to be necessary. Certainly, provision could be made for an emergency situation. We are trying to address situations in which there is a pattern of the testing entity's adding procedures to those ordered by the patient's personal physician.

Comment: Commenters representing the interests of entities that furnish nuclear medicine procedures indicated a continuing problem with the ordering requirement and stated that nuclear medicine physicians, by State and Federal regulations, are the only physicians who can actually order nuclear medicine tests.

Response: We see no conflict between our proposal and State and Federal regulations. However, in order to address these concerns more fully we would need more specific information as to the State and Federal regulations in question.

Comment: A national organization representing psychologists indicated that § 410.32 addresses the ordering and supervision of diagnostic tests and objected to some of the wording relating to nonphysician practitioners, such as clinical psychologists. The commenter pointed out that § 410.32(a)(3) indicates that certain nonphysician practitioners who furnish services that would be physician services if furnished by a physician, and who are operating within the scope of their authority under State law and within the scope of their Medicare statutory benefit, ''*may* be treated the same as physicians treating beneficiaries for the purpose of this section.'' The commenter suggested that the wording be changed to ''*shall* be treated the same . . .'' because, as written, the wording does not require that these individuals always be treated as physicians for purposes of this section.

Response: The commenter raises an interesting point that we agree needs further clarification. The purpose of § 410.32(a)(3) is to ensure that the nonphysician practitioners in question may *order* tests for the beneficiaries they are treating. (We are adding the same wording to the section on independent diagnostic testing facilities (IDTFs) to clarify that the nonphysician practitioners in question may order diagnostic testing by IDTFs.) However, we did not intend to permit these same nonphysician practitioners to supervise diagnostic testing performed by others. Under the rule we are adopting, all diagnostic tests payable under the physician fee schedule must be performed under the supervision of a physician (as defined in section 1861(r) of the Act) with certain exceptions set forth in § 410.32(b). Therefore, we are modifying the wording of § 410.32(a)(3) to change the last word from ''section'' to ''paragraph.'' In other words, the nonphysician practitioners are treated as physicians as far as the ordering of tests for the patients they are treating is concerned but not for the other subject of § 410.32, that is, the supervision of the performance of tests. (However, certain nonphysician practitioners may personally *perform* certain diagnostic tests without physician supervision. This subject is addressed in the discussion of the comments on both the physician supervision and IDTF proposals.)

Result of evaluation of comments: We are adopting the proposals (with the wording clarification indicated above) to (1) permit certain physicians to order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the beneficiary and (2) clarify that carrier denial of claims because the tests were not ordered by a physician who uses the findings in the management of the beneficiary's care are based on the reasonable and necessary exclusion in section 1862(a)(1)(A) of the Act and in § 411.15(k)(1).

2. Supervision of Diagnostic Tests

We are clarifying in § 410.32 the policy on physician supervision of diagnostic x-ray and other diagnostic tests that are payable under the physician fee schedule. (Diagnostic procedures may be split into professional components (PCs) and technical components (TCs) or be TC-only.) The clarification is applicable to the TCs of diagnostic procedures covered under section 1861(s)(3) of the Act (whether billed separately or as part of a ''global'' charge with the PC) that are furnished in settings in which the Part B carrier pays for the TCs under the physician fee schedule. The coverage of diagnostic procedures furnished to hospital patients is addressed in other regulations and is not affected by this clarification. In addition, diagnostic laboratory tests as described in paragraph (d) of § 410.32 are not affected by this clarification. This final rule represents our judgment that diagnostic procedures are safe and effective only when they are furnished with appropriate physician supervision. Therefore, denials of claims for failure to meet the required level of physician supervision would be based on the exclusion in section 1862(a)(1)(A) of the Act and in § 411.15(k)(1), that is, they ''are not reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member.'' This means that the beneficiary may be protected under the limitation on liability provisions in section 1879 of the Act.

We believe that the requirements of § 410.32 should be revised because, except for the reference to ''other diagnostic tests'' in the heading of § 410.32, x-rays are the only diagnostic tests payable under the physician fee schedule that are discussed in the current § 410.32. We are clarifying that some degree of physician supervision is required for every diagnostic test payable under the physician fee schedule with a few exceptions.

Our specific revisions to the regulations are:

- The definition and discussion of the term ''general supervision'' currently appears only in § 410.32(a)(2) (concerning portable x-ray services). We are clarifying that this level of supervision is the minimal level required for all diagnostic tests payable under the physician fee schedule unless specific exception is made by regulation.
- The definition and discussion of the term ''direct supervision'' is set forth in revised § 410.32(b)(3)(ii), concerning

diagnostic x-ray and other diagnostic tests. We are clarifying that this level of supervision is required for some types of diagnostic procedures that are not x-rays.

• We are incorporating into regulations at § 410.32(b)(3)(iii) the existing policy that there are some diagnostic procedures that require a physician's presence with the patient at the time of performance of the procedure for the procedure to be covered.

We are setting forth a general rule that diagnostic tests payable under the physician fee schedule require at least general supervision (and in some cases either direct or personal supervision, as defined in this final rule) by a physician (as defined in section 1861(r) of the Act). Because of the restrictive definitions in section 1861(r), we believe that nearly all tests will be supervised by doctors of medicine or osteopathy, or, in the case of procedures related to the eyes and consistent with State licensure, doctors of optometry. We do not perceive a significant impact on doctors of dentistry and chiropractic in this regard since Medicare covers limited services for these specialties and we believe diagnostic test supervision will not be an issue for these specialties.

We are excluding three types of diagnostic tests from the physician supervision requirements:

• Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.

• Diagnostic tests personally furnished by a ''qualified audiologist'' as defined in section 1861(ll)(3) of the Act. These include ''audiology services'' as defined in section 1861(ll)(2) of the Act that are payable by Medicare carriers under the physician fee schedule. We are excluding these diagnostic tests from the physician supervision requirement because the Congress has defined these services without requiring physician supervision of their performance.

• Diagnostic psychological testing services personally performed by a qualified psychologist practicing independently of an institution, agency, or physician's office as currently defined in section 2070.2 of the Medicare Carriers Manual (HCFA Pub. 14–3). These services are distinguished from services of clinical psychologists, which are covered under section 1861(ii) of the Act, rather than section 1861(s)(3). We are excluding these tests from the physician supervision requirement because we do not believe that these services require physician supervision of their performance.

We are setting forth the policy that the minimal level of physician supervision, which is applicable to all diagnostic procedures payable under the physician fee schedule, with the exceptions cited above, is general supervision. ''General supervision'' means the procedure is furnished under the physician's overall direction and control, but physician presence is not required during the performance of the procedure. Under general supervision, the training of the nonphysician personnel who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician. Examples of procedures requiring only general physician supervision include the following:

• Plain films (x-rays) involving the extremities, pelvis, vertebral column, or skull.

• Plain films of the chest and abdomen that do not involve the use of contrast media.

• Electrocardiograms except when the code description specifies physician supervision such as with a cardiovascular stress test.

• Ultrasound diagnostic procedures except when the code description specifies a physician's service such as the placement of a probe in the case of transesophageal echocardiography.

• Electroencephalograms, polysomnography, and sleep studies.

We are setting forth the policy that the existing definition of ''direct supervision'' in § 410.32 be applied to types of services other than diagnostic x-rays. ''Direct supervision'' in the office setting does not mean that the physician must be present in the room when the procedure is performed; however, the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. Examples of diagnostic procedures requiring both general and direct supervision include the following:

• Magnetic resonance imaging, computerized axial tomography, and nuclear medicine procedures.

• Procedures in which contrast materials are used.

• X-rays other than skeletal, abdominal, and chest x-rays cited in the discussion of ''general supervision.''

We are defining ''personal supervision'' as follows: ''Personal supervision'' means a physician must be in attendance in the room during the performance of the procedure. Examples of procedures requiring both general and personal supervision include the following:

• Cardiovascular stress tests including those furnished with nuclear medicine and echocardiography procedures.

• Cardiac catheterization.

• Radiological supervision and interpretation procedures.

Under the changes made to section 1861(s)(3) of the Act by section 145(b) of Public Law 103–432, the Congress has added diagnostic mammography as part of the portable x-ray benefit. Therefore, we are adding diagnostic mammograms (but not screening mammograms) to the list of services a portable x-ray supplier may furnish in § 410.32(c). However, the supplier must meet the certification requirements of section 354 of the Public Health Service Act, as implemented by 21 CFR part 900, subpart B.

These supervision requirements are applicable only for diagnostic tests under section 1861(s)(3) of the Act. Other statutory provisions such as CLIA, the physician self-referral rules, etc., which contain supervisory standards for physicians, are not affected by this rule, and continue to be required, if applicable.

Several commenters who objected to various aspects of the physician supervision proposal were obviously addressing procedures performed in hospitals, and we would like to clarify this situation for them. As pointed out in the first paragraph of the preamble discussion of this proposal in the June 18, 1997 proposed rule (62 FR 33179), we proposed to modify and clarify the policy in § 410.32 on physician supervision of diagnostic procedures that are covered under section 1861(s)(3) of the Act and *payable under the physician fee schedule.* Regulations other than § 410.32 govern the coverage of diagnostic tests furnished to hospital patients. Specifically, the coverage of diagnostic tests furnished to hospital outpatients is addressed in § 410.28, and the coverage of diagnostic tests furnished to hospital inpatients is addressed in § 409.16. Further, this proposal addressed the coverage of the technical component (TC) (including TCs billed with the professional component (PC) of the procedure in a global bill) and other diagnostic procedures that are not split into PC or TC components and that do not have RVUs reflecting physician work. Diagnostic *services* that have physician work RVUs are not ''other diagnostic tests'' covered under section 1861(s)(3) of the Act but physician services and services incident to a physician's services covered under sections 1861(s)(1) and 1861(s)(2)(A) of the Act. These services are either personally

furnished by the physician or furnished as an ''incident to'' service. In both cases, the policy has been established and is unaffected by this rule. Either the physician is present because he or she is personally furnishing the service or, in the case of ''incident to'' services, the physician is in the suite (the same standard as proposed for direct supervision under the proposal) during the time the diagnostic service is performed. To summarize, neither the technical services associated with diagnostic tests furnished in hospitals nor diagnostic service codes containing physician work RVUs (other than global billings) are affected by this proposal.

Comment: Many physician commenters disagreed with our proposal to place diagnostic ultrasound procedures in the category of tests requiring general supervision. We received the following comments:

- Most ultrasound diagnostic procedures should be placed in the direct or personal supervision categories. The requirement for general supervision is not sufficient to achieve the needed degree of physician input in the final product of the ultrasound examination.
- Good ultrasound can only be performed through a working partnership between the technologist and the supervising physician. Commenters pointed out that radiologists frequently will examine the patient in real time to clarify uncertain findings or to further characterize pathology detected during the technologist's examination. If the physician does not go back to scan these patients himself, critical diagnoses would be missed. The common and correct practice of ultrasound is for a technologist to perform the examination and for a physician to check the study before the patient leaves the examining area.
- The performance of ultrasound procedures requires more physician supervision than magnetic resonance imaging (MRIs), computerized axial tomography (CTs), or nuclear medicine procedures.
- One commenter referred to unregulated ultrasound procedures in the U.S. as a ''cesspool of poor medical practice.''
- One commenter suggested that Medicare should prohibit payments for self-referred sonographic procedures performed by physicians who purchase this equipment for their offices and find reasons to use the equipment on their patients even though they are poorly-trained in the interpretations of the findings.
- Several physicians commented that they often performed these tests personally without a technologist present.

Response: In developing our proposal on levels of physician supervision for out-of-hospital diagnostic testing, we placed ultrasound procedures in the general category on the basis that it was safe to perform these procedures without the presence, either in the room or in the suite, of a physician. However, in determining whether services and procedures are reasonable and necessary, we also consider whether a service or procedure is effective. Based on the comments we received on the proposal, primarily from physicians who utilize ultrasound procedures in diagnosing patients, we have become convinced that the effectiveness of ultrasound procedures is enhanced when the performance of these tests is supervised by a physician who is not only on-site when the procedure is performed, but who also monitors the performance of the procedure. Therefore, we are modifying our proposal and are placing ultrasound diagnostic procedures in the direct category that requires the presence of the physician in the office suite when an individual procedure is performed.

Comment: Some commenters objected to our proposal to place CTs, MRIs, and nuclear medicine procedures in the category of procedures requiring the direct supervision of a physician. Some commenters indicated that CTs and MRIs required direct supervision only when contrast media are used to perform the tests. Commenters suggested that such a requirement would cause a dramatic reduction in the availability of these services furnished through mobile entities in rural areas. It was alleged that the physician supervision requirements contradict those established by the United States Nuclear Regulatory Commission for nuclear medicine procedures. Some commenters indicated that some nuclear medicine procedures required direct supervision, some required only general supervision, and some required a mid-level of supervision in which the physician could monitor the performance of the test by telephone.

Response: Based on the comments received, we have decided to move the required level of supervision for computerized axial tomography procedures (CTs) and magnetic resonance imagery procedures (MRIs) performed without the introduction of contrast media into the category of general supervision. We have become convinced that general supervision by a physician has become the established standard of practice for CTs and MRIs performed without contrast media. CT and MRI procedures in which contrast materials are utilized will remain in the direct category. We are adopting our proposal of direct supervision with regard to all nuclear medicine procedures. (Also, see comment below addressing supervision of nuclear cardiology procedures.)

Comment: Several commenters objected to the assignment of cardiovascular stress tests, including those furnished with nuclear medicine and echocardiography procedures, to the category of tests requiring performance under the personal supervision of a physician. Their comments included the following:

- Cardiovascular stress tests performed by well-trained physician extenders, such as registered nurses and physician assistants, using established protocols and under the direct supervision of a physician have proved to be safe and effective.
- The use of exercise physiologists, B.S.N. degree nurses, or physician assistants was the ''standard of care'' in their hospital.
- In the absence of data to suggest that direct supervision is less safe than personal supervision, only direct supervision should be required.
- The requirement is contrary to the position of the American College of Physicians, the American College of Cardiology, and the American Heart Association, set forth in a 1990 task force statement that endorses the position that ''exercise testing in selected patients can be safely performed by properly trained nurses, exercise physiologists, physical therapists, or medical technicians working directly under the supervision of a physician who should be in the immediate vicinity and available for emergencies.''
- The success of cardiac rehabilitation programs has demonstrated the success of nonsupervised exercise in the cardiac patient.
- One physician commenter agreed with our placing of stress tests in the personal supervision category and indicated that personal physician supervision was absolutely essential for the safety of the patient and for the test to be of maximal diagnostic utility.

Response: We do not agree with the general tone of the comments. It is established policy under Medicare that cardiovascular stress tests must be performed under the direct supervision of a physician to be covered. (For example, the interim teaching physician instructions, issued June 28, 1996,

placed the procedures in the category of complex and dangerous procedures requiring the presence of a teaching physician (rather than a resident) during their performance.) In addition, we do not believe that the reference to ''exercise'' and cardiac rehabilitation programs is the same thing as a cardiovascular stress test. With regard to the 1990 task force statement by the three organizations cited above, we believe that the reference to ''selected patients'' being safely tested by nonphysicians is a telling one. It is not at all clear to us that the appropriate level for ''selected patients'' should be the general standard applicable to all patients, particularly patients in the age group of most Medicare beneficiaries.

The circumstances surrounding cardiovascular stress tests are unusual because, although the issue at hand for Medicare coverage purposes is the supervision of the performance of the technical component of the test, this supervision is described by the AMA's CPT coding system with a specific code (CPT code 93016) for use in billing for physician supervision of cardiovascular stress tests when the physician who supervises the performance of the test differs from the physician who bills for the interpretation and report of the procedure. This means that the in-person supervision by a physician of this particular procedure has been determined to be so essential that it was necessary to establish a separate code for it. This code should be billed in connection with a stress test that will be interpreted and used in the diagnosis of the patient. It may not be used to bill for ''supervision'' of exercise in connection with a cardiac rehabilitation program.

We firmly believe that there should be a physician in attendance during the performance of cardiovascular stress tests to provide—

- Medical expertise required for the performance of the test;
- Medical treatment for complications and side effects of the test;
- Medical services required as part of the test, for example, injections or the administration of medications; and
- Medical expertise in the interpretation of the test (some of which may have to be provided while the test is actually being performed).

We do not believe that nonphysician personnel, even well-trained personnel, possess the knowledge and skills to immediately address all complications that may occur.

The reference to cardiovascular stress tests performed in hospitals indicates a misunderstanding of the physician supervision proposal. This proposal does not apply in hospitals; it only applies in settings in which the TC of the procedure is payable by the carrier. However, even in hospitals, if a physician wishes to bill the carrier for the supervision of the procedure using CPT code 93016 (a physician's service covered under section 1861(s)(1) of the Act rather than a diagnostic test covered under 1861(s)(3) of the Act), the physician must have been present for the performance of the test. It is our view that the physician's presence to deal with emergencies, as well as the other activities listed above, is the service that CPT code 93016 describes and the appropriate level of physician supervision for cardiovascular stress tests.

Comment: Several commenters indicated that it was inappropriate to require direct supervision of nuclear cardiology imaging procedures. Commenters indicated that these procedures can be provided under the general supervision of a nuclear cardiologist who is close at hand (but not in the suite during the performance of the procedure) or through supervision of the procedure through telemedicine. This latter position was described as a mid-level of physician supervision between general and direct. One commenter indicated that ready availability (within minutes) was sufficient to address any procedural, clinical, or radiation safety concerns that arise. One commenter indicated that the proposal was not rational and that the requirement for the physician to be in the office during a nuclear cardiology imaging procedure would make excessive demands upon a physician's schedule flexibility. The commenters indicated that no data exist to show that nuclear cardiology imaging provided with direct supervision was in any way superior to this imaging provided under general supervision. Some commenters made a distinction between their comments on the direct level of supervision standard applicable to nuclear cardiology procedures generally (as well as all other nuclear medicine procedures) and the personal supervision standard applicable to nuclear cardiology procedures involving cardiovascular stress tests. The commenters cited the passage from the 1990 American College of Physicians/American College of Cardiology/American Heart Association Task Force quoted in the prior discussion on stress tests to justify their position that some level of physician supervision between general and direct was all that was required. Finally, some commenters suggested that the goal of improving quality while reducing costs to the Medicare program would be better served by tightening standards for physicians eligible to be paid for the procedures.

Response: As stated earlier in these comments, we believe that direct supervision is the minimum level for all diagnostic tests involving the use of contrast materials including the radionuclides used in nuclear medicine procedures. We are not persuaded by the comments that there is something about nuclear cardiology procedures that should, instead, require only general physician supervision. With regard to the statement used to support only general and direct physician supervision for stress testing, we would point out that the July 1997 American College of Cardiology/American Heart Association Guidelines for Exercise Testing in its introduction states:

> For the purpose of this document, exercise testing is a cardiovascular stress test using treadmill or bicycle exercise and electrocardiographic and blood pressure monitoring. *Pharmacological stress and the use of imaging modalities (radionuclide imaging, echocardiography) are beyond the scope of these guidelines.* (Emphasis added.)

This statement leads us to believe that the argument with respect to stress testing of ''selected patients'' by nonphysicians was being quoted out of context with respect to nuclear cardiology procedures. We are not persuaded that our proposal was wrong, and we are adopting the proposed standards of physician supervision for the procedures. When the nuclear cardiology procedure in question involves a stress test and separate nuclear medicine and cardiovascular codes are used, personal supervision is required for the portion of the procedure involving stress, and the direct supervision standard applies to the nuclear portions of the overall procedure.

Comment: One commenter objected to the term ''other diagnostic tests'' in the title of § 410.32, questioned why x-rays are listed, and suggested that the term ''ultrasound'' be specifically cited. The commenter argued that the level of supervision cannot be appropriately indicated unless ultrasound is specifically named and the tests requiring supervision indicated.

Response: ''X-rays and other diagnostic tests'' is the term used in section 1861(s)(3) of the Act. We will indicate the appropriate level of supervision for a code in the data base, as indicated above. With regard to ultrasound procedures, direct supervision is required.

Comment: Several commenters suggested that direct supervision be defined to include the presence of a physician in a remote office suite to accommodate teleradiology. The physician would review the examination remotely, in real time, and arrange for a response team to handle patient care or contrast media emergencies at the site where the procedure is performed.

Response: Medicare currently pays for the *interpretation* of diagnostic procedures using images or other data transmitted via teleradiology. We would have to have more information about the arrangement the commenters have in mind, but, under the policy we are adopting, a physician cannot appropriately provide direct or personal supervision of diagnostic tests through telemedicine.

Comment: One commenter suggested that, for uroradiology procedures, the radiologist may not be present for the entire procedure; however, because of the use of contrast material, the appropriate level of supervision is direct.

Response: We have placed some uroradiology procedures in the direct category and others in the personal category. This is consistent with our general policy of requiring the presence of the physician during the imaging portion of any procedure described with a supervision and interpretation code.

Comment: One commenter suggested that the definition of ''personal supervision'' be clarified to provide for situations in which a radiologist must leave the procedure room for either clinical or safety reasons. The example was given of a radiologist leaving the procedure room during filming due to radiation exposure.

Response: If it is the customary practice for radiologists to leave the room for a short period of time for safety reasons to avoid radiation exposure, we would, of course, have no problem with them continuing to do so. We would expect the supervising physician to be present for all portions of the procedure that do not present a safety problem.

Comment: One commenter asked for clarification of whether the personal supervision standard applicable to cardiac stress tests should be required for pulmonary stress tests. The example of ambulating the patient to obtain oxygen saturation for oxygen recertification was given.

Response: We are not exactly sure of the specific procedures about which the commenter is inquiring. If it is CPT code 94620 (Pulmonary stress testing, simple or complex), the level is personal. For CPT codes 94760 through 94762 for noninvasive oximetry, the level is general.

Comment: A national organization representing psychologists questioned our decision not to provide an exception from the physician supervision requirement for procedures performed by clinical psychologists in the same way that we did for qualified independent psychologists (who are not clinical psychologists as defined in Medicare instructions). They requested that the rules be rewritten to clarify that both types of psychologists may perform services without physician supervision.

Response: Under our proposal, we explained that we were regulating diagnostic procedures covered under section 1861(s)(3) of the Act and payable under the physician fee schedule. We provided an exception to the physician supervision requirement in the case of diagnostic psychological testing services personally performed by qualified independent psychologists because these tests are covered under section 1861(s)(3), and there had been longstanding specific national coverage policy in the Medicare Carriers Manual regarding these billings without any requirement for physician supervision. We pointed out in the proposal that diagnostic tests performed by clinical psychologists (the same range of tests as those that qualified independent psychologists are permitted to bill) were covered under section 1861(ii) of the Act, rather than section 1861(s)(3), and we meant to convey the point that diagnostic tests performed by clinical psychologists were unaffected by the proposal. That is, clinical psychologists could continue to perform these tests without physician supervision. We were concerned about the logical consistency of providing an exception to a requirement in the regulations for a class of services to which that regulation did not apply. However, to clarify the policy, we have decided to explicitly include diagnostic psychological testing personally performed by clinical psychologists in the exception to the physician supervision requirement.

Comment: Several commenters indicated that physical therapists have performed electromyography procedures consistent with State laws for years without physician supervision. They pointed out that eliminating the availability of physical therapist-provided electromyography services would create a severe hardship for Medicare enrolles in rural areas.

Response: We did not intend to limit access to care in rural areas, and therefore, we have modified our proposal to provide two additional exceptions to the requirement for physician supervision for diagnostic procedures in which physical therapists are involved. These exceptions apply to codes in the range of CPT codes 95860 through 95937. Under one exception with a physician fee schedule data base indicator of 6, that is, the procedure must be personally performed by a physician or a physical therapist who is certified by the American Board of Physical therapy Specialties as a qualified electrophysiologic clinical specialist and is permitted to provide the service under State law. Under the second exception with a data base indicator of 7, the procedure must be personally performed by a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist or performed under the direct supervision of a physician. We recognize that these categories were not contained in the proposed rule and specifically invite further comment on the appropriateness of these two exceptions to the CPT codes 95860 through 95937.

Comment: Several commenters expressed support for the physician supervision proposal but pointed out that we should state by CPT code into which category each procedure falls. One commenter pointed to the lack of specific information about the category of physician supervision into which pulmonary and neurology testing procedures should be placed and suggested that the final rule address these procedures to promote consistency among carriers.

Response: We are providing such a listing as a part of this preamble. It will become a part of the physician fee schedule data base and may be modified from time to time in the same way other data base indicators are changed; therefore, there should be consistency among carriers.

Result of evaluation of comments: We are adopting our proposal to assign an appropriate level of physician supervision to every diagnostic test payable under the physician fee schedule with exceptions for certain procedures personally performed by qualified independent psychologists, clinical psychologists, qualified audiologists, and physical therapists who are certified as qualified electrophysiologic clinical specialists. With respect to several groupings of diagnostic codes, we have changed our proposed policy based on comments from the physician specialties most involved with particular groups of codes. In some cases, such as CTs and MRIs performed without the use of contrast materials, we have lowered the

level of required physician supervision. In others, such as ultrasound procedures, we have increased the level of required supervision. We are publishing a listing of diagnostic codes in this preamble with the level of physician supervision we have determined to be appropriate. In addition, we are adding a field to the physician fee schedule data base indicating the appropriate level of supervision. We anticipate that there will continue to be discussions among HCFA, physician specialty groups, and others about these levels of supervision, and we expect that the indicators applicable to individual procedures will be changed from time to time as is currently the case with other data base indicators.

Physician Fee Schedule Data Base Indicator

Physician Supervision of Diagnostic Procedures

0=Vacant
1=Procedure must be performed under the general supervision of a physician
2=Procedure must be performed under the direct supervision of a physician
3=Procedure must be performed under the personal supervision of a physician
4=Physician supervision policy does not apply when procedure personally furnished by a qualified, independent psychologist or a clinical psychologist; otherwise must be performed under the general supervision of a physician
5=Physician supervision policy does not apply when procedure personally furnished by a qualified audiologist; otherwise must be performed under the general supervision of a physician
6=Procedure must be personally performed by a physician OR a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist AND is permitted to provide the service under State law
7=Procedure must be personally performed by a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist AND is permitted to provide the service under State law OR performed under the direct supervision of a physician
9=Medicare physician diagnostic supervision policy does not apply
P=Decision pending

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS

HCPCS	Level	HCPCS	Level	HCPCS	Level
DIAGNOSTIC RADIOLOGY					
HEAD AND NECK					
70010 & TC	3	70015 & TC	3	70030 & TC	1
70100 & TC	1	70110 & TC	1	70120 & TC	1
70130 & TC	1	70134 & TC	1	70140 & TC	1
70150 & TC	1	70160 & TC	1	70170 & TC	3
70190 & TC	1	70200 & TC	1	70210 & TC	1
70220 & TC	1	70240 & TC	1	70250 & TC	1
70260 & TC	1	70300 & TC	1	70310 & TC	1
70320 & TC	1	70328 & TC	1	70330 & TC	1
70332 & TC	3	70336 & TC	1	70350 & TC	1
70355 & TC	1	70360 & TC	1	70370 & TC	3
70371 & TC	3	70373 & TC	3	70380 & TC	1
70390 & TC	3	70450 & TC	1	70460 & TC	2
70470 & TC	2	70480 & TC	1	70481 & TC	2
70482 & TC	2	70486 & TC	1	70487 & TC	2
70488 & TC	2	70490 & TC	1	70491 & TC	2
70492 & TC	2	70540 & TC	1	70541 & TC	2
70551 & TC	1	70552 & TC	2	70553 & TC	2
CHEST					
71010 & TC	1	71015 & TC	1	71020 & TC	1
71021 & TC	1	71022 & TC	1	71023 & TC	3
71030 & TC	1	71034 & TC	3	71035 & TC	1
71036 & TC	3	71038 & TC	3	71040 & TC	3
71060 & TC	3	71090 & TC	3	71100 & TC	1
71101 & TC	1	71110 & TC	1	71111 & TC	1
71120 & TC	1	71130 & TC	1	71250 & TC	1
71260 & TC	2	71270 & TC	2	71550 & TC	1
71555 & TC	9				
SPINE AND PELVIS					
72010 & TC	1	72020 & TC	1	72040 & TC	1
72050 & TC	1	72052 & TC	1	72069 & TC	1
72070 & TC	1	72072 & TC	1	72074 & TC	1
72080 & TC	1	72090 & TC	1	72100 & TC	1
72110 & TC	1	72114 & TC	1	72120 & TC	1
72125 & TC	1	72126 & TC	2	72127 & TC	2
72128 & TC	1	72129 & TC	2	72130 & TC	2
72131 & TC	1	72132 & TC	2	72133 & TC	2
72141 & TC	1	72142 & TC	2	72146 & TC	1

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
72147 & TC	2	72148 & TC	1	72149 & TC	2
72156 & TC	2	72157 & TC	2	72158 & TC	2
72159 & TC	9	72170 & TC	1	72190 & TC	1
72192 & TC	1	72193 & TC	2	72194 & TC	2
72196 & TC	1	72198 & TC	9	72200 & TC	1
72202 & TC	1	72220 & TC	1	72240 & TC	3
72255 & TC	3	72265 & TC	3	72270 & TC	3
72285 & TC	3	72295 & TC	3		
UPPER EXTREMITIES					
73000 & TC	1	73010 & TC	1	73020 & TC	1
73030 & TC	1	73040 & TC	3	73050 & TC	1
73060 & TC	1	73070 & TC	1	73080 & TC	1
73085 & TC	3	73090 & TC	1	73092 & TC	1
73100 & TC	1	73110 & TC	1	73115 & TC	3
73120 & TC	1	73130 & TC	1	73140 & TC	1
73200 & TC	1	73201 & TC	2	73202 & TC	2
73220 & TC	1	73221 & TC	1	73225 & TC	9
LOWER EXTREMITIES					
73500 & TC	1	73510 & TC	1	73520 & TC	1
73525 & TC	3	73530 & TC	3	73540 & TC	1
73550 & TC	3	73560 & TC	1	73562 & TC	1
73564 & TC	1	73565 & TC	1	73580 & TC	3
73590 & TC	1	73592 & TC	1	73600 & TC	1
73610 & TC	1	73615 & TC	3	73620 & TC	1
73630 & TC	1	73650 & TC	1	73660 & TC	1
73700 & TC	1	73701 & TC	2	73702 & TC	2
73720 & TC	1	73721 & TC	1	73725 & TC	2
ABDOMEN					
74000 & TC	1	74010 & TC	1	74020 & TC	1
74022 & TC	1	74150 & TC	1	74160 & TC	2
74170 & TC	2	74181 & TC	1	74185 & TC	9
74190 & TC	3				
GASTROINTESTINAL TRACT					
74210 & TC	3	74220 & TC	3	74230 & TC	3
74235 & TC	3	74240 & TC	3	74241 & TC	3
74245 & TC	3	74246 & TC	3	74247 & TC	3
74249 & TC	3	74250 & TC	2	74251 & TC	3
74260 & TC	3	74270 & TC	3	74280 & TC	3
74283 & TC	3	74290 & TC	2	74291 & TC	2
74300 & TC	3	74301 & TC	3	74305 & TC	3
74320 & TC	3	74327 & TC	3	74328 & TC	3
74329 & TC	3	74330 & TC	3	74340 & TC	3
74350 & TC	3	74355 & TC	3	74360 & TC	3
74363 & TC	3				
URINARY TRACT					
74400 & TC	2	74405 & TC	2	74410 & TC	2
74415 & TC	2	74420 & TC	3	74425 & TC	3
74430 & TC	3	74440 & TC	3	74445 & TC	3
74450 & TC	3	74455 & TC	3	74470 & TC	3
74475 & TC	3	74480 & TC	3	74485 & TC	3
GYNECOLOGICAL AND OBSTETRICAL					
74710 & TC	1	74740 & TC	3	74742 & TC	3
74775 & TC	3				
HEART					
75552 & TC	1	75553 & TC	2	75554 & TC	1
75555 & TC	1	75556	9		

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
AORTA AND ARTERIES					
75600 & TC	3	75605 & TC	3	75625 & TC	3
75630 & TC	3	75650 & TC	3	75658 & TC	3
75660 & TC	3	75662 & TC	3	75665 & TC	3
75671 & TC	3	75676 & TC	3	75680 & TC	3
75685 & TC	3	75705 & TC	3	75710 & TC	3
75716 & TC	3	75722 & TC	3	75724 & TC	3
75726 & TC	3	75731 & TC	3	75733 & TC	3
75736 & TC	3	75741 & TC	3	75743 & TC	3
75746 & TC	3	75756 & TC	3	75774 & TC	3
75790 & TC	3				
VEINS AND LYMPHATICS					
75801 & TC	3	75803 & TC	3	75805 & TC	3
75807 & TC	3	75809 & TC	3	75810 & TC	3
75820 & TC	3	75822 & TC	3	75825 & TC	3
75827 & TC	3	75831 & TC	3	75833 & TC	3
75840 & TC	3	75842 & TC	3	75860 & TC	3
75870 & TC	3	75872 & TC	3	75880 & TC	3
75885 & TC	3	75887 & TC	3	75889 & TC	3
75891 & TC	3	75893 & TC	3		
TRANSCATHETER PROCEDURES					
75894 & TC	3	75896 & TC	3	75898 & TC	3
75900 & TC	3	75940 & TC	3	75945 & TC	3
75946 & TC	3	75960 & TC	3	75961 & TC	3
75962 & TC	3	75964 & TC	3	75966 & TC	3
75968 & TC	3	75970 & TC	3	75978 & TC	3
75980 & TC	3	75982 & TC	3	75984 & TC	3
75989 & TC	3				
TRANSLUMINAL ATHERECTOMY					
75992 & TC	3	75993 & TC	3	75994 & TC	3
75995 & TC	3	75996 & TC	3		
OTHER PROCEDURES					
76000 & TC	3	76001 & TC	3	76003 & TC	3
76010 & TC	1	76020 & TC	1	76040 & TC	1
76061 & TC	1	76062 & TC	1	76065 & TC	1
76066 & TC	1	76070 & TC	1		
76075 & TC	1	76076 & TC	1	76078 & TC	1
76080 & TC	3	76086 & TC	3	76088 & TC	3
76090 & TC	9	76091 & TC	9	76092	9
76093 & TC	1	76094 & TC	1	76095 & TC	3
76096 & TC	3	76098 & TC	1	76100 & TC	2
76101 & TC	2	76102 & TC	2	76120 & TC	2
76125 & TC	2	76140	9	76150	1
76350	2	76355 & TC	3	76360 & TC	3
76365 & TC	3	76370 & TC	2	76375 & TC	1
76380 & TC	1	76400 & TC	1	76499 & TC	9
DIAGNOSTIC ULTRASOUND					
HEAD AND NECK					
76506 & TC	2	76511 & TC	2	76512 & TC	2
76513 & TC	2	76516 & TC	2	76519 & TC	2
76529 & TC	2	76536 & TC	2		
CHEST					
76604 & TC	2	76645 & TC	2		
ABDOMEN AND RETROPERITONEUM					
76700 & TC	2	76705 & TC	2	76770 & TC	2
76775 & TC	2	76778 & TC	2		

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
SPINAL CANAL					
76800 & TC	2				
PELVIS					
76805 & TC	2	76810 & TC	2	76815 & TC	2
76816 & TC	2	76818 & TC	2	76825 & TC	2
76826 & TC	2	76827 & TC	2	76828 & TC	2
76830 & TC	3	76856 & TC	2	76857 & TC	2
76870 & TC	2	76872 & TC	3		
EXTREMITIES					
76880 & TC	2				
VASCULAR STUDIES					
ULTRASONIC GUIDANCE PROCEDURES					
76930 & TC	3	76932 & TC	3	76934 & TC	3
76936 & TC	3	76938 & TC	3	76941 & TC	3
76942 & TC	3	76945 & TC	3	76946 & TC	3
76948 & TC	3	76950 & TC	2	76960 & TC	2
76965 & TC	3				
OTHER PROCEDURES					
76970 & TC	9	76975 & TC	3	76986 & TC	3
76999 & TC	9				
RADIATION ONCOLOGY					
77417	1				
DIAGNOSTIC NUCLEAR MEDICINE					
ENDOCRINE SYSTEM					
78000 & TC	2	78001 & TC	2	78003 & TC	2
78006 & TC	2	78007 & TC	2	78010 & TC	2
78011 & TC	2	78015 & TC	2	78016 & TC	2
78017 & TC	2	78018 & TC	2	78070 & TC	2
78075 & TC	2	78099 & TC	9		
HEMATOPOIETIC, RETICULOENDOTHELIAL, AND LYMPHATIC SYSTEM					
78102 & TC	2	78103 & TC	2	78104 & TC	2
78110 & TC	2	78111 & TC	2	78120 & TC	2
78121 & TC	2	78122 & TC	2	78130 & TC	2
78135 & TC	2	78140 & TC	2	78160 & TC	2
78162 & TC	2	78170 & TC	2	78172 & TC	2
78185 & TC	2	78190 & TC	2	78191 & TC	2
78195 & TC	2	78199 & TC	9		
GASTROINTESTINAL SYSTEM					
78201 & TC	2	78202 & TC	2	78205 & TC	2
78215 & TC	2	78216 & TC	2	78220 & TC	2
78223 & TC	2	78230 & TC	2	78231 & TC	2
78232 & TC	2	78258 & TC	2	78261 & TC	2
78262 & TC	2	78264 & TC	2	78270 & TC	2
78271 & TC	2	78272 & TC	2	78278 & TC	2
78282 & TC	2	78290 & TC	2	78291 & TC	2
78299 & TC	9				
MUSCULOSKELETAL SYSTEM					
78300 & TC	2	78305 & TC	2	78306 & TC	2
78315 & TC	2	78320 & TC	2	78350 & TC	2
78351	9	78399 & TC	9		

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
CARDIOVASCULAR SYSTEM					
78414 & TC	2	78428 & TC	2	78445 & TC	2
78455 & TC	2	78457 & TC	2	78458 & TC	2
78459 & TC	9	78460 & TC	2	78461 & TC	2
78464 & TC	2	78465 & TC	2	78466 & TC	2
78468 & TC	2	78469 & TC	2	78472 & TC	2
78473 & TC	2	78478 & TC	2	78480 & TC	2
78481 & TC	2	78483 & TC	2	78499 & TC	9
RESPIRATORY SYSTEM					
78580 & TC	2	78584 & TC	2	78585 & TC	2
78586 & TC	2	78587 & TC	2	78591 & TC	2
78593 & TC	2	78594 & TC	2	78596 & TC	2
78599 & TC	9				
NERVOUS SYSTEM					
78600 & TC	2	78601 & TC	2	78605 & TC	2
78606 & TC	2	78607 & TC	2	78608	9
78609	9	78610 & TC	2	78615 & TC	2
78630 & TC	2	78635 & TC	2	78645 & TC	2
78647 & TC	2	78650 & TC	2	78660 & TC	2
78699 & TC	9				
GENITOURINARY SYSTEM					
78700 & TC	2	78701 & TC	2	78704 & TC	2
78707 & TC	2	78710 & TC	2	78715 & TC	2
78725 & TC	2	78726 & TC	2	78727 & TC	2
78730 & TC	2	78740 & TC	2	78760 & TC	2
78761 & TC	2	78799 & TC	9		
OTHER DIAGNOSTIC NUCLEAR MEDICINE PROCEDURES					
78800 & TC	2	78801 & TC	2	78802 & TC	2
78803 & TC	2'	78805 & TC	2	78806 & TC	2
78807 & TC	2	78810 & TC	9	78891 & TC	9
78990	9	78999 & TC	9		
PATHOLOGY AND LABORATORY					
85060	9	85095	9	85102	9
86485	1	86490	1	86510	1
86580	1	86585	1	86586	9
88104 & TC	9	88106 & TC	9	88107 & TC	9
88108 & TC	9	88125 & TC	1	88160 & TC	9
88161 & TC	9	88162 & TC	9	88170 & TC	1
88171 & TC	1	88172 & TC	9	88173 & TC	9
88180 & TC	9	88182 & TC	9	88300 & TC	9
88302 & TC	9	88304 & TC	9	88305 & TC	9
88307 & TC	9	88309 & TC	9	88311 & TC	1
88312 & TC	9	88313 & TC	9	88314 & TC	9
88318 & TC	9	88319 & TC	9	88323 & TC	9
88331 & TC	9	88332 & TC	9	88342 & TC	9
88346 & TC	9	88347 & TC	9	88348 & TC	9
88349 & TC	9	88355 & TC	9	88356 & TC	9
88358 & TC	9	88362 & TC	9	88365 & TC	9
89350	1	89360	9		
MEDICINE					
GASTROINTESTINAL					
91000 & TC	3	91010 & TC	3	91011 & TC	3
91012 & TC	3	91020 & TC	3	91030 & TC	3
91032 & TC	3	91033 & TC	3	91052 & TC	3
91055 & TC	3	91060 & TC	3	91065 & TC	1
91100	9	91105	9	91122 & TC	3

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
SPECIAL OPHTHALMOLOGICAL SERVICES					
92015	9	92081 & TC	1	92082 & TC	1
92083 & TC	1	92100	9	92120	9
92130	9	92140	9	92230	9
92235 & TC	2	92240 & TC	2	92250 & TC	2
92260	9				
OTHER SPECIALIZED SERVICES					
92265 & TC	3	92270 & TC	3	92275 & TC	3
92283 & TC	1	92284 & TC	3	92285 & TC	2
92286 & TC	3	92287	9		
SPECIAL OTORHINOLARYNGOLOGIC SERVICES					
92506	9	92507	9	92508	9
92511	9	92512	9	92516	9
92520	9	92525	9	92526	9
VESTIBULAR FUNCTION TESTS WITH OBSERVATION					
92531	9	92532	9	92533	9
92534	9				
VESTIBULAR FUNCTION TESTS WITH OBSERVATION					
92531	9	92532	9	92533	9
92534	9				
VESTIBULAR FUNCTION TESTS WITH RECORDING					
92541 & TC	2	92542 & TC	2	92543 & TC	2
92544 & TC	2	92545 & TC	2	92546 & TC	2
92547	2	92548 & TC	2		
AUDIOLOGIC FUNCTION TESTS					
92551	9	92552	5	92553	5
92555	5	92556	5	92557	5
92559	9	92560	9	92561	5
92562	5	92563	5	92564	5
92565	5	92567	5	92568	5
92569	5	92571	5	92572	5
92573	5	92575	5	92576	5
92577	5	92579	5	92582	5
92583	5	92584	5	92585 & TC	5
92587 & TC	5	92588 & TC	5	92589	5
92590	9	92591	9	92592	9
92593	9	92594	9	92595	9
92596	5	92597	9	92598	9
CARDIOGRAPHY					
93000	1	93005	1	93010	9
93012	1	93014	9	93015	3
93016	3	93017	3	93018	9
93024 & TC	3	93040	1	93041	1
93042	9	93224	1	93225	1
93226	1	93227	9	93230	1
93231	1	93232	9	93233	9
93235	1	93236	1	93237	9
93268	1	93270	1	93271	1
93272	9	93278 & TC	1		
ECHOCARDIOGRAPHY					
93303 & TC	2	93304 & TC	2	93307	2
93308 & TC	2	93312 & TC	3	93313	9
93314	9	93315 & TC	3	93316	9
93317	9	93320 & TC	2	93321 & TC	2
93325 & TC	2	93350 & TC	3		

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
CARDIAC CATHETERIZATION					
93501 & TC	3	93503	9	93505 & TC	3
93510 & TC	3	93511 & TC	3	93514 & TC	3
93524 & TC	3	93526 & TC	3	93527 & TC	3
93528 & TC	3	93529 & TC	3	93536	9
93539	9	93540	9	93541	9
93542	9	93543	9	93544	9
93545	9	93555 & TC	3	93556 & TC	3
93561 & TC	3	93562 & TC	3		
INTRACARDIAC ELECTROPHYSIOLOGICAL PROCEDURES					
93600 & TC	3	93602 & TC	3	93603 & TC	3
93607 & TC	3	93609 & TC	3	93610 & TC	3
93612 & TC	3	93615 & TC	3	93616 & TC	3
93618 & TC	3	93619 & TC	3	93620 & TC	3
93621 & TC	3	93622 & TC	3	93623 & TC	3
93624 & TC	3	93631 & TC	3	93640 & TC	3
93641 & TC	3	93642 & TC	3	93650	9
93651	9	93652	9	93660 & TC	3
OTHER VASCULAR STUDIES					
93720	1	93721	1	93722	9
93724 & TC	3	93731	2	93732	3
93733 & TC	2	93734 & TC	2	93735 & TC	3
93736 & TC	2	93737 & TC	3	93738 & TC	3
93740 & TC	2	93760	9	93762	9
93770 & TC	3	93784	9	93786	9
93788	9	93790	9		
CEREBROVASCULAR ARTERIAL STUDIES					
93875 & TC	2	93880 & TC	2	93882 & TC	2
93886 & TC	2	93888 & TC	2		
EXTREMITY ARTERIAL STUDIES					
.					
93922 & TC	2	93923 & TC	2	93924 & TC	2
93925 & TC	2	93926 & TC	2	93930 & TC	2
93931 & TC	2				
EXTREMITY VENOUS STUDIES					
93965 & TC	2	93970 & TC	2	93971 & TC	2
VISCERAL AND PENILE VASCULAR STUDIES					
93975 & TC	2	93976 & TC	2	93978 & TC	2
93979 & TC	2	93980 & TC	2	93981 & TC	2
PULMONARY					
94010 & TC	1	.....	.....	94070 & TC	3
94150 & TC	9	94200 & TC	1	94240 & TC	1
94250 & TC	1	94260 & TC	1	94350 & TC	1
94360 & TC	1	94370 & TC	1	94375 & TC	1
94400 & TC	2	94450 & TC	2	94620 & TC	3
94640	9	94642	9	94650	9
94651	9	94652	9	94656	9
94657	9	94660	9	94662	9
94664	2	94665	2	94667	9
94668	9	94680 & TC	2	94681 & TC	2
94690 & TC	1	94720 & TC	1	94725 & TC	1
94750 & TC	1	94760	1	94761	1
94762	1	94770 & TC	1	94772 & TC	1
94799 & TC	9				
ALLERGY					
95004	2	95010	9	95015	9

LEVEL OF PHYSICIAN SUPERVISION OF DIAGNOSTIC TESTS—Continued

HCPCS	Level	HCPCS	Level	HCPCS	Level
95024	2	95027	2	95028	2
95044	2	95052	2	95056	2
95060	3	95065	3	95070	3
95071	3	95075	9	95078	3
NEUROLOGY AND NEUROMUSCULAR PROCEDURES					
SLEEP TESTING					
95805 & TC	1	95807 & TC	1	95808 & TC	1
95810 & TC	1	95812 & TC	1	95813 & TC	1
95816 & TC	2	95819 & TC	2	95822 & TC	1
95824 & TC	1	95827 & TC	1	95829 & TC	1
95830	9	95831	9	95832	9
95833	9	95834	9	95851	9
95852	9	95857	9	95858 & TC	3
95860 & TC	6	95861 & TC	6	95863 & TC	6
95864 & TC	6	95867 & TC	6	95868 & TC	6
95869 & TC	6	95870 & TC	6	95872 & TC	3
95875 & TC	3				
95900 & TC	7	95903 & TC	7	95904 & TC	7
95920 & TC	2	95921 & TC	2	95922 & TC	3
95923 & TC	3	95925 & TC	2	95926 & TC	2
95927 & TC	2	95930 & TC	2	95933 & TC	7
95934 & TC	7	95936 & TC	7	95937 & TC	7
95950 & TC	1	95951 & TC	1	95953 & TC	1
95954 & TC	3	95955 & TC	2	95956 & TC	1
95957 & TC	1	95958 & TC	3	95961 & TC	3
95962 & TC	3	95999	9		
CENTRAL NERVOUS SYSTEM ASSESSMENTS					
96100	4	96105	4	96110	4
96111	4	96115	4	96117	4
ALPHA-NUMERICS					
G0001	9	G0002	9	G0004	1
G0005	1	G0006	1	G0007	9
G0015	1	G0016	9	G0026	9
G0027	9	G0030 & TC	2	G0031 & TC	2
G0032 & TC	2	G0033 & TC	2	G0034 & TC	2
G0035 & TC	2	G0036 & TC	2	G0037 & TC	2
G0038 & TC	2	G0039 & TC	2	G0040 & TC	2
G0041 & TC	2	G0042 & TC	2	G0043 & TC	2
G0044 & TC	2	G0045 & TC	2	G0046 & TC	2
G0047 & TC	2	G0050	1	M0302	9
P2028	9	P2029	9	P2031	9
P2033	9	P2038	9	P3000	9
P3001	9	P7001	9	P9610	9
P9615	9	Q0035 & TC	1	Q0091	1
Q0092	9	Q0111	9	Q0112	9
Q0113	9	Q0114	9	Q0115	9
R0070	9	R0075	9	R0076	9
V5008	9	V5010	9	V5011	9
V5014	9	V5020	9	V5362	9
V5363	2	V5364	2		

3. Independent Diagnostic Testing Facility

Section 2070.5 of the Medicare Carriers Manual (HCFA Pub. 14–3) is the current policy basis for the coverage of Independent Physiological Laboratory (IPL) services. The section does not define the term ''physiological'' and specifically mentions only electrocardiograms and electroencephalograms as types of services the entity that has come to be known as an IPL may furnish. The section says little about the nature of IPLs other than that they operate independently of a hospital, physician's office, or rural health clinic and meet applicable State and local licensure laws. Few States regulate diagnostic services, other than x-rays, and the requirement for State and local licensure has had little meaning in practice. The other requirements for the coverage of IPL services are that the services be ordered by a ''referring'' physician and that the services be determined by the carrier to be reasonable and necessary. The requirement that the diagnostic services must be ordered by a referring physician has been addressed by the policy we adopted in the final rule for the 1997

physician fee schedule published in the **Federal Register** November 22, 1996 (61 FR 59497 through 59498), under which the physician who orders a diagnostic service must be a physician who is treating the patient.

We are setting aside the term ''IPL'' and are defining a new entity independent of a hospital or physician's office in which diagnostic tests are performed by licensed, certified nonphysician personnel under appropriate physician supervision. We are calling this entity an Independent Diagnostic Testing Facility (IDTF). The new entity will replace the IPL. The regulations are intended to resolve confusion surrounding the structure of entities Medicare previously classified as IPLs, as well as the services they furnish and to address the potential for abuse and the quality and safety concerns raised by the lack of Federal and State IPL licensure and certification requirements. The regulations will not apply to approved portable x-ray suppliers or to procedures furnished in physicians' offices including group practices or multispecialty clinics.

We are defining an IDTF as a fixed location, a mobile entity, or an individual nonphysician practitioner. The following diagnostic tests, which are payable under the physician fee schedule, are not required to be furnished in accordance with the IDTF criteria when furnished by a nonhospital entity:

- Diagnostic mammograms, the coverage of which is required by law to be regulated by the Food and Drug Administration rather than by HCFA.
- Diagnostic tests personally furnished by a ''qualified audiologist'' as defined in section 1861(ll)(3) of the Act. These include ''audiology services'' as defined in section 1861(ll)(2) of the Act that are payable by Medicare carriers under the physician fee schedule. We are excluding these diagnostic tests from the physician supervision requirement because the Congress has defined these services without requiring physician supervision of their performance.
- Diagnostic psychological testing services personally furnished by a qualified psychologist practicing independently of an institution, agency, or physician's office as currently defined in section 2070.2 of the Medicare Carriers Manual (HCFA Pub. 14–3). The services are distinguished from services of clinical psychologists, which are covered under section 1861(ii) of the Act rather than 1861(s)(3). We are excluding these tests from the physician supervision requirement because we do not believe that these services require physician supervision of their performance.

IDTFs must meet the following requirements:

- An IDTF must have one or more supervising physicians who are responsible for the direct and ongoing oversight of the quality of the testing performed, the proper operation and calibration of the equipment used to perform tests, and the qualification of nonphysician personnel who use the equipment. This level of supervision equates to general supervision as discussed in this section II.D. and § 410.32(b)(3)(i).
- The supervising physician must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF; however, there is no requirement that the IDTF's supervising physician actually furnish the interpretation. (For example, a physician might purchase tests from the IDTF that he or she will interpret.) Proficiency may be documented by certification in specific medical specialties or subspecialties or by criteria established by the carrier for the service area in which the IDTF is located. In the case of a procedure which would require the direct or personal supervision of a physician pursuant to II.D. in this section and § 410.32(b)(3)(ii) and (b)(3)(iii), respectively, the IDTF's supervising physician must personally furnish this level of supervision whether the procedure is performed in the IDTF or, in the case of mobile services, at a remote location. The IDTF must maintain documentation to demonstrate sufficient physician attendance during all hours of operation to assure that the required physician supervision is furnished. In the case of procedures requiring direct supervision, the supervising physician may oversee concurrent procedures.
- Any nonphysician personnel used by the IDTF to perform tests must demonstrate the basic qualifications to perform the tests in question and have appropriate training and proficiency as evidenced by licensure or certification by the appropriate State health or education department. In the absence of a State licensing board, the technician must be certified by the appropriate national credentialing body. The IDTF must maintain documentation available for review that these requirements are met.
- All procedures performed by the IDTF must be specifically ordered in writing by a physician who treats the beneficiary, that is, the physician who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. This requirement would be met when a beneficiary's primary care physician orders testing the results of which may determine whether or not the physician refers the beneficiary to a specialist. In other words, that physician is managing the patient's care. The order must specify the diagnosis or other basis for the testing. The supervising physician for the IDTF may not order tests performed by the IDTF, and the IDTF may not add any procedures based on internal protocols without written order from the treating physician.
- An IDTF that operates across State boundaries must maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it is furnishing services.

Below is a discussion of the public comments we received on this proposal and our responses:

Comment: We received many favorable comments (with reservations) from representatives of existing IPLs who indicated their preference for national standards rather than different standards in each carrier service area. Many expressed frustration with the current situation in which there is no national policy on the procedures an IPL may perform, and carriers have differing local medical review policies on these procedures.

One commenter indicated that limiting the types of diagnostic tests an IPL or IDTF can furnish is a better way to prevent unneeded and medically unnecessary testing than our proposal. He stated that adoption of the IDTF proposal will produce a rise in expenditures for diagnostic testing without a concomitant decrease in expenditures from other entities that currently bill Medicare for diagnostic tests.

Response: We believe that the time has come to change the current situation under which there are different local medical review policies on the services an IPL may perform in different carrier service areas. If a facility meets the standards established for IDTFs, including the appropriate level of physician supervision, it should be able to furnish the same range of procedures as other entities in the service area. Carriers should be denying claims for procedures that are not reasonable and necessary for individual patients.

Comment: A supplier of mobile bone density procedures commented that it had been erroneously classified as a portable x-ray supplier and supported the proposal as a clarification of its

mobile status under Medicare as an IDTF. The commenter supported the proposal.

Response: Under the IDTF policy, a mobile diagnostic facility may furnish the same procedures as a stationary facility unless there is a national policy indicating otherwise.

Comment: With regard to the credentialing criteria for IDTF personnel, several commenters questioned the need for the IDTF proposal and pointed out that there already were voluntary certification organizations in existence that possessed greater expertise than we did in these matters. Commenters cited organizations that have been granted membership by the National Commission for Certifying Agencies, such as The American Registry of Diagnostic Medical Sonographers for ultrasonography physician and nonphysician personnel, the Intersocietal Commission for the Accreditation of Vascular Laboratories, which deals with noninvasive vascular procedures, and the Intersocietal Commission for the Accreditation of Echocardiographic Laboratories for echocardiographic procedures. The commenters indicated that criteria established by these organizations are more specific than the vague criteria we proposed.

Response: We have no desire to interfere with these private accreditation activities. The IDTF should maintain documentation of recognition by these organizations for verification by the carrier as necessary. However, we do not believe that the standards for accreditation by these agencies are equivalent to ours. For example, in commenting on our proposal, one of the listed organizations indicated that it required records of the source of the order for the test in the accredited laboratories. However, this requirement is not the same as assuring that all tests are ordered by a physician who is treating the patient.

Comment: One commenter indicated that the proposal that the supervising physician in an IDTF cannot order tests performed by the IDTF is unrealistic. The commenter stated that if the IDTF is appropriately accredited and the supervising physician's income is fixed (rather than related to volume of testing), the supervising physician should be able to order any necessary test for his or her patients.

Response: We have decided to modify the prohibition in § 410.33(d) against the supervising physician's ordering of tests to be performed by the IDTF although we continue to believe there are potential problems in permitting such a practice. However, we acknowledge that there could be situations in which the IDTF's supervising physician is, in fact, the beneficiary's treating physician. The modified wording of the requirement indicates that, in these situations, the physician in question would have had a relationship with the beneficiary prior to the testing and would be *treating* the beneficiary for a specific medical problem.

Comment: Some commenters expressed concern that the policy requires State-credentialed nonphysician personnel to perform tests; commenters point out the varying State standards that may be applied. Some believed that credentialing by a national standardized body was preferable.

Response: We believe that credentialing of nonphysician technologists by either a State government or a recognized national organization should be sufficient.

Comment: Several commenters stated that the requirement that all procedures performed by IDTFs must be specifically ordered in writing by the treating physician would be very burdensome for the referring physician, patient, and the examiner if it is found that the patient needs additional tests and has to come back another day with written orders for them. Some indicated that the generally-applicable ordering provisions of § 410.32(a) were sufficient.

One commenter indicated that the requirement for written orders was redundant, time-consuming, and costly, and requested the rationale for the additional requirement applicable only to IDTFs.

Response: We believe that the physician responsible for the management of the patient's care (or some aspect of the patient's care) should be aware of the testing being performed. For that reason, we adopted a modification to § 410.32 to that effect in the physician fee schedule final rule of November 22, 1996. That rule did not explicitly require written orders but served to establish the link between test ordering and the treating physician as a matter of national Medicare law. If the testing entity chose not to maintain a file of written orders from physicians for the tests it performed, the entity might not be able to demonstrate the medical necessity of the tests to a reviewer from a Medicare carrier or another government agency. Some commenters have requested the rationale for requiring specific written orders for tests performed by IDTFs while not imposing the same requirement on testing in physicians' offices.

The rationale for requiring testing by IDTFs to be ordered in writing by the treating physician is based in our (and, more specifically, HCFA's contractors') experience with IPLs. There have been instances in which IPLs have offered ''free'' screening to Medicare beneficiaries in shopping malls and senior citizen centers, which meant that the IPL accepted the carrier payment for the procedure and waived billing the beneficiary for the coinsurance. There have been instances of mass testing in nursing facilities with questionable orders for the tests performed and little regard for the medical necessity of the tests. There have been numerous instances of IPLs performing tests in addition to those ordered by referring physicians.

The manual (Medicare Carriers Manual section 2070.5) has always required that the diagnostic services be ordered by a referring physician. Therefore, we believe there is little in this requirement that is new other than the explicit provision that the orders be in writing. While we are certain that many IPLs did not engage in the practices referred to above, we anticipate that the new rules will give the carriers tools to use to address abusive situations, when they do occur, through post-payment reviews. We believe that our experiences with waste and abuse in IPLs justify these requirements, including requiring the treating physician's order for a procedure.

In response to the absence of regulation of IPLs, we are creating the IDTF designation to establish a degree of national regulation of a diagnostic facility that is distinct from a physician's office and does not directly use the test results to treat a beneficiary. The facility's sole purpose is to furnish a test. We believe that any distinctions in treatment between IDTFs and physicians' offices or hospitals are justified by our experiences with the entities and the different degrees of regulation to which the entities have been subject.

We do not agree that the requirement for written orders is an unnecessarily burdensome requirement, or that there is any necessity for a beneficiary to return with written orders on another day. If an IDTF determines that a patient needs further testing, the IDTF may contact the ordering physician's office and receive a FAX order for the additional testing.

Comment: One commenter indicated that the term ''referring physician'' must be broadened to include appropriate ''licensed medical practitioners,'' including podiatrists, chiropractors,

optometrists and other similar allied-health care professionals. The commenter further stated that IDTF testing procedures should be ordered only by an appropriately licensed medical professional.

Response: The term ''referring physician'' was used in the proposal only in the description of the existing IPL policy. The current proposals refer to ''ordering physician'' and ''supervising physician.'' Podiatrists and optometrists (when operating within the scope of their State licensure) are included in the Medicare definition of a ''physician'' set forth in section 1861(r) of the Act and do not need to be singled out as appropriate persons to order tests. Chiropractors may not order tests for Medicare beneficiaries under any circumstances. The changes made to § 410.32 by the physician fee schedule final rule of November 22, 1996 (61 FR 59490) provided for the ordering of diagnostic tests by nonphysician practitioners under certain conditions. We have modified proposed § 410.33(d) in this final rule to make it clear that nonphysician practitioners who are working within the scope of the laws of their States may order testing from IDTFs.

Comment: Several commenters expressed concern about the exemption of physicians' offices, group practices, and multispecialty groups from the rules governing IDTFs. One commenter indicated that such an exemption would lead to the potential for abuse and quality and safety concerns. Others said that the proposed rules would put IDTFs at a competitive disadvantage with entities such as hospitals and physicians' offices in the furnishing of diagnostic tests and that the same rules should apply in all settings.

Response: In several responses immediately preceding this one, we have given our reasoning regarding the application of specific requirements to IDTFs that do not apply to physicians' offices. Our reasoning is that hospitals are currently regulated, and physicians must have State licensure to perform the services they furnish. (We would like to reiterate here, however, that the physician supervision requirements for specific tests discussed elsewhere in this rule apply to all diagnostic tests payable under the physician fee schedule whether they are performed in an IDTF, physicians' office, or other setting.)

On the other hand, IPLs do not exist because of a specific statutory provision but because of unique circumstances. HCFA has, for a number of years, permitted payment for diagnostic tests to entities that were not created by law. The implementing manual instruction for IPLs (section 2070.5 of the Medicare Carriers Manual) clearly presumes the existence of ''applicable State and local licensure laws'' for these facilities although very little regulation actually exists.

Comment: A commenter objected to the requirement in § 410.33(b)(2) that the supervising physician must have demonstrated proficiency in the performance and interpretation of each type of diagnostic test performed by the IDTF when there is no such requirement for hospital outpatient departments or physician groups. The commenter indicated that, for radiology procedures, State Board Certification in Radiology should be deemed sufficient for supervision of procedures requiring direct or general supervision.

Response: As we have pointed out elsewhere in this discussion, hospitals are regulated through the accreditation process. For example, § 482.26(c) of the Medicare Conditions of Participation for Hospitals establishes standards for a qualified supervisory radiologist in a hospital. Further, all States have licensure requirements that apply to physicians' offices, and we are not aware of significant problems with physicians and physician groups performing tests they are not qualified to perform.

On the other hand, the performance of diagnostic tests in IPLs (including the physician supervision of this testing) is generally not regulated by State or local laws. Our regional offices and carriers cite many problems with the way diagnostic procedures have been furnished in IPLs, such as IPLs entering into arrangements with physicians to serve as pro forma supervisors when these physicians had little expertise in the area of diagnostic testing involved. Because of systemic problems in IPLs, we believe that it is reasonable for Medicare to require physicians who supervise the performance of tests in IDTFs to demonstrate proficiency in the type of testing being performed while not imposing the same requirement on physicians' offices, which operate under the authority of the physician's State licensure.

Comment: A commenter indicated that the nonphysician credentialing requirements would impose significant additional costs and requirements on IDTFs that would not be borne by medical groups or hospitals.

Response: Most commenters from existing IPLs, many of whom indicated that their employees had already met these standards, did not raise this issue, and, therefore, we believe that any burden on IPLs will not be widespread. We believe it to be entirely appropriate to require the technologists who perform tests in IDTFs to possess appropriate credentialing while not imposing the same requirements on hospitals that must meet accreditation standards imposed by governmental and other bodies or on physicians' offices that operate under the authority of the physician's State licensure.

Comment: One commenter objected to the proposed requirement for documentation of physician supervision in IDTFs not being required of other entities.

Response: We believe that this requirement is justified by the past performance of IPLS. Moreover, when carriers identify a problem with lack of supervision of diagnostic testing in physicians' offices, they may request this information from the physician in the same way they currently request additional information on the medical necessity of a service or procedure.

Comment: One commenter indicated that record retention for CLIA laboratories was determined to be 2 years and that the same requirement should apply to IDTFs.

Response: We will review our record retention guidelines and will provide further advice through program instructions.

Comment: One commenter indicated that an IDTF should be allowed to bill globally for radiological procedures when it contracts with a medical group for interpretations and the medical group reassigns benefits to the IDTF.

Response: These billings are permitted under the policy in section 3060.5 of the Medicare Carriers Manual. In these situations, the IDTF would bill the carrier in such a way as to identify itself as an IDTF.

Comment: One commenter objected to the proposed requirement that an IDTF that operates across State boundaries maintain documentation that its supervising physicians are licensed in each of the States in which it is furnishing services. The commenter indicated that this requirement would be unnecessarily burdensome and cost prohibitive if the facility must engage physicians licensed in every State the facility serves.

Response: We believe it appropriate for a physician who is supervising the performance of tests performed in State to be licensed in that State.

Comment: One commenter indicated that we are creating a new regulatory scheme without Congressional authorization. The commenter stated that if a problem exists with respect to independent diagnostic facilities, the problem should be explored and

debated in public before rules are established.

Response: The commenter is correct in recognizing that IPLs are not created in the Medicare statute. Nonetheless, we have paid for services they furnish for a number of years. Over the years, however, a number of problems have become manifest in the operation of these entities. We believe that our general rulemaking authority is sufficient to permit us to deal with these problems and that the facts require our exercise of that authority. In addition, the publication of a proposed rule has provided the opportunity for public comment and debate.

Comment: Several commenters indicated that the regulation should address the competency of physicians to perform interpretations of, rather than supervision of, diagnostic tests. Some suggested that the responsibilities of the supervising physician in an IDTF include interpretation of the results of the procedures. One commenter supported the proposal that technologists in IDTFs be certified and recommended a requirement that radiologic procedures performed in IDTFs be interpreted by physicians who are qualified through: (1) Completing an approved residency program, (2) postresidency training, or (3) sufficient clinical experience.

Response: The performance of the interpretation (the physician's service covered under section 1861(s)(1) of the Act, as opposed to the diagnostic test covered under section 1861(s)(3) of the Act) is beyond the scope of this proposal except for the requirement that an IDTF's supervising physician evidence proficiency in the interpretation of each type of diagnostic procedure performed by the facility. In developing the IDTF proposal, we considered requiring IDTFs to furnish the interpretation as well as the test, but we decided not to include such a requirement because of the likelihood it would lead to unintended problems. For example, the physician who provides the general supervision for an IDTF may not be available to furnish an interpretation for a period of time and that could unnecessarily delay making a diagnosis in an urgent situation. In another situation, a beneficiary might want his or her test interpreted by a particular physician he or she has dealt with in the past.

Comment: One commenter pointed out that the proposal indicated that the IDTF policy did not apply to procedures furnished in physicians' offices and suggested that we clarify the status of procedures performed by IDTFs in physicians' offices.

Response: The IDTF requirements would apply to any procedures furnished by the IDTF either in its own facility or in a physician's office, clinic, or other nonprovider setting. For example, if a procedure requires direct supervision, it would be necessary for the IDTF's supervising physician to be present in the suite during performance. We have modified § 410.33(a)(1) to state that the IDTF policy applies to procedures performed by IDTFs in physicians' offices.

Comment: One commenter indicated that the IDTF proposal should apply to any noninvasive vascular procedure performed by portable x-ray suppliers.

Response: Noninvasive vascular procedures (or any test other than certain x-rays, diagnostic mammography, and EKGs) are not included in the portable x-ray benefit. If an approved portable x-ray supplier wishes to furnish these procedures, it would have to become an IDTF. No transportation payment would be made in connection with these types of procedures.

Comment: A national organization representing psychologists pointed out that, as written, the IDTF proposal would apply to individual nonphysician practitioners, including clinical psychologists and asked us to clarify that clinical psychologists do not have to become IDTFs and perform diagnostic psychological testing under physician supervision.

Response: We did not intend the IDTF proposal to apply to diagnostic psychological testing personally performed by clinical psychologists because these services are not covered under section 1861(s)(3) of the Act. However, in order to promote understanding of the policy by all concerned, we are explicitly excluding diagnostic psychological testing personally performed by clinical psychologists from the requirement that out-of-hospital, out-of-physician-office tests that must be performed under the supervision of a physician in an IDTF. In other words, a clinical psychologist does not have to become an IDTF to be paid by the carrier for the performance of diagnostic psychological testing.

Comment: A State Department of Health cited several aspects of the IDTF proposal that would conflict with the laws of its State. The commenter also indicated that the proposed rule did not define the types of diagnostic tests that could be covered by Medicare when performed by an IDTF, whether IDTFs can furnish radiologic services, or who will receive the Medicare payments for services performed by an IDTF.

Response: In making the IDTF proposal, we were recognizing the problems with the existing situation of largely unregulated entities that performed diagnostic tests. Neither IDTFs nor IPLs were established because of statutory mandate from the Congress. In making this proposal, it is not our intention to preempt any State licensing requirements; however, it is not clear to us how IPLs could have operated in a State and IDTFs cannot. However, in order to address these concerns, we have added an additional requirement in paragraph (f) of § 410.33 (Independent Diagnostic Testing Facility). Under this requirement, an IDTF must comply with the applicable laws of any State in which it operates. In IDTFs, Medicare would cover all tests payable under the Medicare physician fee schedule, including radiologic procedures, other than clinical laboratory tests. In many cases, the carrier will pay the IDTF for the technical component of the procedures. In some cases, an IDTF may purchase the interpretation of the test from a physician and bill for both professional and technical components, while in other cases, an interpreting physician may purchase the test from the IDTF and bill for both professional and technical components.

Comment: Some commenters expressed concern about the January 1, 1998 effective date of the IDTF proposal. They suggested transition periods of up to 1 year.

Response: We are addressing these comments in the discussion below.

Result of evaluation of comments: We are adopting the proposal to have IDTFs replace IPLs with the modifications or clarifications discussed above. In addition, we are providing that the replacement occur on a phased-in basis scheduled to be completed on July 1, 1998. Entities wishing to be recognized as IDTFs must send a letter to the Part B carrier for their service areas attesting that they meet all IDTF criteria. As soon as a carrier accepts the entity as an IDTF, the carrier notifies the entity of its new status and billing number. Once an entity becomes an IDTF, it is no longer subject to local medical review policies that currently preclude IPLs from furnishing procedures or groups of procedures while allowing other entities to perform them. An IDTF must comply with the applicable laws of any State in which it operates.

E. Reasonable Compensation Equivalent Limit Update Factor

1. Background

Section 1887(a)(2)(B) of the Act provided for the reasonable compensation equivalent limits used to determine the reasonableness of costs incurred by providers for professional services furnished by physicians for the benefit of provider patients in a hospital or skilled nursing facility. Regulations set forth at § 415.70 (Limits on compensation for physician services in providers), paragraph (b), concerning the methodology for establishing limits, established a methodology for determining reasonable annual compensation equivalents, considering average physician incomes by specialty and type of location, to the extent possible using the best available data. The regulations also expanded the application of the reasonable compensation equivalent limits to include comprehensive outpatient rehabilitation facilities. The initial and still current methodology for establishing reasonable compensation equivalent limits is based on an internal working paper (''A Methodology for Determination of Reasonable FTE Compensation for Hospital-Based Physicians'' by James R. Cantwell and William J. Sobaski (Working Paper No. OR–32, revised December 1982)) developed by HCFA's Office of Strategic Planning, (formerly the Office of Research and Demonstrations). Copies of this paper are available on request from: OSP Publications, Office of Strategic Planning, Health Care Financing Administration, Room C3–20–11, 7500 Security Boulevard, Baltimore, MD 21244, (410) 786–6588. The inflation factor employed in the methodology used to develop the initial limits and, subsequently, to update those limits to reflect increases in net physician compensation was the Consumer Price Index for All Urban Consumers (CPI-U).

2. Change in the Methodology Used to Develop Reasonable Compensation Equivalent Limits

The methodology currently employed to update the physician fee schedule uses an inflation factor distinct from the CPI-U, which is used to update the reasonable compensation equivalent limits. To achieve a measure of consistency in the methodologies employed to determine reasonable payments to physicians for physicians' direct medical and surgical services furnished to individual patients and reasonable compensation levels for physicians' services that benefit provider patients generally, we are revising the methodology used to update the reasonable compensation equivalent limits that would entail the adoption of the physician fee schedule's inflation factor (the MEI) to update the reasonable compensation equivalent limits. For cost reporting periods beginning on or after January 1, 1998, updates to the reasonable compensation equivalent limits would be calculated using the MEI.

Comment: One association favored the adoption of the MEI in place of the CPI-U as the update factor for the reasonable compensation equivalent limits. Another medical association stated that, while it did not object to the adoption of the MEI, it recommended that the reasonable compensation equivalent limits methodology be replaced with a relative value based methodology.

Response: We will consider the development of a relative value based reasonable compensation equivalent limits methodology in the immediate future, but we are proceeding with the adoption of the MEI as the reasonable compensation equivalent limits update factor at the present time.

Result of evaluation of comments: As proposed, we are revising the reasonable compensation equivalent limits update methodology by replacing the CPI-U with the MEI as the update factor.

F. Payment to Participating and Nonparticipating Suppliers

Section 1848(a)(1) of the Act requires that payment for physician services (as defined in 1848(j)(3)) be based on the lesser of the actual charge for the service or the fee schedule amount. We proposed to revise the regulations at § 414.21 (Medicare payment basis) to ensure that they contain this statutory provision. (Our proposed definition of ''actual charges'' was discussed separately in section II.J. of our June 18, 1997 proposed rule (62 FR 33192).)

Section 1848(a)(3) of the Act provides incentives for participating physicians and suppliers by setting the fee schedule amount for those who participate at 100 percent of the amount calculated under the fee schedule for the service as provided in the formula at section 1848(b)(1) of the Act. It also provides that the fee schedule amount for nonparticipating physicians and suppliers be set at 95 percent of the amount for participating physicians and suppliers. Since regulations at § 400.202 (Definitions specific to Medicare) define the term ''supplier'' as including physicians and all other persons who provide services for which payment may be made under Part B except for ''providers of services'' as defined in 1861(u) of the Act, we proposed to define nonparticipating suppliers in § 400.202 as being suppliers who do not have a Part B participation agreement in effect on the date of the service. We also proposed to define participating suppliers as being suppliers who have an agreement to participate in Part B in effect on the date of the service. These definitions mirror the definitions of participating and nonparticipating physicians, suppliers, and other persons that are in section 1842(h) of the Act.

Section 1848(g)(2)(C) of the Act states that the Medicare limiting charge is to be set at 115 percent of the ''* * * payment amount for nonparticipating physicians or nonparticipating suppliers or other persons.'' Hence, we proposed to reflect this requirement in regulations in proposed § 414.48(b) (concerning specific limits on actual charges of nonparticipating suppliers).

We received two comments related to these proposed changes.

Comment: Some physicians objected to being considered ''suppliers,'' and some physicians did not recognize that, under current regulations, the term ''supplier'' includes physicians. These commenters wanted us to revise the terminology in the regulations to consider physicians not to be ''suppliers.''

Response: We did not accept this comment because the term ''supplier'' is used to include physicians for all other Medicare regulations (except where otherwise specified), all of which would have to be revised if we were to remove physicians from the definition of ''supplier'' for general Medicare regulations. Doing this would be impractical and would risk removing rules that apply to physicians in the same manner in which they apply to other persons who bill and are paid for services covered under Part B of Medicare.

Comment: Some commenters objected to the requirement that Medicare fee schedule payment be based on the lower of the actual charge or the fee schedule amount. They argued that the fee schedule amount should be the only basis for payment.

Response: We did not accept this comment because the law requires that the payment be based on the lesser of the actual charge or the fee schedule amount. Including it should have no practical effect on payment since carriers are already instructed to compare the submitted charge to the fee schedule amount and to base payment on the lesser of the two amounts. Moreover, we believe that some of these commenters may have confused this

general requirement with our proposed definition of ''actual charges'' (which is discussed in section II. J. of this preamble).

Result of evaluation of comments: We are making final the technical change to the regulations to conform them to statutory provisions and operating instructions (Medicare Carriers Manual).

G. Increase in Work Relative Value Units for Global Surgical Services to Account for the 1997 Increases for Work Relative Value Units in Evaluation and Management Services

In our November 22, 1996 final rule with comment period, as part of the 5-year review of all physician work RVUs, we increased most of the work RVUs for evaluation and management services for hospital and office or other outpatient visits. We revised the work RVUs for evaluation and management services partly in recognition of the increase in preservice and postservice work. At that time, we made no adjustments to the work RVUs assigned to global surgical services, which, in addition to the surgical procedure, include the related preservice and postservice evaluation and management visits a surgeon provides within a defined period of time.

Upon further examination of this issue, we are increasing the work RVUs for global surgical services to be consistent with the 1997 increases in the work RVUs for evaluation and management services.

Because the increases in the work RVUs for global surgical services will cause an increase in payments for those services, we must reduce all work payments by 0.7 percent to maintain budget neutrality.

We received the following public comments on this proposal:

Comment: Several commenters, ranging from individual physicians to physician specialty societies, expressed support for our proposal because it makes the increased work associated with the preservice and postservice work of global surgical services consistent with the increases that were made to evaluation and management services for the 1997 physician fee schedule.

Response: We agree that our proposal will make payment amounts for the increased evaluation and management services present in the preservice and postservice work of global surgical services more consistent with the increases in work that were made to evaluation and management services.

Comment: Several commenters expressed concerns that our proposal did not include all global surgical services. Commenters requested that we review our list of global surgical services to be affected by these work RVU increases.

Response: We agree with commenters that we inadvertently omitted certain global surgical services from our proposal. We addressed this oversight by reviewing the list of global surgical services, identifying those services which were omitted. After this residual list of services was compiled, we contacted the specialty societies most closely identified with the omitted CPT codes in order to attach the appropriate number of office visits associated with each individual CPT code.

Result of evaluation of comments: We are adopting our proposal to increase the work RVUs associated with global surgical services to reflect the increased evaluation and management present in the preservice and postservice portions of these services. We have added the services referred to above. This will assure that the evaluation and management portions of global surgical services are consistent with our 1997 increases to evaluation and management services. Those codes that have been changed due to the increase of work RVUs of global surgical services are identified in Addendum B.

H. Caloric Vestibular Testing

We proposed to reduce the RVUs for caloric vestibular testing, CPT code 92543, to 25 percent of what the values would have otherwise been. We made this proposal in order to permit physicians and suppliers to bill four units of service instead of the one unit now permitted. The use of four units is consistent with the AMA's interpretation of the code.

Addendum C in the June 18, 1997 proposed rule contained an error. The reduction to 25 percent of the RVUs otherwise applicable was reflected for the practice expense RVUs, but we incorrectly published unreduced RVUs for work and malpractice. On August 18, 1997, we published a correction notice (62 FR 43962) to reflect the correct values. The new values for work and malpractice were 25 percent of the numbers previously published.

The reduction to the direct practice expense RVUs had been correctly noted in the proposed rule. However, because the indirect practice expense RVUs are partially based on the work RVUs, the reduction to the work RVUs caused a reduction to the indirect practice expense RVUs. The new total practice expense RVUs published in the correction notice reflect the reduced indirect practice expense RVUs.

Because resource-based practice expense RVUs will not be implemented effective January 1998, the practice expense RVUs published in this final rule differ from those published in the proposed rule and the correction notice. The final practice expense RVUs continue to be based on charge-based data and are simply 25 percent of the charge-based RVUs currently in effect. The final work and malpractice RVUs are those published in the correction notice. They too are 25 percent of the values currently in effect.

Two physician organizations expressed support for this change. Other comments are discussed below.

Comment: One commenter suggested that Medicare should recognize four units of service when four irrigations are performed but that we should not make a reduction in RVU amounts.

Response: This change is not intended to reflect a decision that our relative payment amounts are too low for caloric vestibular testing. Medicare has not made such a decision. Instead, we are simply reconciling our interpretation of the code with the AMA's interpretation and, in order to do this in a budget neutral fashion, we are reducing the RVUs to 25 percent of the amount otherwise applicable.

Comment: Another commenter did not oppose this proposal but opposed the proposed resource-based practice expense RVUs for the service.

Response: Since we are no longer proceeding with resource-based practice expense RVUs for 1998, the merits of these comments will not be addressed in this final rule.

Result of evaluation of comments: Beginning in 1998, when a physician performs and interprets four irrigations, the physician will bill Medicare for four units of CPT code 92543 (that is, the global service). When a physician interprets four irrigations, the physician will bill four units of CPT code 92543–26. When a physician or supplier performs four irrigations, the physician or supplier will bill four units of CPT code 92543–TC.

I. Clinical Consultations

There are two CPT codes for clinical consultations, CPT codes 80500 (Clinical pathology consultation; limited, without review of patient's history and medical records) and 80502 (Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records), which were added to the CPT in 1985.

The regulations set forth at § 415.130 (Conditions for payment: Physician pathology services), paragraph (b)

(Clinical consultation services), require that a clinical consultation meet four criteria before it can be paid. One of these criteria is that the clinical consultation must be requested by the patient's attending physician. As we indicated in the preamble to the proposed rule, we have allowed a standing order policy to be used as a substitute for the individual request by the patient's attending physician since a 1984 law suit. However, we believe that this policy is no longer appropriate. Because the policy was not embodied in the court's judgment or otherwise required by law and because we view it as creating opportunities for abuse and waste, effective January 1, 1998, we are not accepting a standing order as a substitute for the individual request by the attending physician. We are instructing the Medicare carriers to enforce § 415.130(b) as it is presently written.

Comment: We received comments from two organizations and many individual pathologists from Florida. These commenters argue that standing orders are an efficient mechanism of providing interpretive reports of specific clinical laboratory tests to attending physicians without prolonging care or the length of a hospital stay. Therefore, the proposed elimination of standing orders would create unnecessary delays and could adversely affect patient care and increase the cost of care.

Response: As we explained in the June 1997 proposed rule, pathologists could use a standing order policy to generate unnecessary consultations. These consultations may occur even though the attending physician can properly interpret the test results and does not need the assistance of the pathologist. We readily admit that standing orders can offer efficiencies over individual requests by attending physicians when attending physicians need interpretations from pathologists. However, we must balance this concern with the risk that the Medicare program may be inappropriately paying for medically unnecessary services under a standing order policy.

Comment: Individual commenters stated that there are several tests when prompt interpretation of tests is needed and the tests require interpretation by pathologists. Examples of these tests include cardiac enzymes, serum protein electrophoresis, and immunoelectrophoresis.

Response: These commenters appear to be confusing our policy on clinical laboratory interpretation services with clinical consultations. Before the implementation of the physician fee schedule in 1992, we worked with the College of American Pathologists and our carrier medical directors to identify those clinical laboratory tests for which the attending physician would ordinarily need the pathologist's interpretation. The clinical laboratory tests, which the commenters mentioned, were on the original list of tests which our carrier medical directors reviewed. Working with the carrier medical directors, we identified a list of 15 clinical laboratory tests for which we would recognize a clinical laboratory interpretation service. These tests were listed in the November 1991 final rule (56 FR 59565) and can be found at section 15020 E of the Medicare Carriers Manual. The list includes CPT codes 86320, 86325 and 86327, which describe immunoelectrophoresis services, and CPT code 84165, which describes serum protein electrophoresis. Since these tests are ordinarily interpreted by a pathologist, we allow a standing order policy to be used in place of an individual request by an attending physician.

Result of evaluation of comments: Except for the clinical laboratory tests mentioned above, we will not accept a standing order as a substitute for the individual request by the attending physician. We will instruct the Medicare carriers to enforce § 415.130(b) as it is presently written.

J. Actual Charges

In the June 18, 1997 proposed rule (62 FR 33184), we defined the term ''actual charge'' to be the lesser of the amount the physician, supplier, or other person charges for the service to a particular beneficiary or the amount they have voluntarily agreed to accept as payment in full under a private plan contract that also covers the beneficiary when Medicare is primary and the private plan is secondary. We proposed this policy to protect Medicare beneficiaries from incurring greater deductible and coinsurance expenses as a result of enrollment in Part B of Medicare if the private plan's payment amount is less than the Medicare payment, and the Medicare coinsurance is more than the private plan's copayment.

For example, a retiree age 64, enrolled in a managed care plan, has a cataract removed by a physician who participates in Medicare and in the managed care plan. The managed care plan pays $800 of the physician's $1,500 actual charge. The retiree pays a $5 copayment. The physician cannot bill the retiree for the remaining amount under the terms of the contract with the managed care plan.

The retiree reaches age 65 and enrolls in Medicare Part B, which is usually required by the employer or the plan in order for the beneficiary to stay in the managed care plan. The beneficiary pays the Medicare premium each month and has the second cataract removed. Medicare is now the primary payer and the managed care plan is a secondary payer. The physician takes assignment on the Medicare claim and Medicare allows $1,000 of the physician's $1,500 charge. Medicare pays $800, its share of the payment. The physician bills the managed care plan for the $200 coinsurance but the plan may refuse to pay because the physician has already received the $800 that the plan considers to be payment in full. The physician may attempt to collect the coinsurance from the beneficiary. When this occurs, the beneficiary may have more out-of-pocket expense after age 65 than before. The potential for higher out-of-pocket expenses occurs also with the services of other practitioners and suppliers, especially suppliers of durable medical equipment, prosthetics, orthotics, and supplies, who often deeply discount the price they charge managed care organizations in exchange for exclusivity and guaranteed business.

We received numerous comments from individual physicians and suppliers and the organizations that represent them in opposition of this proposal. In general, the comments have the following common themes:

- Physicians and suppliers do not know what the plans will pay for their services, either because the plans change the payment amounts without notice or, in the case of physicians, because of withholds and bonuses that do not permit establishing actual payment for the service until after the end of the year—certainly not in time for the actual payment to be placed on the claim for Medicare payment.
- The proposal would increase physicians' and suppliers' administrative cost and burden to bill Medicare.
- There is no statutory basis for interpreting the term ''actual charges'' in any manner other than the plain meaning of the words, for example, whatever the physician or supplier chooses to charge.
- There is no standard coding and/or bundling among payers, hence, there is no standard description of services on which to base a comparison of Medicare and managed care payments.
- The proposal constitutes a breach of faith with the physician community that supports the physician fee schedule because of the participatory nature of its development.

As a result of our review of the comments, we have decided that the

actual charge issue, including the implications for beneficiary out-of-pocket expense, requires further study. Although we are not issuing a final rule requiring physicians and suppliers to show the lower negotiated payment as their submitted charge for the service, we continue to believe that the lower negotiated rate should be the submitted charge in this situation.

III. Implementation of the Balanced Budget Act of 1997

In addition to the physician fee schedule provisions of the Balanced Budget Act of 1997, the new legislation expands the previously enacted Medicare screening mammography benefit and adds several new screening benefits to the law—the colorectal cancer screening benefit and the screening pelvic examination benefit effective January 1, 1998. For many years physicians have understood the value of prevention and early detection measures in dealing with medical problems. Preventive services for the early detection of disease have also been associated with substantial reductions in morbidity. For example, dramatic reductions in the incidence of invasive cervical cancer and in cervical cancer mortality have occurred following the implementation of screening programs using Papanicolaou testing to detect cervical dysplasia.

Although sound clinical reasons exist for emphasizing prevention in medicine, studies have shown that clinicians often fail to provide recommended clinical preventive services. This is due to a variety of factors, including inadequate reimbursement for preventive services, fragmentation of health care delivery, and insufficient time with patients to deliver the range of preventive services that are recommended. It is our expectation that implementation of the recently enacted new Medicare benefit provisions should help to overcome at least some of the barriers to the use of preventive services, and may lead to substantial reductions in morbidity and mortality.

A. Changes in Practice Expense Relative Value Units for 1998

Section 4505 of the Balanced Budget Act of 1997 delays the implementation of the resource-based practice expense RVU system until January 1, 1999 and specifies the manner in which practice expense RVUs in 1998 are adjusted.

The 1998 practice expense RVUs for certain services are reduced to 110 percent of their work RVUs for the service. The reductions are used to increase practice expense RVUs for office visits. (Section 4505 of the BBA 1997 also provides the Secretary with the authority to adjust the 110 percent figure if the aggregate amount of reductions exceeds $390 million. Since the application of the 110 percent results in reductions of about $330 million, we did not need to make an additional adjustment.)

There are two categories of services that are excluded from this limitation: (1) The service provided more than 75 percent of the time in an office setting; and (2) the service had a proposed resource-based practice expense RVU (that is, the practice expense RVU for the service published in the June 18, 1997 proposed rule (62 FR 33158 et seq.)) that was an increase from its 1997 practice expense RVU.

In addition, there are services whose work RVU is zero and therefore are not affected by this provision. These services include technical component (TC) services (such as the TC of radiology services, surgical pathology services, and other services that have a corresponding PC service) and diagnostic tests, such as psychological tests, that are not TC services (because there is no corresponding PC service).

The exclusion for services because they have a value that increased in the June 1997 proposed rule (62 FR 33160) is applied separately by site-of-service with the distinction made between in-office and out-of-office services. For most codes, the June 1997 proposed rule provided a practice expense RVU for both the in-office and the out-of-office setting. Thus, if the proposed 1998 resource-based practice expense RVU for a code for the in-office setting increased in relation to its 1997 practice expense RVU even though the proposed value exceeded 110 percent of the work RVU, this code, for this service and this site, was excluded from the practice expense RVU reduction. Similarly, if the proposed 1998 resource-based practice expense RVU for the same code for the out-of-office setting decreased in relation to its 1997 practice expense RVU and the proposed value exceeded 110 percent of the work RVU, then this code, for this service and this site, was subject to the practice expense RVU reduction.

For 1998, the carriers will apply the same site-of-service differential policy they applied in 1997. Under the site-of-service differential, the practice expense RVUs for a procedure code that is furnished outside the office are reduced by 50 percent. There are approximately 700 codes affected by this policy. To coordinate this policy with the site-of-service distinctions in the June 1997 proposed rule and the interaction of the provisions of section 4505 of the BBA 1997, we are listing in Addendum B the practice expense RVUs for the two sites for the 700 procedure codes instead of allowing the carrier to calculate the 50 percent reduction.

The practice expense RVUs for office visit procedure codes are increased by a uniform percentage. This uniform percentage (13 percent) is calculated so that the aggregate increase in practice expense RVUs for office visit procedures is equal to the decrease in Practice expense RVUs for services whose practice expense RVUs are reduced. This results in an increase in total payments of between 3 percent and 5 percent for the office visit codes.

B. Coverage of Screening Mammography and Related Payment Changes

Before the enactment of the BBA 1997, section 1834(c)(2) of the Act prescribed certain limitations on the frequency of coverage of mammography screenings for women over 39 years of age with no waiver of the yearly Part B deductible requirement. Specifically, for a woman over age 39 but under 50 years of age, the law provided for coverage of screening mammography either once a year or twice a year depending upon whether the woman was considered to be at high risk of developing breast cancer, as determined pursuant to factors identified by the Secretary and specified in regulations. In the case of a woman over 49 years of age but under 65 years of age, the law specified that payment could be made for a screening mammography once a year (that is, if at least 11 months had passed following the month in which the last screening mammography was performed). Finally, in the case of a woman over 64 years of age, the law provided that payment could be made for a screening mammography once every 2 years following the month in which the last screening mammography was performed.

Section 4101(a) of the BBA 1997 amends section 1834(c)(2)(A) of the Act effective January 1, 1998 to simply provide that in the case of any woman over 39 years of age, payment may be made for a screening mammography if at least 11 months have passed following the month in which the last screening mammography was performed. Section 4101(b) of the BBA 1997 amends sections 1833(b) and 1834(c)(1)(C) of the Act to waive the Part B deductible requirement.

In view of the statutory changes in the (1) limitations on the frequency of coverage of screening mammographies for all women over 39 years of age and (2) the Part B deductible requirement as

it relates to all screening mammography services, we are amending § 410.34(d) (relating to limitations on coverage of screening mammography) and are adding a new exception as paragraph (5) in § 410.160(b) (relating to exceptions to the Part B annual deductible) to reflect these changes in the regulations.

C. Colorectal Cancer Screening

Section 4104 of the BBA 1997 provides for Medicare coverage of colorectal cancer screening tests effective for services provided on or after January 1, 1998. The law provides for coverage for screening fecal-occult blood tests, screening flexible sigmoidoscopy, screening colonoscopy, and other tests we determined to be appropriate, subject to certain frequency and payment limits.

Present Medicare coverage policy allows payment for diagnostic tests to diagnose colorectal cancer and related medically necessary services that are furnished to beneficiaries. Under this policy, diagnostic colorectal cancer tests are covered if they are medically necessary to evaluate a specific complaint from or monitor an existing medical condition of an individual who has had a history of colon cancer or inflammatory bowel disease. This coverage is based, in part, on section 1861(s)(3) of the Act, which provides general Medicare coverage for diagnostic x-ray, clinical laboratory, and other diagnostic tests. However, prior to the enactment of the BBA 1997, screening colorectal cancer tests have been excluded from coverage based on section 1862(a)(7) of the Act, which states that routine physical checkups are excluded services. This exclusion is described in Medicare regulations in § 411.15(a).

1. Coverage Determination in Screening Barium Enemas

Section 4104(a)(2) of the BBA 1997 requires us to publish a notice in the **Federal Register** related to the coverage of screening barium enema as a colorectal cancer screening test. As provided by section 4104(a)(2) of the BBA 1997, this notice is to be published in the **Federal Register** by November 3, 1997, within 90 days after the date of enactment.

To the three colorectal cancer screening tests specifically designated as covered under sections 1861(pp)(1)(A), (B), and (C) of the Act, section 4104(a)(2) of the BBA 1997 added a new section 1861(pp)(1)(D) to the Act to provide that colorectal cancer screening tests may also include coverage of other tests or procedures the Secretary determines to be appropriate based on consultation with appropriate organizations.

As required by section 1861(pp)(1)(D) of the Act, we, acting on behalf of the Secretary, consulted with appropriate Federal government organizations and other organizations regarding the efficacy of a barium enema examination for detecting colorectal cancer. We also inquired about how this coverage should be included under Medicare. We contacted representatives of various Federal agencies, including the Agency for Health Care Policy and Research, the Centers for Disease Control and Prevention, the Food and Drug Administration, and the National Cancer Institute, knowledgeable about using a barium enema as a screening test to detect colorectal cancer. We also consulted with staff from the American Cancer Society. In addition, the American Medical Association convened a preventive medicine expert panel that included representatives from the United States Preventive Services Task Force and various medical specialty organizations, such as the American Medical Association Council on Scientific Affairs, the American Medical Association Council on Medical Services, the American Academy of Family Physicians, the American College of Physicians, the American College of Preventive Medicine, the American College of Radiology, and the American Society of Colon and Rectal Surgeons.

Based on our review of this information and our evaluation of other data, we concluded that while there is not a consensus in the medical community regarding the specific role of a barium enema examination under the Medicare colorectal cancer screening benefit when compared to the use of the flexible sigmoidoscopy and colonoscopy examinations, there is a sufficient basis for us to include the use of barium enema as part of the new national Medicare coverage for colorectal screening.

In its Executive Summary, (AHCPR Publication Number 97–0302) Evidence Report No. 1: Colorectal Cancer Screening, the Agency for Health Care Policy and Research concluded that there is indirect evidence that supports the use of double contrast barium enema in screening for colorectal cancer. They also noted that the double contrast barium enema can image the entire colon and detect cancers and large polyps. (Medicare policy already allows payment for diagnostic barium enemas that are performed to evaluate a beneficiary's specific complaint or to monitor an existing medical condition for an individual with a history of colon cancer.) Additionally, the role of the barium enema examination as a colorectal cancer screening examination has recently been studied by several multi-disciplinary expert panels and, as a result of those studies, it appears that the usefulness of the examination is becoming widely accepted in the United States. First, the American Gastroenterological Association initially in conjunction with the Agency for Health Care Policy and Research, completed their report earlier this year. The double contrast barium enema was recommended as a screening option for all average risk patients (those with no predisposing factors) and selected groups of high risk patients (those with a history of prior polyps, or those with a first degree relative with colorectal cancer). Only in the case of the subset of patients at high risk with a family history of familial adenomatous polyposis, hereditary non-polyposis colorectal cancer, and inflammatory bowel disease was a colonoscopy recommended as the only screening modality. (This subset of patients represents a minority of the high risk population as defined by statute.) Second, earlier this year the American Cancer Society recently revised their guidelines to include the double contrast barium enema as an option for patients at average and moderate risk (nearly identical to the above described American Gastroenterological Association guidelines).

The American Gastroenterological Association and the National Cancer Institute studies have indicated that one of the major advantages of the barium enema examination is that it permits the imaging of the entire colorectum and it appears to have the ability to detect precursor adenomas as well as colorectal cancers. Anatomic visualization of the entire colorectum is believed to be highly desirable and is widely considered optimum for evaluating the colon. (It is generally acknowledged that one limitation of the flexible sigmoidoscopy examination is that it only allows for direct examination of the lower third to one-half of the colorectum.) There is also some evidence that racial differences exist in the distribution of colorectal cancers, with African-Americans having a higher proportion of cancers in the right side of the colon than Caucasians. Thus, tests that allow full structural coverage of the entire colorectum are needed as a choice for certain segments of the population.

Furthermore, on the basis of the information we have reviewed, the barium enema screening examination appears to have a superior safety profile

when compared to the screening flexible sigmoidoscopy and colonoscopy examinations, and it does not require sedation as is the case with colonoscopy examinations. Our information indicates that patients are typically exposed to 300 to 500 mrad of radiation during a barium enema examination, which is about equivalent to the dose of radiation that results from a single screening mammography examination. Considering the age and frequency at which screening is recommended for a barium enema examination, it is estimated by the American College of Radiology that a screening strategy using a barium enema x-ray every 2 or 4 years would deliver a lifetime dose of radiation that is lower than the radiation that would result from use of the annual Medicare screening mammography benefit.

Specifically, in view of the information summarized above, we have determined that a barium enema is a reasonable and necessary screening test for colorectal cancer, and have decided to cover screening barium enema examinations in the following manner:

First, such a screening examination may be covered as an alternative to a flexible sigmoidoscopy examination (that is, as a substitute for, and not as an added optional benefit) for an individual attaining age 50 and not at high risk for colorectal cancer, if the individual's attending physician orders the test in writing after a determination that the test is the appropriate screening test. That is, the attending physician must determine that, in the case of a particular individual, the estimated screening potential for the barium enema is equal to or greater than the screening potential that has been estimated for a flexible sigmoidoscopy for that same individual. For example, in the case of an individual who is taking anti-coagulant medications, the individual's attending physician may decide to order a barium enema instead of a flexible sigmoidoscopy because it is less likely to produce bleeding and typically allows for a total inspection of the colon, while the flexible sigmoidoscopy does not.

Second, we are establishing a frequency limitation for the coverage of the screening barium enema for an individual age 50 and over who is not at high risk for colorectal cancer at the same time interval that is specified in the statute for screening flexible sigmoidoscopy examination (that is, once every 48 months for the same individual.)

Third, we are providing that a screening barium enema may be covered as an alternative to a screening colonoscopy (that is, as a substitute and not as an added optional benefit) for individuals at high risk for colorectal cancer, if the individual's attending physician orders the test in writing following a determination that the screening barium enema is the appropriate test for that particular individual. This means that the attending physician must determine, in the case of a particular individual, that the estimated screening potential for the barium enema examination is equal to or greater than the screening potential that has been estimated for the colonoscopy examination. For instance, in the case of an individual at high risk for colorectal cancer who may not be able to receive a complete colonoscopy due to a markedly long and twisting loop(s) of colon, the individual's attending physician may decide to order a barium enema in lieu of a screening colonoscopy because it is more likely to permit a complete view of the entire colon.

Fourth, we are establishing the frequency limitation for coverage of the screening barium enema for an individual who is at high risk for colorectal cancer at the same time interval that is specified in the statute for screening colorectal examinations (that is, once every 24 months for the same individual.)

Fifth, we are establishing the double contrast barium enema as the standard type of screening barium enema that will be covered under the Medicare program because, based on information obtained from the American College of Radiology, we understand that it is regarded as the most sensitive for small colonic lesions in patients who are adequately prepared and optimally imaged. In the case of some patients who are infirm, immobile, or debilitated, however, a technically optimal double contrast examination may not be possible. In these patients a single contrast barium examination may be performed with high quality results despite the limitations of the patient's condition. In these situations, we are covering the single contrast method if it would satisfy the test described above for allowing coverage of the barium enema examination as an alternative to one of the other two colorectal cancer screening tests. That is, the individual's attending physician would have to determine that the estimated screening potential from the use of the single contrast barium enema is equal to or exceeds the estimated screening potential that would result from the use of the flexible sigmoidoscopy and the colonoscopy examinations.

In summary, effective January 1, 1998, we will pay for screening barium enemas as an alternative to either a screening flexible sigmoidoscopy or a screening colonoscopy, in accordance with the same frequency parameters specified in the law for the other two colorectal screening services identified.

2. Provisions of the Final Rule

We are specifying an exception to the list of examples of routine physical checkups excluded from coverage in § 411.15(a)(1) (Particular services excluded from coverage). The exception is for colorectal cancer screening tests that meet the frequency limitations and the conditions for coverage that we are specifying under § 410.37. Coverage of colorectal cancer screening tests is provided under Medicare Part B only.

3. Frequency Limits and Conditions of Coverage

Section 4104 of the BBA 1997 adds new subparagraph (R) to section 1861(s)(2) of the Act authorizing Medicare coverage of certain colorectal screening services as defined in section 1861(pp) that are furnished on or after January 1, 1998. These statutorily mandated colorectal services include screening fecal-occult blood tests, screening flexible sigmoidoscopy examinations, and screening colonoscopy examinations. Section 4104(b) of the BBA 1997 also establishes frequency of coverage limitations for all three of these colorectal screening services. The frequency of coverage limitations specified for fecal-occult blood tests is that payment may be made only for an individual 50 years of age or over, if the test has not been performed within the 11 months that have passed following the month in which the last screening fecal-occult blood test was performed. The frequency of coverage limitation indicated for screening flexible sigmoidoscopy examinations is that payment may be made only for an individual age 50 years of age or over, if the procedure has not been performed within the 47 months that have passed following the month in which the last screening flexible sigmoidoscopy examination was performed. In the case of screening colonoscopy examinations, section 4104 of the BBA 1997 provides for coverage of screening colonoscopies for individuals at high risk for developing colorectal cancer (as now defined in section 1861(pp)(2) of the Act), if the screening examination has not been performed within the 23 months that have passed following the month in which the last screening colonoscopy was performed.

We have added § 410.37 to provide for coverage of four types of colorectal cancer screening tests. First, we are specifying several definitions of terms that are included to implement the statutory provisions and to help the reader in understanding the regulation provisions. These include definitions of the terms (1) colorectal cancer screening tests, (2) fecal-occult blood test, (3) individual at high risk for colorectal cancer, (4) screening barium enema, and (5) attending physician. Second, we are establishing conditions of coverage for all four of the colorectal cancer screening tests that we will be paying for, effective January 1, 1998. Under our authority under the ''reasonable and necesary'' clause of the Act, section 1862(a)(1)(A), we are establishing conditions under which we would cover colorectal screening services. In § 410.37(b) (Conditions for coverage of screening fecal-occult blood tests) and § 410.37 (h) (Conditions for coverage of screening barium enemas) we are specifying that coverage is available for screening fecal-occult blood tests and screening barium enema examinations only if they are ordered in writing by the beneficiary's attending physician. We are including these coverage requirements to make certain that beneficiaries receive appropriate preventive counseling about the implications and possible results of having these examinations performed. In addition, in the case of the screening barium enema, which we will cover as an alternative to either the screening flexible sigmoidoscopy or the colonoscopy examination, we want to ensure that the beneficiary's attending physician has made a determination that the screening potential of that exam is at least equal to or greater than the screening potential for the alternative examination. Third, in order to ensure that the screening flexible sigmoidoscopy and screening colonoscopy exams are performed as safely and accurately as possible, we are requiring in § 410.37(d) (Conditions for coverage of screening flexible sigmoidoscopies) and § 410.37(f) (Conditions for coverage of screening colonoscopies) that the examinations must be performed by a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act.)

Additionally, in §§ 410.37(c), 410.37(e), 410.37(g), and 410.37(i) (Limitations on coverage of screening fecal-occult blood tests, Limitations on coverage of screening flexible sigmoidoscopies, Limitations on coverage of screening colonoscopies, and limitations on coverage of screening barium enemas, respectively), we are setting forth the following frequency and payment restrictions for the four types of colorectal cancer screening test covered, which are mandated by sections 1834(d)(1)(B), 1834(d)(2)(E) and 1834(d)(3)(E) of the Act, except for those relating to screening barium enema examinations, which the law did not specifically address.

Limits on Fecal-Occult Blood Tests

- Payment may not be made for a screening fecal-occult blood test performed for an individual under age 50.
- For an individual 50 years of age or over, payment may be made for a screening fecal-occult blood test performed after at least 11 months have passed following the month in which the last fecal-occult blood test was performed.

Limits on Flexible Sigmoidoscopies

- Payment may not be made for a screening flexible sigmoidoscopy performed for an individual under age 50.
- For an individual 50 years of age or over, payment may be made for a screening flexible sigmoidoscopy performed after at least 47 months have passed following the month in which the last screening flexible sigmoidoscopy, or the last screening barium enema was performed.

Limits on Colonoscopies

- Payment may not be made for a screening colonoscopy performed for an individual who is not at high risk for colorectal cancer.
- Payment may be made for a screening colonoscopy performed for an individual at high risk for colorectal cancer after at least 23 months have passed following the month in which the last screening colonoscopy or the last screening barium enema was performed.

Limits for Barium Enemas

- In the case of an individual age 50 and over who is not at high risk for colorectal cancer, payment may be made for a screening barium enema after 47 months have passed following the month in which the last screening barium enema, or the last screening flexible sigmoidoscopy was performed.
- In the case of an individual who is at high risk for colorectal cancer, payment may be made for a screening barium enema after at least 23 months have passed following the month in which the last screening barium enema, or the last screening colonoscopy was performed.

As indicated previously, in explaining our national coverage determination on screening barium enemas, we have decided to pay for this examination as an alternative to either the flexible sigmoidoscopy or the colonoscopy coverage provisions (that is, as a substitute for, and not as add-on coverage.) In reviewing the matter of the appropriate frequency limits for screening barium enemas, we did consider the possibility of providing for payment for these services as an add-on to the other two major screening coverage provisions. However, since the screening barium enema allows for a complete examination of the colon, we have not adopted this alternative because we believe it would be duplicative for us to permit coverage of both a screening barium enema and a screening flexible sigmoidoscopy (or a screening colonoscopy for an individual at high risk of colorectal cancer) during the same 2 or 4 year time period, respectively. In the case of a suspicious or equivocal examination, other tests would be necessary but would be considered diagnostic tests, not screening, and would be covered under Medicare. It is generally unnecessary to perform duplicate screening tests.

4. Payment Limits

Payment amounts for screening fecal-occult blood tests, screening sigmoidoscopies, screening colonoscopies, and barium enemas as follows:

- Screening fecal occult blood tests are covered at a frequency of once every 12 months for beneficiaries who have attained age 50. Section 1834(d)(1) of the Act provides that screening fecal occult blood tests are paid at the same rate as diagnostic fecal-occult blood tests (CPT code 82270) are paid under the clinical laboratory fee schedule. We have created a new HCPCS code G0107, colorectal cancer screening; fecal-occult blood test, one to three simultaneous determinations, to be used for screening fecal-occult blood tests. This code will be carrier-priced at the payment amount that the Medicare carrier pays for CPT code 82270 under the clinical laboratory fee schedule.
- Screening flexible sigmoidoscopy is covered at a frequency of once every 48 months for beneficiaries who have attained age 50. Section 1861(pp)(2) of the Act provides that payment for screening flexible sigmoidoscopies be paid at rates consistent with payment for similar or related services under the physician fee schedule, not to exceed the rates for a diagnostic flexible sigmoidoscopy (CPT code 45330).

We have created a new HCPCS code G0104, colorectal cancer screening; flexible sigmoidoscopy, to be used for screening flexible sigmoidoscopy. We believe that the work is the same whether the procedure is a screening or a diagnostic sigmoidoscopy and are, therefore, assigning the same RVUs to HCPCS code G0104 as those assigned to CPT code 45330 in Addendum B. If during the course of the screening flexible sigmoidoscopy a lesion or a growth is detected that results in a biopsy or removal of the growth, section 1834(d)(2)(D) of the Act provides that the physician should bill for a flexible sigmoidoscopy with biopsy or removal, rather than using the screening HCPCS code G0104.

- Screening colonoscopy is covered at a frequency of once every 24 months for beneficiaries at high risk for colorectal cancer under section 1834(d)(3)(E) of the Act. Section 1861(pp)(2) of the Act defines high risk as a person who, because of family history, prior experience of cancer or precursor neoplastic polyps, a history of chronic digestive disease condition (including inflammatory bowel disease, Crohn's disease, or ulcerative colitis), the presence of any appropriate recognized gene markers for colorectal cancer, or other predisposing factors, faces a high risk for colorectal cancer. The law provides that payment for screening colonoscopies be paid at rates consistent with payment for similar or related services under the physician fee schedule, not to exceed the rates for a diagnostic colonoscopy (CPT code 45378).

We have created a new HCPCS code G0105, colorectal cancer screening; colonoscopy for an individual at high risk, to be used for screening colonoscopy. We believe that the work is the same whether the procedure is a screening or a diagnostic colonoscopy, and we are, therefore, assigning the same RVUs to HCPCS code G0105 as those assigned to CPT code 45378 in Addendum B. If during the course of the screening colonoscopy a lesion or growth is detected that results in a biopsy or removal of the growth, section 1834(d)(3)(D) of the Act provides that the physician should bill for a colonoscopy with biopsy or removal, rather than using the screening HCPCS code G0105.

- The frequency of payment limitations for the screening barium exams will be exactly the same as the frequency of payment limitations that would apply if the barium examination were not being substituted for the other screening service (that is, once every 4 years for a flexible sigmoidoscopy examination for individuals age 50 or over and once every 2 years for colonoscopy screening for individuals at high risk for colorectal cancer).

We have created the following new HCPCS codes:

HCPCS code	Descriptor
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema.
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema.
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk (non-covered).
G0122	Colorectal cancer screening; barium enema (non-covered).

The first two codes (G0106, and G0120) are to be used for the barium enema when the barium enema is being substituted for either the sigmoidoscopy or the colonoscopy, as indicated by the code nomenclature. The RVUs for these procedures will be the same as for the diagnostic barium enema procedure, CPT code 74280, and are shown in Addendum B.

The second two codes are to be used when the high risk criteria are not met, or a barium enema is performed but not a substitute for either a sigmoidoscopy or colonoscopy. These are non-covered services.

5. Screening Colonoscopy in an Ambulatory Surgical Center

CPT code 45378, which is used to code a diagnostic colonoscopy, is on the list of procedures approved by Medicare for payment of an ambulatory surgical center (ASC) facility fee under section 1833(I) of the Act. CPT code 45378 is currently assigned to ASC payment group 2. We propose to add the new HCPCS code G0105, colorectal cancer screening; colonoscopy on individual at high risk, to the ASC list. We believe that the facility services are the same whether the procedure is a screening or a diagnostic colonoscopy and are, therefore, assigning HCPCS code G0105 to payment group 2, which is the same payment rate assigned to CPT code 45378. If during the course of the screening colonoscopy performed at an ASC a lesion or growth is detected which results in a biopsy or removal of the growth, the appropriate procedure classified as a colonoscopy with biopsy or removal should be billed and paid rather than HCPCS code G0105.

D. Coverage of Screening Pelvic Examination (Including a Clinical Breast Examination) and Related Payment Changes

Section 4102 of the BBA 1997 provides for coverage of screening pelvic examinations (including a clinical breast examination) for all female beneficiaries, effective January 1, 1998, subject to certain frequency and other limitations. A screening pelvic examination (including a clinical breast examination) should include at least seven of the following eleven elements:

- Inspection and palpation of breasts for masses or lumps, tenderness, symmetry, or nipple discharge.
- Digital rectal examination including sphincter tone, presence of hemorrhoids, and rectal masses. Pelvic examination (with or without specimen collection for smears and cultures) including:
- External genitalia (for example, general appearance, hair distribution, or lesions).
- Urethral meatus (for example, size, location, lesions, or prolapse).
- Urethra (for example, masses, tenderness, or scarring).
- Bladder (for example, fullness, masses, or tenderness).
- Vagina (for example, general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele, or rectocele).
- Cervix (for example, general appearance, lesions, or discharge).
- Uterus (for example, size, contour, position, mobility, tenderness, consistency, descent, or support).
- Adnexa/parametria (for example, masses, tenderness, organomegaly, or nodularity).
- Anus and perineum.

This description is from *Documentation Guidelines for Evaluation and Management Services,* published in May 1997, and was developed by the Health Care Financing Administration and the American Medical Association. Section 1862(a)(1)(A) of the Act provides that Medicare cover only services that are reasonable and necessary for the diagnosis or treatment of illness or injury. We believe that a pelvic screening procedure should examine

various anatomical structures to avoid missing detection of as many potential disorders as practical. We will be including this description in instructions in the Medicare Carriers Manual.

This coverage allows payment for one pelvic examination for every female beneficiary every 3 years but includes the allowance of payment once every year for certain women of childbearing age as well as certain women at high risk for cervical or vaginal cancer. Specifically, section 4102(a) of the BBA 1997 provides for the following frequency of coverage limitations:

As reflected in the law, payment may be made for a screening pelvic examination on an annual basis if one of the following occurs:

- The woman is of childbearing age and has had an examination indicating the presence of cervical or vaginal cancer or other abnormality during any of the preceding 3 years.
- The woman is considered by her physician or other practitioner to be at high risk of developing cervical or vaginal cancer as we have defined in these regulations.

We are adding § 410.56 (Screening pelvic examinations) to include this new coverage. In § 410.56(a) (Conditions for screening pelvic examinations), we are requiring that to be covered by Medicare Part B the screening pelvic examination must be performed by a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act), or by a certified nurse midwife (as defined in section 1861(gg) of the Act), or a physician assistant, nurse practitioner, or clinical nurse specialist (as defined in section 1861(aa) of the Act) who is authorized under State law to perform the examination. We have included this requirement to ensure that the screening exam is performed as safely and accurately as possible.

To implement the statutory mandate that requires us to identify in regulations the high risk factors for cervical and vaginal cancer, we are specifying in § 410.56(b)(2) (More frequent screening based on high-risk factors), the following factors that have been recommended to us by the National Cancer Institute and the Centers for Disease Prevention and Control. While other factors may have been identified such as low socioeconomic status, the lack of precise and verifiable definitions does not make them amenable to regulation at this time.

1. High Risk Factors for Cervical Cancer

- Early onset of sexual activity (under 16 years of age).
- Multiple sexual partners (five or more in a lifetime).
- History of a sexually transmitted disease (including the human immunodeficiency virus (HIV).
- Absence of three negative Pap smears or any Pap smears within the previous 7 years.

2. High Risk Factors for Vaginal Cancer

- Prenatal exposure to diethylstilbestrol.

Based on consultation with representatives of the American College of Gynecologists and Obstetricians and others, we have defined a woman of childbearing age in § 410.56(b)(3) (More frequent screening for women of childbearing age) to mean a woman who is premenopausal, and has been determined by her physician or other practitioner, as specified in § 410.56(a), to be of childbearing age, based on her medical history or other findings.

This new section also provides for a waiver of the Part B deductible requirement that would otherwise be applicable to these services.

E. Reinstatement of the Payment for Transportation of EKG Equipment

As set forth in section 4559 of the BBA 1997, effective for services furnished after December 31, 1997 and before January 1, 1999, carriers will make separate payments for HCPCS code R0076 (Transportation of portable EKG to facility or location, per patient) based upon payment methods in effect for these services as of December 31, 1996. EKG transportation payments are made at the carrier-priced level that was in effect on December 31, 1996. The procedure codes involved are CPT code 93000 (a 12-lead EKG with interpretation and report) or CPT code 93005 (a 12-lead EKG, tracing only, without interpretation and report). When multiple patients receive services at the same site, the transportation payment amount must be prorated among all patients seen. These payments may be made only under the following circumstances:

- The transportation service is furnished in connection with standard EKG procedures furnished by approved suppliers of portable x-ray services as set forth in section 2070.4.F. of the Medicare Carriers Manual.
- The transportation service is furnished in connection with standard EKG procedures by an independent diagnostic testing facility or an independent physiological laboratory under the conditions set forth in section 2070.1.G. of the Medicare Carriers Manual.

F. Waiver of Proposed Rulemaking for Provisions in the Balanced Budget Act of 1997

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** and invite prior public comment on proposed rules. We have found good cause that a notice-and-comment procedure can be waived for the BBA 1997 provisions discussed above. A complete explanation of reasons is given in section VII. of this preamble.

IV. Refinement of Relative Value Units for Calendar Year 1998 and Responses to Public Comments on Interim Relative Value Units for 1997

A. Summary of Issues Discussed Related to the Adjustment of Relative Value Units

Section IV.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 CPT codes. Changes to codes on the physician fee schedule reflected in Addendum B are effective for services furnished beginning January 1, 1998.

B. Process for Establishing Work Relative Value Units for the 1998 Fee Schedule

Our November 22, 1996 final rule on the 1997 physician fee schedule (61 FR 59490) 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 rule apply to physician services furnished beginning January 1, 1997. We announced that we considered the RVUs for the interim codes to be subject to public comment under the annual refinement process. In this section, we summarize the refinements to the interim work RVUs that have occurred since publication of the November 1996 final rule and our establishment of the work RVUs for new and revised codes for the 1998 fee schedule.

1. Work Relative Value Unit Refinements of Interim and Related Relative Value Units (Includes Table 1—Work Relative Value Unit Refinements of 1997 Interim and Related Relative Value Units)

Although the RVUs in the November 1996 final rule were used to calculate 1997 payment amounts, we considered the RVUs for the new or revised codes to be interim. We accepted comments for a period of 60 days. We received substantive comments from

approximately five specialty societies on approximately nine CPT codes with interim RVUs. Only comments received on codes listed in Addendum C of the November 1996 final rule were considered this year.

Due to the low volume of comments we received for 1997 CPT codes with interim RVUs, we adjusted the refinement process we have used in previous years. (See the November 22, 1996 final rule on the physician fee schedule (61 FR 59536) for a detailed explanation of the refinement of CPT codes with interim RVUs.) Instead, we invited one representative from each of the five specialty societies from which comments were received to attend a discussion of the codes commented on by their respective societies. In attendance at this meeting were the following representatives:

- A clinician representing each of the specialties most identified with the procedures in question. Each specialist was nominated by the specialty society that submitted the comments.
- Representatives from the AMA's RUC.
- Carrier medical directors.
- HCFA medical officers.
- HCFA staff.

The group discussed the work involved in each procedure under review in comparison to the work associated with other services on the fee schedule. We had assembled a set of reference services and asked the group members to compare the 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 are 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 so that each specialty would be represented. The set listed approximately 300 services. Group members were encouraged to make comparisons to reference services.

The specialty society's recommendations were accepted for all nine of the CPT codes that were reviewed. We will continue with the regular refinement process for future years.

Table 1—Work Relative Value Unit Refinements of 1997 Interim and Related Relative Value Units

Table 1 lists the interim and related codes reviewed during the 1997 refinement process described in this section. This table includes the following information:

- *CPT Code.* This is the CPT code for a service.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *1997 Work RVU.* The work RVUs that appeared in the November 1996 rule are shown for each reviewed code.
- *Requested Work RVU.* This column identifies the work RVUs requested by commenters.
- *1998 Work RVU.* This column contains the final RVUs for physician work.

The new values emerged from analysis of the specialty representative's presentation.

TABLE 1.—WORK RVU REFINEMENT OF 1997 INTERIM AND RELATED RVUS

CPT*	MOD	Description	1997 work RVU	Requested work RVU	1998 work RVU
37250	.....	Intravascular us	1.51	2.10	2.10
37251	.....	Intravascular us	1.15	1.60	1.60
56300	.....	Pelvis laparoscopy, dx	3.65	5.00	5.00
56305	.....	Pelvic laparoscopy, biopsy	3.97	5.30	5.30
75945	26	Intravascular us	0.29	0.40	0.40
75946	26	Intravascular us	0.29	0.40	0.40
95921	26	Autonomic nerve function test	0.45	0.90	0.90
95922	26	Autonomic nerve function test	0.48	0.96	0.96
95923	26	Autonomic nerve function test	0.45	0.90	0.90

*All CPT and descriptors copyright 1997 American Medical Association

2. Establishment of Interim Work Relative Value Units for New and Revised Physicians' Current Procedural Terminology Codes and New HCFA Common Procedure Coding System Codes for 1998

a. Methodology (Includes Table 2—American Medical Association Specialty Society Relative Value Update Committee and Health Care Professionals Advisory Committee Recommendations and HCFA's Decisions for New and Revised 1998 CPT Codes). One aspect of establishing work RVUs for 1998 was related to the assignment of interim work RVUs for all new and revised CPT codes. As described in our November 25, 1992 notice on the 1993 fee schedule (57 FR 55938) and in section III.B. of our November 26, 1996 final rule (61 FR 59505 through 59506), we established a process, based on recommendations received from the AMA's Specialty Society Relative Value Update Committee (RUC), for establishing interim RVUs for new and revised codes.

We received work RVU recommendations for approximately 208 new and revised codes from the RUC. Physician panels consisting of carrier medical directors and our staff reviewed the RUC recommendations by comparing them to our 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 the RUC recommendations. We agreed with a majority of those relationships reflected in the RUC values. In some cases when we agreed with the RUC relationships, we revised the work RVUs recommended by the RUC in order to achieve work neutrality within families of codes. That is, the work RVUs have been adjusted so that the sum of the new or revised work RVUs (weighted by projected frequency of use) for a family of codes will be the same as the sum of the current work RVUs (weighted by their current frequency of use). For approximately 96 percent of the RUC recommendations, proposed work RVUs were accepted or increased, and, for approximately 4 percent, work RVUs were decreased.

We received 11 recommendations from the Health Care Professionals Advisory Committee (HCPAC) for new or revised codes for which the RUC did not provide a recommendation. For 7 of the HCPAC's recommendations, the proposed work RVUs were accepted.

There were also 5 CPT codes for which HCFA did not receive a RUC recommendation. HCFA established interim work RVUs for 3 of these codes.

Table 2 is a listing of those codes that will be new or revised in 1998 as well as their associated work RVUs. This table includes the following information:

- A ''#'' identifies a new code for 1998.
- *CPT code.* This is the CPT code for a service.
- *Modifier.* A ''26'' in this column indicates that the work RVUs are for the professional component of the code.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *RUC recommendations.* This column identifies the work RVUs recommended by the RUC.
- *HCPAC recommendations.* This column identifies work RVUs recommended by the HCPAC.
- *HCFA decision.* This column indicates whether we agreed with the RUC recommendation (''agree''); we established work RVUs that are higher than the RUC recommendation (''increase''); or we established work RVUs that were less than the RUC recommendation (''decrease''). Codes for which we did not accept the RUC recommendation are discussed in greater detail following Table 2 in section IV.B.2.b. below. An ''(a)'' indicates that no RUC recommendation was provided. A discussion follows the table in section IV.B.2.b.
- *HCFA work RVUs.* This column contains the RVUs for physician work based on our reviews of the RUC recommendations. The RVUs shown for global surgical services have not been adjusted to account for the 1997 increases for work RVUs in evaluation and management services.

1998 work RVUs. This column contains the 1998 RVUs for physician work. The RVUs shown for global surgical services have been adjusted to account for the 1997 increases for work RVUs in evaluation and management.

This table includes only those codes that were reviewed by the full RUC or for which we received a recommendation from the HCPAC.

TABLE 2.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1998 CPT CODES

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	HCFA work RVU	1998 work[b] RVU
11055#		Paring, Cutting, and Trimming of Nails		0.43	Decrease	0.27	0.27
11056#		Paring, Cutting, and Trimming of Nails		0.61	Decrease	0.39	0.39
11057#		Paring, Cutting, and Trimming of Nails		0.79	Decrease	0.50	0.50
11719#		Paring, Cutting, and Trimming of Nails		0.17	Decrease	0.06	0.06
11200		Destruction of lesions	0.69		Decrease	0.67	0.77
11201		Destruction of lesions	0.35		Decrease	0.29	0.29
15756		Free muscle flap	33.23		Agree	33.23	35.23
17000		Destruction of lesions	0.55		Agree	0.55	0.60
17003#		Destruction of lesions	0.15		Agree	0.15	0.15
17004#		Destruction of lesions	2.65		Agree	2.65	2.79
17110		Destruction of lesions	0.55		Agree	0.55	0.65
17111#		Destruction of lesions	0.82		Agree	0.82	0.92
17250		Destruction of lesions	0.50		Agree	0.50	0.50
19120		Excision of cyst	5.35		Agree	5.35	5.56
20664#		Application of halo	7.00		Agree	7.00	8.06
22818#		Kyphectomy	30.00		Agree	30.00	31.83
22819#		Kyphectomy	34.50		Agree	34.50	36.44
29860#		Arthroscopy of hip	7.75		Agree	7.75	8.05
29861#		Arthroscopy of hip	9.00		Agree	9.00	9.15
29862#		Arthroscopy of hip	9.50		Agree	9.50	9.90
29863#		Arthroscopy of hip	9.50		Agree	9.50	9.90
29891#		Arthroscopy of ankle	8.00		Agree	8.00	8.40
29892#		Arthroscopy of ankle	8.60		Agree	8.60	9.00
29893#		Arthroscopy of ankle		4.92	Agree	4.92	5.22
32200		Percutaneous abscess drainage	13.10		Agree	13.10	15.29
32201#		Percutaneous abscess drainage	4.00		Agree	4.00	4.00
33496#		Repair of non-structural valve dysfunction	25.64		Agree	25.64	27.25
33530		Repair of non-structural valve dysfunction	5.86		Agree	5.86	5.86
35400#		Intraoperative Endovascular Angioscopy	3.00		Agree	3.00	3.00
36215		Coronary Angiography	4.68		Agree	4.68	4.68
37195#		Thrombolytic therapy for acute ischemic	0.00		Agree	0.00	0.00
37250		Intravascular us	1.51		Agree	1.51	2.10
37251		Intravascular us	1.15		Agree	1.15	1.60
43116		Partial esophagectomy	29.67		Agree	29.67	31.22
43496		Free jejunum transfer	carrier		Agree	carrier	carrier
43635		Vagotomy	2.06		Agree	2.06	2.06
44625		Closure of colostomy	12.10		Agree	12.10	13.41
44626#		Closure of colostomy	21.29		Agree	21.29	22.59
44700#		Intestinal sling procedure	13.00		Agree	13.00	14.35
44900		Percutaneous abscess drainage	7.86		Agree	7.86	8.82
44901#		Percutaneous abscess drainage	3.38		Agree	3.38	3.38
45112		Proctectomy with coloanal anastomosis	24.02		Agree	24.02	25.96
45119#		Proctectomy with coloanal anastomosis	23.50		Increase	24.50	26.21
47010		Percutaneous abscess drainage	8.75		Agree	8.75	10.28
47011#		Percutaneous abscess drainage	3.70		Agree	3.70	3.70
48510		Percutaneous abscess drainage	11.22		Agree	11.22	12.96
48511#		Percutaneous abscess drainage	4.00		Agree	4.00	4.00
49040		Percutaneous abscess drainage	8.74		Agree	8.74	9.94
49041#		Percutaneous abscess drainage	4.00		Agree	4.00	4.00
49060		Percutaneous abscess drainage	10.55		Agree	10.55	11.66
49061#		Percutaneous abscess drainage	3.70		Agree	3.70	3.70
49062#		Lymphocele drainage	10.78		Agree	10.78	11.36
49423#		Percutaneous abscess drainage	1.46		Agree	1.46	1.46

TABLE 2.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1998 CPT CODES—Continued

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	HCFA work RVU	1998 work [b] RVU
49424#		Percutaneous abscess drainage	0.76		Agree	0.76	0.76
49560		Ventral herniorgraphy	9.48		Agree	9.48	9.88
49565		Ventral herniorgraphy	9.48		Agree	9.48	9.88
49568		Ventral herniorgraphy	4.89		Agree	4.89	4.89
50020		Percutaneous abscess drainage	12.41		Agree	12.41	14.66
50021#		Percutaneous abscess drainage	3.38		Agree	3.38	3.38
51840		Burch procedure	9.78		Agree	9.78	10.71
52281		Cystourethroscopy	2.80		Agree	2.80	2.80
52282#		Urethral endoprosthesis	6.40		Agree	6.40	6.40
53850#		Transurethral destruction of prostate	9.58		Decrease	9.25	9.45
53852#		Transurethral destruction of prostate	9.58		Agree	9.58	9.88
56300		Laparoscopic surgery	5.00		Agree	5.00	5.10
56301		Laparoscopic surgery	5.50		Agree	5.50	5.60
56302		Laparoscopic surgery	5.50		Agree	5.50	5.60
56303		Laparoscopic surgery	10.50		Increase	10.95	11.79
56304		Laparoscopic surgery	10.00		Increase	10.45	11.29
56305		Laparoscopic surgery	5.30		Agree	5.30	5.40
56306		Laparoscopic surgery	5.60		Agree	5.60	5.70
56309		Laparoscopic surgery	13.79		Agree	13.79	14.21
56310#		Laparoscopic surgery	13.50		Agree	13.50	14.44
56314#		Laparoscopic surgery	8.93		Agree	8.93	9.48
56318#		Laparoscopic surgery	10.63		Agree	10.63	10.96
56345#		Laparoscopic surgery			[a]	carrier	carrier
56346#		Laparoscopic surgery	7.18		Agree	7.18	7.73
56347#		Laparoscopic surgery			[a]	carrier	carrier
56348#		Laparoscopy with intestinal resection	20.00		Increase	21.00	22.04
56349#		Laparoscopic surgery	17.75		Decrease	16.47	17.25
56350		Hysteroscopy	3.33		Agree	3.33	3.33
56351		Hysteroscopy	4.75		Agree	4.75	4.75
56352		Hysteroscopy	6.17		Agree	6.17	6.17
56353		Hysteroscopy	7.00		Agree	7.00	7.00
56354		Hysteroscopy	10.00		Agree	10.00	10.00
56355		Hysteroscopy	5.21		Agree	5.21	5.21
56356		Hysteroscopy	9.50		Decrease	6.17	6.17
57308		Closure of rectovaginal fistula	9.31		Agree	9.31	9.94
57531		Radical trachelectomy	28.00		Agree	28.00	29.60
58152		Burch procedure	14.10		Agree	14.10	15.09
58340		Hysterosonography	0.88		Agree	0.88	0.88
58820		Percutaneous abscess drainage	3.96		Agree	3.96	4.22
58822		Percutaneous abscess drainage	9.06		Agree	9.06	10.13
58823#		Percutaneous abscess drainage	3.38		Agree	3.38	3.38
59050		Fetal monitoring	0.89		Agree	0.89	0.89
59051		Fetal monitoring	0.74		Agree	0.74	0.74
59160		Curettage, postpartum	2.66		Agree	2.66	2.71
59871#		Removal of cerclage suture	2.13		Agree	2.13	2.13
61793		Stereotactic radiosurgery	16.70		Agree	16.70	17.24
67027#		Ganciclovir implant	10.35		Agree	10.35	10.85
70553	26	MI, brain	2.36		Agree	2.36	2.36
74283	26	Therapeutic Enema	2.02		Agree	2.02	2.02
74740	26	Hysterosonography	0.38		Agree	0.38	0.38
75989	26	Percutaneous Abscess drainage	1.19		Agree	1.19	1.19
76070	26	Bone density studies	0.25		Agree	0.25	0.25
76075	26	Bone density studies	0.30		Agree	0.30	0.30
76076#	26	Bone density studies	0.22		Agree	0.22	0.22
76078#	26	Bone density studies	0.20		Agree	0.20	0.20
76080	26	Percutaneous Abscess drainage	0.54		Agree	0.54	0.54
76095	26	Stereotactic breast biopsy	1.59		Agree	1.59	1.59
76375	26	Medical holography	0.16		Agree	0.16	0.16
76390#	26	Magnetic resonance spectroscopy	1.40		Agree	1.40	1.40
76815	26	Echography, pregant uterus	0.65		Agree	0.65	0.65
76830	26	Hysterosonography	0.69		Agree	0.69	0.69
76831#	26	Hysterosonography	0.72		Agree	0.72	0.72
76885#	26	Echography of infant hip	0.74		Agree	0.74	0.74
76886#	26	Echography of infant hip	0.62		Agree	0.62	0.62
77295	26	Therapeutic radiology simulation-aided	4.57		Agree	4.57	4.57
78350	26	Bone density studies	0.22		Agree	0.22	0.22
78351		Bone density studies	0.30		Agree	0.30	0.30
78459	26	PET myocardial perfusion imaging	1.88		Agree	1.88	1.88
78491#	26	PET myocardial perfusion imaging	1.50		Agree	1.50	1.50
78492#	26	PET myocardial perfusion imaging	1.87		Agree	1.87	1.87
78707	26	Renal nuclear medicine	0.96		Agree	0.96	0.96
78708#	26	Renal nuclear medicine	1.21		Agree	1.21	1.21
78709#	26	Renal nuclear medicine	1.41		Agree	1.41	1.41
78710	26	Kidney imaging	0.66		Agree	0.66	0.66
88108	26	Cervical or vaginal cytopathology	0.56		Agree	0.56	0.56
88141#		Cervical or vaginal cytopathology	0.42		Agree	0.42	0.42
90801		Psychotherapy	2.80		Agree	2.80	2.80
90802#		Psychotherapy	3.01		Agree	3.01	3.01
90804#		Psychotherapy	1.11		Agree	1.11	1.11

TABLE 2.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1998 CPT CODES—Continued

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	HCFA work RVU	1998 work [b] RVU
90805#		Psychotherapy	1.47		Agree	1.47	1.47
90806#		Psychotherapy	1.72		Agree	1.72	1.72
90807#		Psychotherapy	2.00		Agree	2.00	2.00
90808#		Psychotherapy	2.76		Agree	2.76	2.76
90809#		Psychotherapy	3.15		Agree	3.15	3.15
90810#		Psychotherapy	1.19		Agree	1.19	1.19
90811#		Psychotherapy	1.58		Agree	1.58	1.58
90812#		Psychotherapy	1.86		Agree	1.86	1.86
90813#		Psychotherapy	2.15		Agree	2.15	2.15
90814#		Psychotherapy	2.97		Agree	2.97	2.97
90815#		Psychotherapy	3.39		Agree	3.39	3.39
90816#		Psychotherapy	1.24		Agree	1.24	1.24
90817#		Psychotherapy	1.65		Agree	1.65	1.65
90818#		Psychotherapy	1.94		Agree	1.94	1.94
90819#		Psychotherapy	2.24		Agree	2.24	2.24
90821#		Psychotherapy	3.09		Agree	3.09	3.09
90822#		Psychotherapy	3.53		Agree	3.53	3.53
90823#		Psychotherapy	1.33		Agree	1.33	1.33
90824#		Psychotherapy	1.77		Agree	1.77	1.77
90826#		Psychotherapy	2.08		Agree	2.08	2.08
90827#		Psychotherapy	2.41		Agree	2.41	2.41
90828#		Psychotherapy	3.32		Agree	3.32	3.32
90829#		Psychotherapy	3.80		Agree	3.80	3.80
90845		Psychotherapy	1.79		Agree	1.79	1.79
90846		Psychotherapy	1.83		Agree	1.83	1.83
90847		Psychotherapy	2.21		Agree	2.21	2.21
90849		Psychotherapy	0.59		Agree	0.59	0.59
90853		Psychotherapy	0.59		Agree	0.59	0.59
90857		Psychotherapy	0.63		Agree	0.63	0.63
90865#		Psychotherapy	2.84		Agree	2.84	2.84
90875		Psychotherapy		1.20	Agree	1.20	1.20
90876		Psychotherapy		1.90	Agree	1.90	1.90
90880		Psychotherapy	2.19		Agree	2.19	2.19
90885#		Psychotherapy	0.97		Agree	0.97	0.97
90911		Biofeedback training	0.89		Agree	0.89	0.89
91010		Esophageal motility studies	1.25		Agree	1.25	1.25
91020		Esophageal motility studies	1.44		Agree	1.44	1.44
92978	26	Intravascular us	1.80		Agree	1.80	1.80
92979	26	Intravascular us	1.44		Agree	1.44	1.44
92992		Atrial septectomy of septostomy	carrier		Agree	carrier	carrier
92997#		Pulmonary artery angioplasty	12.00		Agree	12.00	12.00
92998#		Pulmonary artery angioplasty	6.00		Agree	6.00	6.00
93320		Doppler echo	0.38		Agree	0.38	0.38
93325		Doppler echo	0.07		Agree	0.07	0.07
93508#	26	Coronary angiography	4.10		Agree	4.10	4.10
93530#	26	Pediatric cardiac catheterization	4.23		Agree	4.23	4.23
93531#	26	Pediatric cardiac catheterization	8.35		Agree	8.35	8.35
93532#	26	Pediatric cardiac catheterization	10.00		Agree	10.00	10.00
93533#	26	Pediatric cardiac catheterization	6.70		Agree	6.70	6.70
94010	26	Spirometry	0.17		Agree	0.17	0.17
94070	26	Pulmonary procedures	0.60		Agree	0.60	0.60
95805	26	Sleep studies	1.88		Agree	1.88	1.88
95806	26	Sleep studies	1.85		Decrease	1.66	1.66
95807	26	Sleep studies	1.66		Agree	1.66	1.66
95811#	26	Sleep studies	3.80		Agree	3.80	3.80
95860	26	Needle EMG	0.96		Agree	0.96	0.96
95861	26	Needle EMG	1.54		Agree	1.54	1.54
95863	26	Needle EMG	1.87		Agree	1.87	1.87
95864	26	Needle EMG	1.99		Agree	1.99	1.99
95869	26	Needle EMG	0.37		Agree	0.37	0.37
95870#	26	Needle EMG			[a]	0.37	0.37
96902#		Trichogram	0.41		Agree	0.41	0.41
97001#		Occupational and Physical Therapy		1.20	Agree	1.20	1.20
97002#		Occupational and Physical Therapy		0.60	Agree	0.60	0.60
97003#		Occupational and Physical Therapy		1.20	Agree	1.20	1.20
97004#		Occupational and Physical Therapy		0.60	Agree	0.60	0.60
97780#		Acupuncture			[a]	0.00	0.00
97781#		Acupuncture			[a]	0.00	0.00
99141#		Conscious sedation	0.80		Agree	0.80	0.80
99142#		Conscious sedation	0.60		Agree	0.60	0.60
99217		Observation same day discharge	1.28		Agree	1.28	1.28
99234#		Observation same day discharge	2.56		Agree	2.56	2.56
99235#		Observation same day discharge	3.42		Agree	3.42	3.42
99236#		Observation same day discharge	4.27		Agree	4.27	4.27
99315#		Nursing facility discharge	1.20		Decrease	1.13	1.13
99316#		Nursing facility discharge	1.60		Decrease	1.50	1.50
99341		Home care visits	0.89		Increase	1.01	1.01
99342		Home care visits	1.33		Increase	1.52	1.52
99343		Home care visits	1.99		Increase	2.27	2.27

TABLE 2.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1998 CPT CODES—Continued

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendation	HCFA decision	HCFA work RVU	1998 work [b] RVU
99344#		Home care visits	2.66		Increase	3.03	3.03
99345#		Home care visits	3.32		Increase	3.79	3.79
99347		Home care visits	0.66		Increase	0.76	0.76
99348		Home care visits	1.11		Increase	1.26	1.26
99349		Home care visits	1.77		Increase	2.02	2.02
99350#		Home care visits	2.66		Increase	3.03	3.03
99374#		Care plan oversight	1.10		Agree	1.10	1.10
99375		Care plan oversight	1.73		Agree	1.73	1.73
99377#		Care plan oversight	1.10		Agree	1.10	1.10
99378#		Care plan oversight	1.73		Agree	1.73	1.73
99379#		Care plan oversight	1.10		Agree	1.10	1.10
99380#		Care plan oversight	1.73		Agree	1.73	1.73
99436#		Attendance at delivery	1.50		Agree	1.50	1.50

[a] No RUC recommendation provided
[b] Work RVU changes due to global surgery evaluation and management increases.
New Codes
* All numeric HCPCS CPT Copyright 1997 American Medical Association

b. Discussion of Codes for Which the 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.

CPT codes 11055 (Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus), single lesion), 11056 (two to four lesions), 11057 (more than four lesions), and 11719 (Trimming of nails)).

CPT 1998 will include three new codes for paring or cutting of benign hyperkeratotic lesion(s) and one new code for trimming of nails. These new CPT codes will replace CPT codes 11050 through 11052 (Paring or curettement of benign hyperkeratotic skin lesion(s)) and HCFA Common Procedure Coding System (HCPCS) code M0101 (Cutting or removal of corns, calluses and/or trimming of nails, application of skin creams and other hygienic and preventive maintenance care).

We agreed with the work RVU relationship established by the RUC HCPAC Review Board for these four codes. However, we have not accepted the actual work RVUs recommended because the total number of RVUs associated with the new codes would exceed the total number of RVUs associated with code M0101. We believe the expectation of the RUC HCPAC Review Board was that the RVU recommendations would achieve work neutrality within the family of codes. However, some of the services previously reported with M0101 will now be reported with codes used to report the destruction of skin lesions. These codes, for example, CPT code 17000, have higher work RVUs than M0101. Thus, the result of the coding changes and the recommended work RVUs would be an increase in the total number of RVUs for these services. Consequently, we revised the work RVUs recommended by the RUC HCPC Review Board in order to achieve work neutrality within this family of codes. That is, the work RVUs have been adjusted so that the sum of the new work RVUs (weighted by projected frequency of use) for this family of codes will be the same as the sum of the current work RVUs (weighted by their current frequency of use).

CPT code	Descriptor	Work RVUs
11055	Paring or cutting of benign hyperkeratotic lesion (single).	0.27
11056	Two to four lesions	0.39
11057	More than four lesions	0.50
11719	Trimming of nails	0.06

CPT codes 11200 (Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions) and 11201 (each additional ten lesions).

The RUC recommended 0.69 work RVUs for CPT code 11200 and 0.35 work RVUs for CPT code 11201. These codes encompass services that were previously reported using CPT codes 11200, 11201, 17200, and 17201. When valuing new and revised codes that replace deleted codes, we typically have used Medicare frequency data and used the work RVUs of the deleted and revised codes in order to arrive at weighted average values for the revised codes in a budget neutral fashion. We have used this method to arrive at the work RVUs for revised CPT codes 11200 and 11201. We are establishing 0.67 work RVUs for CPT code 11200, which is a weighted average of CPT codes 17200 and 11200. We are establishing 0.29 work RVUs for CPT code 11201, which is the weighted average of CPT codes 17201 and 11201.

CPT code 45119 (Proctectomy, combined abdominoperineal pull through procedure (eg, colo-anal anastomosis) with creation of colonic reservoir (eg, J-pouch), with or without proximal diverting ostomy).

CPT 1998 will include a new code for proctectomy with colo-anal anastomosis. The RUC recommended 23.50 work RVUs for CPT code 45119. Upon review of these values, we concluded that CPT code 45119 was undervalued. CPT code 45119 is nearly an identical procedure to CPT code 45112 with the exception of the creation of the colonic reservoir included in CPT code 45119. We agree with the current work value for CPT code 45112 (24.02 work RVUs). CPT code 45119 is a more extensive procedure and should be valued higher than CPT code 45112. We believe CPT code 45119 is undervalued, and we are increasing the RUC-recommended work RVUs from 23.50 work RVUs to 24.50 work RVUs for the 1998 physician fee schedule.

CPT code 53850 (Transurethral destruction of prostate tissue; by microwave therapy) and 53852 (Transurethral destruction of prostate tissue; by radiofrequency thermotherapy).

CPT 1998 will include two new codes for the transurethral destruction of prostate tissue. We agree with the RUC value for CPT code 53852 (the RUC recommended 9.58 work RVUs) but not with the work value assigned to CPT code 53850. The RUC recommendations would make the work values for these two codes identical. While both procedures require skillful technique, we believe the actual physician work involved for microwave therapy (CPT code 53850) is less than that of radiofrequency thermotherapy (CPT

code 53852). Radiofrequency thermotherapy requires the physician to retract and reposition an electrode numerous times in order to destroy selected prostate tissue. Microwave therapy on the other hand does not require the repositioning of an electrode throughout the procedure. We are decreasing the RUC recommendation of 9.58 work RVUs to 9.25 interim work RVUs for CPT code 53850.

CPT codes 56300 through 56349 (Laparoscopic surgery) and CPT code 56356 (Hysteroscopy).

The RUC submitted recommendations to us during the 5-year review of the resource-based relative value scale for increases in the work RVUs for CPT code 56300 (Laparoscopy (peritoneoscopy), diagnostic; (separate procedure)) and CPT code 56305 (with biopsy (single or multiple)). At that time, we did not adopt those recommendations because we believed they would create rank order anomalies within the laparoscopy and hysteroscopy family of codes. Subsequently, at the request of HCFA, the entire family of codes was reviewed by the RUC. Following is a discussion of all of the codes that were affected by this review. The discussion is in order by CPT code. In some instances, global periods or work RVUs were changed in order to address inconsistencies within this family of codes. We believe additional review of the global period may be warranted and invite comment on this issue.

CPT codes 56300 (Laparoscopy, diagnostic; (separate procedure)) and 56305 (with biopsy (single or multiple)).

The RUC recommended 5.00 work RVUs for CPT code 56300 and 5.50 work RVUs for CPT code 56305. We agree with these work RVUs but will be changing the global period of both of these codes to 010 days.

CPT code 56304 Laparoscopy, surgical; with fulguration of oviducts (with or without transection), with lysis of adhesions).

The RUC recommended 10.00 work RVUs for this CPT code. We generally agree with the rank order of this recommendation but are increasing it to 10.45 work RVUs. We are increasing this recommendation because we added a level 2 office visit to the RUC recommendation (0.45 RVUs) to account for changing the global period from 010 to 090 days. Additionally, we will be discussing a change in the descriptor associated with CPT code 56304 with the CPT Editorial Panel. We will be asking the CPT Editorial Panel to revised the code descriptor to specify that it includes an extensive lysis of adhesions. A limited lysis of adhesions is included in CPT codes 56300 and 56305 and is not paid separately. CPT code 56304 should only be used for extensive lysis of adhesions.

CPT code 56303 (Laparoscopy, surgical; with fulguration of oviducts (with or without transection); with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method).

The RUC recommended 10.50 work RVUs to CPT code 56303. We changed this CPT code from a 010 day global period to a 090 day global period. Due to this increase in the global period, we are adding a level 2 office visit to the RUC recommendation. The resulting work RVUs for CPT code 56303 are 10.95.

CPT code 56345 (Laparoscopy, surgical; splenectomy) and CPT code 56347 (Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)).

We did not receive a RUC recommendation for CPT codes 56345 and 56347. We decided that we will make these as carrier-priced codes until we receive recommended RVUs from the RUC. Therefore, no RVUs are shown for these codes.

CPT code 56348 (Laparoscopy with intestinal resection).

The RUC recommended 20.00 work RVUs for CPT code 56348. We believe that the work involved with this procedure is comparable to that of CPT code 44145 (Partial removal of colon), which is valued at 21.29 work RVUs. We decided to value CPT code 56348 at the median value extracted from a RUC survey issued to colorectal surgeons. For the 1998 physician fee schedule, we are assigning 21.00 work RVUs to CPT code 56348.

CPT code 56349 (Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill, Toupet procedures)).

The RUC stated that the work represented by CPT code 56349 is more difficult than that in its corresponding open procedure (CPT code 43324 valued at 15.18 work RVUs). We do not agree that this procedure has more work involved than either a lobectomy (CPT code 32540 valued at 13.31 work RVUs) or colon resection (CPT code 44140 valued at 16.97 work RVUs). We are reducing the RUC recommendation of 17.75 work RVUs to 16.47 work RVUs for the 1998 physician fee schedule.

CPT code 56356 (Hysteroscopy, ablation).

The RUC recommended 9.50 work RVUs for CPT code 56356. Upon comparison of CPT code 56356 to other codes within this family, we decided to reduce the work RVUs to 6.17. This decision was based upon a comparison of CPT code 56356 to CPT code 56352 (Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C, with lysis of intrauterine adhesions (any method)) which is valued at 6.17 work RVUs. These codes had identical times and intensities identified in the survey of the clinical vignettes supplied to the RUC. Therefore, we decided to reduce the work RVU of CPT code 56356 to 6.17 work RVUs for the 1998 physician fee schedule.

CPT codes 59150 (Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy) and 59151 (Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy).

The RUC stated that the survey respondents substantially underestimated the number of post-procedure office visits associated with these procedures. We agree with the RUC and are increasing the work RVUs for both of these codes. We are assigning 11.20 work RVUs to CPT code 59150, and 11.10 work RVUs to CPT code 59151 for the 1998 physician fee schedule.

CPT code 95806 (Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist).

CPT 1998 will include a new code for an unattended sleep study. Currently, CPT code 95807 (1.66 work RVUs) is used for a sleep study that is attended by a technologist. The RUC recommended 1.85 work RVUs for CPT code 95806. We do not agree that there is more work involved in an unattended sleep study as opposed to an attended sleep study. We are assigning 1.66 interim work RVUs to CPT code 95806, which will make the work RVUs identical to those of CPT code 95807.

CPT codes 99315 (Nursing facility discharge day management; 30 minutes or less) and 99316 (Nursing facility discharge day management; more than 30 minutes).

CPT 1998 will include two new codes for nursing facility discharge day management. The RUC recommended 1.20 work RVUs for CPT code 99315 and 1.60 work RVUs for CPT code 99316. Upon review of these values, we found that the projected utilization of these new nursing facility discharge codes causes a significant work neutrality problem within the family of nursing facility CPT codes. While the codes are new, the work is already reflected within the current codes. In order to maintain the same total pool of work RVUs within this family, we are

reducing the two new CPT codes (that is, CPT codes 99315 and 99316), as well as six existing codes within the nursing facility family of codes (CPT codes 99301, 99302, 99303, 99311, 99312, and 99313), by 6.0 percent.

CPT code	Descriptor	Work RVUs
99301	Comprehensive nursing facility assessment.	1.20
99302	Comprehensive nursing facility assessment.	1.61
99303	Comprehensive nursing facility assessment.	2.01
99311	Subsequent nursing facility care.	0.60
99312	Subsequent nursing facility care.	1.00
99313	Subsequent nursing facility care.	1.42
99315	Nursing facility discharge day management; 30 minutes or less.	1.13
99316	Nursing facility discharge day management; more than 30 minutes.	1.50

CPT codes 99341 through 99345 (Home care visits; new patient) and 99347 through 99350 (Home care visits; established patient).

The RUC-recommended RVUs for the home care visit codes were established through comparisons to CPT's current office visit codes. Although we agree with the use of the office visit codes as key reference services, we believe that the RUC underestimated the pre-, intra-, and post-service intensities associated with the home visit codes. We note that the intensity values of the survey respondents were higher for the home visit codes than the reference codes for office visits. We increased the RUC recommendations by applying a uniform intensity factor increase of 10 percent to the pre-, intra-, and post-service times of the office visits codes. These increased intensities were then multiplied by the typical times specified in the new and revised CPT codes for the home visits.

CPT code	Descriptor	Work RVUs
99341	Home services; new patient	1.01
99342	Home services; new patient	1.52
99343	Home services; new patient	2.27
99344	Home services; new patient	3.03
99345	Home services; new patient	3.79
99347	Home services; established patient.	.76
99348	Home services; established patient.	1.26
99349	Home services; established patient.	2.02
99350	Home services; established patient.	3.03

C. Other Changes to the 1998 Physician Fee Schedule and Clarification of CPT Definitions

For the 1998 physician fee schedule, we are establishing or revising several alpha-numeric HCPCS codes for the reporting of certain services that are not clearly described by existing CPT codes. We view these codes as temporary since we will be referring them to the CPT Editorial Panel for possible inclusion in future editions of the CPT. Additionally, included in this section are some clarifications of proper usages of some new or revised codes.

HCPCS codes G0062 (peripheral bone mineral density) and G0063 (central bone density).

Effective January 1, 1998, HCPCS codes G0062, G0062–26, G0062-TC, G0063, G0063–26, and G0063-TC have been deleted. Use the appropriate code from the 70000 section of the CPT to bill for bone mineral density studies.

CPT code 35400 (Intraoperative endovascular angioscopy non-coronary vessels or grafts).

Although we agree with the recommended RUC work RVUs for this CPT code, some clarification of proper usage is needed. When billing CPT code 35400, units can only equal 1.00 because the code descriptor specifies vessels or grafts. The RVUs assigned are based on an assumption that angioscopy may be performed on multiple vessels.

CPT codes 44625 and 44626 (Closure of colostomy).

CPT codes 44625 and 44626 should not be billed with CPT code 44139, which is used to report the immobilization (take down) of the splenic flexure. By CPT definition, code 44139 can be used only in conjunction with the partial colectomy codes 44140 through 44147. We will be establishing a national claims edit to ensure that neither of these two codes are billed with CPT code 44139.

CPT codes 99217 and 99234 through 99236 (Observation same day discharge).

We will be consulting with the CPT Editorial Panel to clarify that the use of these codes should be restricted to observation care services of at least 12 hours duration.

CPT code 49021 (Percutaneous abscess drainage).

Based on the recommendation of the RUC, we are changing the global period of CPT code 49021 from 010 days to 000 days. Post-operative care during the 90 day period following the procedure is not typically provided for this procedure.

CPT codes 95860 through 95870 (Needle EMGs).

Although we have accepted the RUC recommendations for this family of codes, we believe some clarification on the proper use of these codes would be beneficial.

CPT codes 95860, 95861, 95863, and 95864 (Needle electromyogram of 1, 2, 3, or 4 limbs with or without paraspinals (cannot bill paraspinals separately—unless studying paraspinals between T3–T11)).

To bill these codes, extremity muscles innervated by three nerves (for example, radial, ulnar, median, tibial, peroneal, femoral, not sub branches) or four spinal levels must be evaluated, with a minimum of five muscles studied.

CPT code 95869 (Needle electromyography, thoracic paraspinals).

This CPT code should be used when exclusively studying thoracic paraspinals. One unit can be billed, despite the number of levels studied or whether unilateral or bilateral. This cannot be billed with CPT codes 95860, 95861, 95863, or 95864 if only T1 and/or T2 are studied when an upper extremity was also studied.

CPT code 95870 (Needle electromyography, limited study).

This CPT code can be billed at one unit per extremity. Muscles on the thorax or abdomen (unilateral or bilateral). One unit may be billed for studying cervical or lumbar paraspinal muscles (unilateral or bilateral), regardless of the number of level tested. This code should not be billed when the paraspinal muscles corresponding to an extremity are tested and when the extremity codes 95860, 95861, 95863, or 95864 are also billed.

PET Myocardial Perfusion Imaging (HCPCS Codes G0030 Through G0047)

When the PET myocardial perfusion imaging tests were originally valued, they were considered analogous to the SPECT codes. In consultation with the RUC, we have decided to raise the values of the PET procedures. Unlike the large field of view of SPECT scanners, PET scanners have a much smaller field. In addition, due to the short half-life of the Rb-82 tracer, physician involvement in patient positioning is critical when using the PET scanner. For these reasons, we are raising the single PET myocardial perfusion image to 1.50 work RVUs and the multiple PET myocardial perfusion image to 1.87 work RVUs.

Cervical or Vaginal Cancer Screening; Pelvic and Clinical Breast Examination (HCPCS Code G0101)

The law provides for coverage and payment of screening pelvic and clinical

breast examinations effective January 1, 1998. We decided that this service is comparable to a level 2 evaluation and management new patient office visit.

HCPCS code	Work RVUs	Practice Expense RVUs	Mal-practice Expense RVUs
G0101	0.45	0.28	0.02

Colorectal Cancer Screening (HCPCS Codes G0104 Through G0107)

Section 4104 of the BBA 1997 provides for Medicare coverage of colorectal cancer screening tests effective for services provided on or after January 1, 1998. The law provides for coverage and payment for screening fecal-occult blood tests, screening flexible sigmoidoscopy, screening colonoscopy, and other such tests determined to be appropriate by the Secretary. We are setting payment amounts for screening sigmoidoscopy, screening colonoscopy, barium enema, and screening fecal-occult blood tests, as follows:

Flexible Sigmoidoscopy (HCPCS Code G0104)

The law provides that payment for screening flexible sigmoidoscopies be made at rates consistent with payment for similar or related services under the physician fee schedule, not to exceed the rates for a diagnostic flexible sigmoidoscopy (CPT 45330). We have created a new code— HCPCS code G0104 (Colorectal cancer screening; flexible sigmoidoscopy)—to be used for screening flexible sigmoidoscopy. We believe that the work is the same whether the procedure is a screening or a diagnostic sigmoidoscopy and are therefore assigning the same RVUs to HCPCS code G0104 as those assigned to CPT code 45330 in Addendum B.

Screening Colonoscopy (HCPCS Code G0105)

The law provides that payment for screening colonoscopies be paid at rates consistent with payment for similar or related services under the physician fee schedule, not to exceed the rates for a diagnostic colonoscopy (CPT 45378). We have created a new code— HCPCS code G0105 (Colorectal cancer screening; colonoscopy on individual at high risk)—to be used for screening colonoscopy. We believe that the work is the same whether the procedure is a screening or a diagnostic colonoscopy, and we are therefore assigning the same RVUs to HCPCS code G0105 as those assigned to CPT code 45378 in Addendum B.

Barium Enema (HCPCS Code G0106)

The law provides that payment for colorectal cancer screening-barium enema be paid at rates consistent with payment for similar or related services under the physician fee schedule. We believe that the work is analogous to CPT code 74280 (Contrast x-ray exam of the colon), and we are therefore assigning the same RVUs to HCPCS code G0106 as those assigned to CPT code 74280 in Addendum B.

Fecal-Occult Blood Tests (HCPCS Code G0107)

The law provides that screening fecal-occult blood tests be paid at the same rate as diagnostic fecal-occult blood tests (CPT code 82270) paid under the clinical laboratory fee schedule. We have created a new code— HCPCS code G0107 (Colorectal cancer screening; fecal-occult blood test, 1–3 simultaneous determinations)—to be used for screening fecal-occult blood tests. This code will be carrier-priced at the payment amount that the carrier pays for CPT code 82270 under the clinical laboratory fee schedule.

HCPCS code	Work RVUs	Practice expense RVUs	Mal-practice expense RVUs
G0104	0.96	1.23	0.12
G0105	3.70	4.13	0.39
G0106	0.99	2.58	0.21
G0107	Lab Fee Schedule		

National Emphysema Treatment Trials (NETT) (CPT Codes G0110 Through G0116)

The following codes have been added to the physician fee schedule for the use of physicians participating in the NETT study. The National Emphysema Treatment Trials (NETT) are co-sponsored by HCFA and the National Heart, Lung, and Blood Institute with the Johns Hopkins University as the coordinating center for the study. The study is to last 7 years starting August 1, 1997. Since the use of these codes will be limited to some 18 clinical centers and physicians associated with these centers, either directly, as in furnishing services in the centers' outpatient departments or in rural areas where some of the participating beneficiaries live, these codes will be listed as restricted and can only be billed by those participating in the NETT study.

HCPCS code	Descriptor	Work RVUs	Practice expense RVUs	Malpractice expense RVUs
G0110	NETT Pulm Rehab; education/skills training, individual	0.90	0.26	0.04
G0111	NETT Pulm Rehab; education/skills training, group	0.27	0.20	0.02
G0112	NETT Pulm Rehab; nutritional guidance—initial	1.72	0.97	0.10
G0113	NETT Pulm Rehab; nutritional guidance—subsequent	1.29	0.77	0.09
G0114	NETT Pulm Rehab; psychosocial consultation	1.20	0.35	0.11
G0115	NETT Pulm Rehab; psychological testing	1.20	0.35	0.11
G0116	NETT Pulm Rehab; Psycho-social counseling—individual	1.11	0.35	0.05

V. Provisions of the Final Rule

The provisions of this final rule restate the provisions of the June 18, 1997, proposed rule except as noted elsewhere in this preamble. Following is a highlight of the exceptions:

For our proposal relating to physician supervision, we are adopting our proposal to assign an appropriate level of physician supervision to every diagnostic test payable under the physician fee schedule with exceptions for certain procedures personally performed by qualified independent psychologists, clinical psychologists, qualified audiologists, and physical therapists who are certified as qualified electrophysiologic clinical specialists. With respect to several groupings of diagnostic codes, we have changed our proposed policy based on comments from the physician specialities most involved with particular groups of codes. In some cases, such as CTs and MRIs performed without the use of contrast materials, we have lowered the level of required physician supervision. In others, such as ultrasound procedures, we have increased the level of required supervision. We are publishing a listing of diagnostic codes in the preamble of this document with the level of physician supervision we

have determined to be appropriate. In addition, we are adding a field to the physician fee schedule data base indicating the appropriate level of supervision. We anticipate that there will continue to be discussions among HCFA, physician specialty groups, and others about these levels of supervision, and we expect that the indicators applicable to individual procedures will be changed from time to time as is currently the case with other data base indicators.

As a result of our review of the comments, we have decided that the actual charge issue, including the implications for beneficiary out-of-pocket expense, requires further study. We received numerous comments from individual physicians and suppliers and the organizations that represent them in opposition to this proposal.

Based on provisions in the BBA 1997, we are not implementing the system of resource-based practice expense RVUs contained in the proposed rule for 1998. Rather, we are implementing the provision of the BBA 1997 that reduces practice expense RVUs for certain services and uses the monies to increase practice expense RVUs for office visits. Specifically, we are making the following changes from the regulations proposed in our June 18, 1997 proposed rule:

- In § 414.22 (Relative value units (RVUs)), we are stating that the practice expense RVUs for certain services are reduced to 110 percent of the work RVUs for those services. We are also stating that the following two categories of services are excluded from this limitation:
- The service is provided more than 75 percent of the time in an office setting; or
- The 1998 proposed resource-based practice expense RVUs (as specified in the June 18, 1997 physician fee schedule proposed rule) for the specific site, either in-office or out-of-office, increased from its 1997 practice expense RVUs.

In § 414.32 (Determining payments for certain physician services furnished in facility settings), we are revising paragraph (b) to state that if physician services of the type routinely furnished in a physician's office are furnished in facility settings, the fee schedule amount for those services is determined by reducing the applicable practice expense RVUs for the service by 50 percent.

We are not revising § 414.34 (Payment for services and supplies incident to a physician's service) because our resource-based practice expense system is not being implemented as proposed in the June 18, 1997 proposed rule.

We are adding the following changes to regulations required by the BBA 1997:

- In § 410.34 (Mammography services: Conditions for and limitations on coverage), we are expanding coverage of screening mammography services, effective January 1, 1998, to provide for payment for annual screening for all women beneficiaries age 40 and over.
- We are adding a new § 410.37 (Colorectal cancer screening tests: Conditions for and limitations on coverage) to provide for Medicare coverage of colorectal cancer screening tests effective for services provided on or after January 1, 1998.
- We are adding a new § 410.56 (Screening pelvic examinations) to provide for new coverage of screening pelvic exams (including a clinical breast exam) for all women beneficiaries subject to certain frequency and payment limitations.

VI. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995 (PRA), agencies are required to provide a 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the PRA requires that we solicit comment on the following issues:

- Whether the information collection is necessary and useful to carry out the proper functions of the agency;
- The accuracy of the agency's estimate of the information collection burden;
- The quality, utility, and clarity of the information to be collected; and
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

Therefore, we are soliciting public comment on each of these issues for the information collection requirements discussed below.

Under 5 CFR 1320.3(b)(2), the burden associated with the time, effort and financial resources necessary to comply with a collection of information that would be incurred by persons in the normal course of business is excluded from an information collection. The burden in connection with such types of collection activities can be disregarded if it can be demonstrated that such collection activities are usual and customary. Each of the collection requirements referenced below are of the type that are usual and customary in the conduct of commercial business. Thus, we believe they fall under this exception.

Under 5 CFR 1320.3(b)(3), a collection of information conducted or sponsored by a Federal agency that is also conducted or sponsored by a unit of State, local or tribal government is presumed to impose a Federal burden except to the extent that the agency shows that such State, local, or tribal requirement would be imposed even in the absence of a Federal requirement.

The following sections contain information collection requirements that we believe meet these requirements listed above; therefore, the burden is exempt from the Act.

Section 410.33(b)(2) (Supervising physicians) must maintain documentation of sufficient physician resources during all hours of operation to assure that the required physician supervision is furnished.

Section 410.33(c) (Non-physician personnel) must maintain documentation available for review certifying that non-physician personnel have the training and proficiency as evidenced by licensure or certification by the appropriate State health or education department or, in the absence of a State licensing board, a national credentialing body.

Section 410.33(e) (Multi-State entities) that operate across State boundaries must maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it is furnishing services.

The information collection requirement and associated burden as summarized below is subject to the PRA:

Section 410.33(b)(2) (Supervising physicians) must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF. The proficiency may be documented by certification in specific medical specialties or subspecialties or by criteria established by the carrier for the service area in which the IDTF is located.

The public reporting burden for this record keeping requirement is minimal. There are about 500 IPLs, which we assume will wish to become IDTFs, each requiring five minutes to document proficiency by certification in specific medical specialties or subspecialties or by criteria established by the carrier for the service area in which the IDTF is

located. The total public burden is 42 hours.

We have submitted a copy of this final rule with comment to OMB for its review of the information collection requirements in § 410.33(b)(2). This requirement is not effective until it has been approved by OMB.

If you comment on any of these information collection and recordkeeping requirements, please mail copies directly to the following:

Health Care Financing Administration, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Room C2–26–17, 7500 Security Boulevard, Baltimore, MD 21244–1850, Attn: Louis Blank BPD–884

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn.: Allison Herron Eydt, HCFA Desk Officer

VII. Waiver of Proposed Rulemaking and Response to Comments

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 can be waived, however, if an agency finds good cause that a notice-and-comment procedure is impracticable, unnecessary, or contrary to the public interest and it incorporates a statement of the finding and its reasons in the rule issued. We find good cause to waive the notice-and-comment procedure with respect to a number of provisions included in this final rule, as explained below.

With respect to the BBA 1997 provisions in this final rule affecting payment under the RVU system, we noted that the BBA 1997 was enacted shortly after the proposed rule was published. It delayed the implementation of the resource-based practice expense RVU system until January 1, 1999 and specifies the manner in which practice expense RVUs in 1998 are adjusted. As explained in section III. A. of this preamble, we are conforming the rules to be in compliance with these provisions of the statute. Our change is technical in nature and does not interpret the law. To submit such a technical, conforming change to notice-and-comment rulemaking would be both impracticable and unnecessary. Since the Congress intended that these provisions be effective on January 1, 1998 and intended to forestall significant adjustments in payment that would have occurred under the pre-amendment practice expense provision, it is in the public interest to issue this rule in final form.

With respect to the BBA 1997 provisions relating to coverage of screening mammography, coverage of screening pelvic examinations and colorectal cancer screening, and the related payment changes, our reasoning is somewhat similar. This rule conforms the regulations to the revisions contained in sections 4104 and 4102 of the BBA 1997. In addition, insofar as these regulations relate to coverage conditions under authority granted by section 1862(a)(1)(A) of the Act, they are exempted from public comment requirements pursuant to section 1869(b)(3)(B) of the Act. If we were to delay issuing a final rule beyond January, 1998, the statutory effective date of the benefit, our rules would be in conflict with the statute, which could cause confusion and would not be in the public interest.

We also note that, under express authority contained in section 1871(b)(2)(B) of the Act (42 U.S.C. 1395hh(b)(2)(B)) issuing a proposed rule is unnecessary if a statute establishes a specific deadline for the implementation of a provision and the deadline is less than 150 days after the enactment of the statute in which the deadline is contained. The BBA 1997 was enacted on August 5, 1997, less than 150 days from the statute's effective date of January 1, 1998.

The BBA 1997 provision related to colorectal cancer screening, as described in section III. C. of this preamble, requires us to publish a statement of coverage or noncoverage of screening barium enemas in the **Federal Register** by November 3, 1997. As noted in our preamble discussion, there was extensive consultation before we reached our decision. According to the National Cancer Institute, colorectal cancer is the second leading cause of death from cancer in the United States. It is clearly in the public interest to make this benefit available without delay and to bring our regulations into line with the expanded coverage.

In part IV. B. 2. of this preamble, we identify a number of interim 1997 codes. Since medical practice is dynamic, changes occur in coding or procedures and it is always possible that some changes occur after we have submitted our proposal for public comment. To address these changes, we identify ''interim'' RVUs for new and revised codes. To the extent possible, we subject these interim RVUs to all the procedures and considerations applicable to all RVUs, except publishing them in the **Federal Register** for public comment. It has been our practice to implement these interim RVUs, along with the ''final'' RVUs so that payment can be consistently made during the upcoming fee schedule year, and to solicit comments on the interim codes. We evaluate and respond to the comments in the next annual final rule. The public has recognized over the years that this approach has been in the public interest by allowing public participation yet permitting immediate, consistent payment to be made.

For the above reasons, we find good cause to waive notice-and-comment rulemaking. We invite written comments on the BBA 1997 provisions and the interim RVUs for selected procedures identified in Addendum C.

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.

VIII. Regulatory Impact Analysis

We have examined the impacts of this final rule under Executive Order (E.O.) 12866, the Unfunded Mandates Act of 1995, and the Regulatory Flexibility Act. E.O. 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects; distributive impacts and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more annually). The benefit changes in this final rule due to the BBA 1997 will result in additional expenditures for calendar year 1998 in excess of $100 million.

Because the expenditures resulting from this final rule are expected to exceed $100 million, it is considered a major rule, and, as required by law, this final rule is subject to congressional review. Therefore, this final rule is being forwarded to the Congress for a 60-day review period.

The Unfunded Mandates Reform Act of 1995 also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits for any rule that may result in an annual expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of $100 million. The final

rule has no consequential effect on State, local, or tribal governments. We believe the private sector costs of this rule fall below these thresholds, as well.

A. Regulatory Flexibility Act

Consistent with the provisions of the Regulatory Flexibility Act we analyze options for regulatory relief for small businesses and other small entities. We prepare a Regulatory Flexibility Analysis (RFA) unless we certify that a rule will not have a significant economic impact on a substantial number of small entities. The RFA is to include a justification of why action is being taken, the kinds and number of small entities the final rule will affect, and an explanation of any considered meaningful options that achieve the objectives and will lessen any significant adverse economic impact on the small entities.

For purposes of the Act, all physicians are considered to be small entities. Thus, we have prepared the following analysis, which, together with the rest of this preamble, meets all three assessment requirements. It explains the rationale for and purposes of the rule, details the costs and benefits of the rule, analyzes alternatives, and presents the measures to minimize the burden on small entities.

B. Geographic Practice Cost Index Changes

Changes in GPCIs do not affect total payments under the physician fee schedule but rather redistribute payments among payment localities. An estimate of the overall redistributive effects can be seen by examining the changes in locality geographic adjustment factors or GAFs. The GAFs are a weighted composite of the locality GPCIs. Addendum F is a comparison of 1997 and 1999 locality GAFs. As this comparison shows, 58 of the 89 localities will experience changes in payments of less than 0.5 percent; 76 of the 89 localities will experience changes in payments of less than 1 percent; and only 3 of the 89 localities will experience changes in payment of 2 percent. The effects will be even less in 1998 as the GPCI revisions are phased in equally over a 2-year period. The effects of the GPCI revisions are thus negligible in most cases, and very minimal in all others.

C. Fee Schedule for Clinical Psychologist Services

Before January 1, 1997, the clinical psychologist fee schedule was derived from the reasonable charge payment system and was updated by an economic index different from that used for the physician fee schedule. As a result, relative to physicians' services, Medicare allowances for certain clinical psychologist services in many localities were artificially high or low. Moreover, there were wide geographic variations in Medicare rates for clinical psychologists as well as for clinical social workers, whose rates are set, by statute, at 75 percent of clinical psychologists' rates.

Effective January 1, 1997, the fee schedule for clinical psychologist services is linked to the physician fee schedule. The fee schedule for clinical psychologist services is set at 100 percent of the physician fee schedule amount for the corresponding service. This payment policy was prompted by the creation of new psychotherapy codes that make a distinction between services that include or exclude medical evaluation and management.

Both previous and current clinical psychologist fee schedules were implemented through carrier instruction. Because this final rule will codify current payment policy, there will be no impact on Medicare program or beneficiary expenditures.

D. Diagnostic Tests

Our policy specifies the level of physician supervision required for diagnostic tests furnished in settings in which such services are payable under the physician fee schedule. All of these tests will require at least a general level of physician supervision (that is, responsibility for the equipment and nonphysician personnel). The following services will be excepted from this provision:

- Diagnostic mammography procedures regulated by the FDA.
- Certain tests personally performed by qualified audiologists as discussed earlier.
- Certain testing services personally performed by qualified independent psychologists and clinical psychologists as discussed earlier.

This policy may result in some program savings due to the denial of payments for tests that are not reasonable and necessary because the required level of physician supervision was not furnished. However, we do not have data on which to base an estimate of savings. We expect that most testing entities that did not previously furnish testing with the level of physician supervision required under the proposal in our June 18, 1997 proposed rule (62 FR 33179 through 33181) will modify the way they furnish testing services to conform to the new policy.

We will also create a new type of entity known as an independent diagnostic testing facility (IDTF) with specific national standards. It will replace the existing IPL. Since the current IPL national policy is based on State law and local Medicare carrier policy, it is likely that some IPLs in certain areas will be more affected by this proposal than others. We do not have any data upon which to base any estimates of savings at this time. There are wide-spread allegations of unnecessary testing furnished by IPLs under the current policy. Our new policy is designed to assist Medicare carriers in addressing these allegations.

E. Reasonable Compensation Equivalent Limit Update Factor

The methodology currently employed to update the physician fee schedule uses an inflation factor distinct from the CPI-U used to update the reasonable compensation equivalent limits. To achieve a measure of consistency in the methodologies employed to determine reasonable payments to physicians for physicians' direct medical and surgical services furnished to individual patients and reasonable compensation levels for physicians' services that benefit provider patients generally, we are revising the methodology used to update the reasonable compensation equivalent limits by adopting the physician fee schedule's inflation factor (the MEI) to update the reasonable compensation equivalent limits. For cost reporting periods beginning on or after January 1, 1998, updates to the reasonable compensation equivalent limits will be calculated using the MEI.

Because we are not making an actual update to the reasonable compensation equivalent limits at this time that is based on the MEI for cost reporting periods beginning on or after January 1, 1998, this change in policy will not have an impact on Medicare program or beneficiary expenditures at this time.

F. Payment to Participating and Nonparticipating Suppliers

We are revising the definitions at § 414.2 (Definitions) to define a ''participating supplier'' as being a supplier as defined in § 400.202, which includes physicians as suppliers, when they have an agreement with HCFA to participate in Part B of Medicare in effect on the date of the service. Similarly, we are defining ''nonparticipating supplier'' as a supplier that does not have an agreement with HCFA to participate in Part B of Medicare in effect on the date of the service.

We are also revising § 414.20 (Formula for computing payment amounts) to clarify that the formula in

the section computes the fee schedule amount, which may differ from the payment basis, and to clarify that the fee schedule amount for a nonparticipating supplier is 95 percent of the fee schedule amount for a participating supplier. We are also revising the heading of § 414.20 to read ''Formula for computing fee schedule amounts'' to reflect more accurately the content of the section.

We are revising § 414.48 (Limits on actual charges of nonparticipating suppliers), which describes the Medicare limiting charge for nonparticipating suppliers to clarify that the limiting charge is 115 percent of the fee schedule amount for nonparticipating physicians as calculated in § 414.20(b).

The changes to §§ 414.2, 414.20, and 414.48 will have no impact on Medicare payment, beneficiaries, physicians, other suppliers of physician services, Medicare carriers, or other insurers. We believe that Medicare carriers are currently properly calculating the fee schedule amounts for participating and nonparticipating suppliers and are paying based on those properly calculated amounts. These changes are intended to conform our regulations to the law and current practice.

G. Increase in Work Relative Value Units for Global Surgical Services to Account for the 1997 Increases for Work Relative Value Units in Evaluation and Management Services

In our November 22, 1996 final rule with comment period, as part of the 5-year review of all physician work RVUs, we increased most of the work RVUs for evaluation and management services for hospital and office or other outpatient visits. We revised the work RVUs for evaluation and management services partly in recognition of the increase in preservice and postservice work. At that time, we made no adjustments to the work RVUs assigned to global surgical services, which, in addition to the surgical procedure, include the related preservice and postservice evaluation and management visits a surgeon provides within a defined period of time.

Upon further examination of this issue, we are increasing the work RVUs for global surgical services to be consistent with the 1997 increases in the work RVUs for evaluation and management services.

Because the increases in the work RVUs for global surgical services will cause an increase in payments for those services, we must reduce all payments by 0.7 percent to maintain budget neutrality.

H. Caloric Vestibular Testing

We are reducing the work and malpractice RVUs for CPT code 92543 global service and CPT code 92543–26, and the malpractice RVUs for CPT code 92543–TC to 25 percent of what they would otherwise be. Therefore, beginning in 1998, when a physician performs and interprets four irrigations, the physician will bill Medicare for four units of CPT code 92543 (that is, the global service). When a physician interprets four irrigations, the physician will bill four units of CPT code 92543–26. When a physician or supplier performs four irrigations, the physician or supplier will bill four units of CPT code 92543–TC.

As part of the overall policy of resource-based practice expense RVUs for all codes, we are establishing practice expense RVUs for CPT code 92543 global service, -26, and -TC based on the assumption that one unit of the service equals one irrigation or the interpretation of one irrigation.

We expect the changes to the RVUs for caloric vestibular testing to have no impact on Medicare program or beneficiary expenditures because this is actually a change in coding interpretation rather than a change in value. Medicare has interpreted one unit of CPT code 92543 to mean up to four irrigations and has established its RVUs based on that interpretation. The AMA interprets one unit to mean one irrigation. Therefore, when the usual service is furnished (that is, a total of four irrigations—two to each ear), Medicare instructed physicians to bill for that as one unit of service, while the AMA's instructions considered it four. We are now, in a budget-neutral fashion, adopting the AMA interpretation to reduce billing confusion regarding this code. The change is being made by having what used to be one service—for Medicare purposes—now equal four services, while at the same time establishing the RVU levels at 25 percent of what they would have otherwise been.

I. Clinical Consultations

The regulations set forth at § 415.130 (Conditions for payment: Physician pathology services), paragraph (b) (Clinical consultation services), require that a clinical consultation meet four criteria before it can be paid. One of these criteria is that the clinical consultation must be requested by the patient's attending physician. We have allowed a standing order policy to be used as a substitute for the individual request by the patient's attending physician. However, effective January 1, 1998, we will not accept a standing order as a substitute for the individual request by the attending physician. We will instruct the Medicare carriers to enforce § 415.130(b) as it is presently written.

The national allowed charges for CPT code 80500 (Clinical pathology consultation; limited, without review of patient's history and medical records) for 1996 are $5.6 million. Of this amount, 70 percent of total allowed charges are from seven States. These are: Florida, Texas, Oklahoma, Illinois, Kentucky, California, and Missouri. Florida accounts for $2.5 million or 45 percent of the total.

We believe that the use of standing orders has clearly contributed to increased payments for clinical consultations in Florida relative to other States. We do not know the prevalence of standing orders in other States but, generally, the data do not seem to indicate a widespread problem.

J. Changes in Practice Expense Relative Value Units for 1998

As discussed earlier, section 4505 of the BBA 1997 specifies the manner in which practice expense RVUs in 1998 are adjusted. The 1998 practice expense RVUs for certain services are reduced to 110 percent of their work RVUs for the service. The reductions are used to increase practice expense RVUs for office visits. We estimate that the aggregate reduction in the practice expense RVUs for services subject to this 110 percent is about $330 million. (See section III. A. above for a detailed explanation of the calculation of this provision of the BBA 1997.) Because these funds are used to increase the practice expense RVUs for office visits, there is no change in total spending as a result of this provision.

K. Coverage of Screening Mammography and Related Payment Changes

Section 4101 of the BBA 1997 provides for expanded coverage and waiver of the Part B deductible for screening mammography services furnished on or after January 1, 1998. Specifically, the revised benefit will allow for annual coverage of screening mammographies for all women age 40 and over, including women age 65 and over. Before enactment of the BBA 1997, biennial coverage of screening mammograms was available for (1) women at least age 40 but not yet age 50 who were not at high risk for breast cancer, and (2) women age 65 and over. Annual coverage of screening mammograms was only available for (1) women at least age 40 but not yet age 50 who were at high risk for breast

cancer, and (2) women at least age 50 but not yet age 65. We estimate that these changes in the frequency limitations and in the Part B deductible will result in an increase in Medicare payments. These payments will be made to many screening mammography suppliers, including the physicians who interpret the results of these examinations, as well as to other physicians who may be involved in providing any medically necessary follow-up tests or treatment that may be required as a result of the screening tests.

L. Colorectal Cancer Screening

Section 4104 of the BBA 1997 authorizes coverage of certain colorectal screening tests, effective January 1, 1998, subject to certain frequency and payment limits. The new tests include (1) screening fecal-occult blood tests, (2) screening flexible sigmoidoscopy exams, (3) screening colonoscopy exams, and (4) screening barium enema exams. Based on the projected utilization of these various screening services and related medically necessary follow-up tests and treatment that may be required for the beneficiaries screened, we estimate that this new benefit will result in an increase in Medicare payments. These payments will be made to many primary care physicians for the screening fecal-occult blood tests, and mostly to physician specialists such as gastroenterologists (in the case of screening flexible sigmoidoscopies and screening colonoscopies) and radiologists (in the case of screening barium enema procedures).

M. Coverage of Screening Pelvic Examination (Including a Clinical Breast Examination) and Related Payment Changes

Effective for services furnished beginning January 1, 1998, section 4102 of the BBA 1997 provides for coverage and waiver of the Part B deductible for screening pelvic examinations (including a clinical breast examination) subject to certain frequency and payment limitations. We estimate that this new coverage provision will increase program expenditures. These payments will be made to a large number of physicians and other practitioners who provide these tests or any medically necessary follow-up tests or treatment that may be required as a result of the screening tests throughout the United States.

N. Reinstatement of the Payment for Transportation of EKG Equipment

As set forth in section 4559 of the BBA 1997, effective for services furnished after December 31, 1997 and before January 1, 1999, carriers will make separate payments for HCPCS code R0076 (Transportation of portable EKG to facility or location, per patient) based upon payment methods in effect for these services as of December 31, 1996. EKG transportation payments should be made at the carrier-priced level that was in effect on December 31, 1996. The procedure codes involved are CPT code 93000 (a 12-lead EKG with interpretation and report) or CPT code 93005 (a 12-lead EKG, tracing only, without interpretation and report). When multiple patients receive services at the same site, the transportation payment amount must be prorated among all patients seen. These payments may be made only under the following circumstances:

- The transportation service is furnished in connection with standard EKG procedures furnished by approved suppliers of portable x-ray services as set forth in section 2070.4.F. of the Medicare Carriers Manual.
- The transportation service is furnished in connection with standard EKG procedures by an independent diagnostic testing facility or an independent physiological laboratory under the condition set forth in section 2070.1.G. of the Medicare Carriers Manual. We estimate that this provision will result in some increase in program expenditures.

O. Elimination of the Separate Budget-Neutrality Adjuster for the Work Relative Value Units

As discussed in the November 22, 1996 final rule (61 FR 59532) for the 1997 physician fee schedule, we intend to eliminate the separate 8.3 percent budget-neutrality adjustment to the work RVUs that resulted from changes made during the 5-year review of work RVUs. We will accomplish this by increasing the practice and malpractice expense RVUs by 8.3 percent and reducing the CF by 8.3 percent. This allows us to eliminate the separate adjuster while not changing the payment for any service. However, due to the affects of the BBA 1997, we are postponing the elimination of the separate budget neutrality adjustment until 1999.

P. Effect of Changes Resulting From Adjustments to Relative Value Units

Because the new RVUs cause an increase in total estimated payments under the physician fee schedule, we must reduce payments by 0.8 percent in order to maintain budget neutrality as required by section 1848(c)(2)(B)(ii)(II) of the Act. This reduction in payments is being implemented through a 0.8 percent reduction to the conversion factor.

We anticipate that the reduction of net Medicare revenues for some physician practices due to the changes contained in this regulation will result in a volume and intensity response that will cause overall physician expenditures to increase by 0.1 percent, requiring an offsetting 0.1 percent reduction in the CF to maintain budget neutrality. This 0.1 percent reduction is included in the 0.8 percent reduction described above.

We increased the Sustainable Growth Rate target for physician spending by the anticipated 0.1 volume and intensity response. Because we increased the target, if the anticipated volume and intensity response does not occur, the Sustainable Growth Rate system will return the 0.1 percent reduction to the CF in the form of higher future updates.

Q. Net Impact of Relative Value Unit Changes on Medicare Specialties

1. Impact Estimation Methodology

Physician fee schedule impacts were estimated by comparing predicted physician payments under a continuation of the current RVUs to the estimated payments under the new RVUs.

2. Overall Fee Schedule Impact

As described above, we are making the budget neutrality adjustment required for changes in relative value units through an adjustment to the CF. In the discussion below of differential impacts by specialty, we have incorporated the separate 0.8 percent downward adjustment on the CF. The table below does not contain the impacts of the single CF.

3. Specialty Level Effect (Includes Table 3—Impact on Medicare Payments by Specialty Due to Changes in Relative Value Units)

Table 3, ''Impact on Medicare Payments by Specialty Due to Changes in Relative Value Units,'' shows the estimated percentage change in Medicare physician fees from the current RVUs to the new RVUs and by specialty. The specialties are ranked according to the impact of the changes to Medicare fees. The impact of the changes contained in this regulation on the total revenue (Medicare and non-Medicare) for a given specialty is less

than impact displayed in Table 3 since physicians provide services to Medicare and non-Medicare patients.

TABLE 3.—IMPACT ON MEDICARE PAYMENTS BY SPECIALITY DUE TO CHANGES IN RELATIVE VALUE UNITS

[In percent]

Specialty	Impact on total payments	Impact on work payments	Impact on practice expense payments
M.D./D.O. Physicians:			
Obstetrics/Gynecology	3.0	2.8	3.9
General Surgery	1.8	3.8	−0.4
Plastic Surgery	1.7	3.9	−0.6
Vascular Surgery	1.5	4.3	0.7
Rheumatology	1.4	−0.9	5.0
Family Practice	1.3	−1.0	5.3
General Practice	1.2	−0.4	4.1
Anesthesiology	0.9	1.0	0.7
Hematology/Oncology	0.8	−0.6	2.5
Orthopedic Surgery	0.8	4.0	−2.0
Internal Medicine	0.6	−0.9	3.0
Otolaryngology	0.6	0.3	1.1
Urology	0.4	0.6	0.3
Dermatology	0.2	−0.6	1.7
Neurology	0.0	0.7	1.2
Clinics	−0.1	−0.3	0.2
Neurosurgery	−0.2	3.2	−3.6
Thoracic Surgery	−0.2	5.0	−4.7
All Other Physicians	−0.2	−0.6	0.5
Pulmonary	−0.4	−0.8	0.4
Emergency Medicine	−0.6	−0.7	−0.5
Psychiatry	−0.7	−0.9	−0.4
Radiology	−0.7	−0.9	0.6
Cardiac Surgery	−0.7	5.4	−5.9
Radiation Oncology	−0.7	−0.7	−0.7
Pathology	−1.1	−0.8	−1.5
Nephrology	−1.2	−0.8	−1.9
Gastroenterology	−1.3	−0.8	−2.0
Cardiology	−1.4	−0.6	−2.3
Ophthalmology	−2.6	1.6	−6.8
Others:			
Podiatry	0.8	0.5	1.4
Optometry	0.1	−0.9	1.8
Nonphysician Practitioner	−0.6	0.3	−2.2
Chiropractic	−0.8	−0.8	−0.8
Suppliers	−1.0	−0.8	−1.1

R. Five-Year Impacts of Benefit Changes (Includes Table 4—Projected Budget Impact of New Benefits)

We estimate that the benefit changes enacted in the BBA 1997 described in this final rule will result in the following Medicare expenditures over the next 5 fiscal years:

TABLE 4.—PROJECTED BUDGET IMPACT OF NEW BENEFITS

[In millions]

	FY 1998	FY 1999	FY 2000	FY 2001	FY 2002
Total budget impact	$160	$385	$510	$685	$780

S. 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 Regulatory Flexibility Act. 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. 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.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

List of Subjects

42 CFR Part 400

Grant programs-health, Health facilities, Health maintenance organizations (HMO), Medicaid, Medicare, Reporting and recordkeeping requirements.

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 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

42 CFR Part 411

Kidney diseases, Medicare, Reporting and recordkeeping requirements.

42 CFR Part 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR chapter IV is amended as set forth below:

PART 400—INTRODUCTION; DEFINITIONS

A. Part 400 is amended as set forth below:

1. The authority citation for part 400 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh), and 44 U.S.C. Chapter 35.

2. In § 400.202, the introductory text is republished, and the following definitions are added in alphabetical order:

§ 400.202 Definitions specific to Medicare.

As used in connection with the Medicare program, unless the context indicates otherwise—

* * * * *

Nonparticipating supplier means a supplier that does not have an agreement with HCFA to participate in Part B of Medicare in effect on the date of the service.

Participating supplier means a supplier that has an agreement with HCFA to participate in Part B of Medicare in effect on the date of the service.

* * * * *

B. Part 405 is amended as set forth below:

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

Subpart E—Criteria for Determination of Reasonable Charges

1. The authority citation for part 405, subpart E, continues to read as follows:

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

§ 405.535 [Amended]

2. In § 405.535(b), ''§ 414.48(b)(3)'' is removed and ''§ 414.48(b)'' is added in its place.

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

C. Part 410 is amended as set forth below:

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

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

2. Section 410.32 is revised to read as follows:

§ 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

(a) *Ordering diagnostic tests.* All diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who is treating the beneficiary, that is, the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician who is treating the beneficiary are not reasonable and necessary (see § 411.15(k)(1) of this chapter).

(1) *Chiropractic exception.* A physician may order an x-ray to be used by a chiropractor to demonstrate the subluxation of the spine that is the basis for a beneficiary to receive manual manipulation treatments even though the physician does not treat the beneficiary.

(2) *Mammography exception.* A physician who meets the qualification requirements for an interpreting physician under section 354 of the Public Health Service Act as provided in § 410.34(a)(7) may order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the beneficiary.

(3) *Application to nonphysician practitioners.* Nonphysician practitioners (that is, clinical nurse specialists, clinical psychologists, clinical social workers, nurse-midwives, nurse practitioners, and physician assistants) who furnish services that would be physician services if furnished by a physician, and who are operating within the scope of their authority under State law and within the scope of their Medicare statutory benefit, may be treated the same as physicians treating beneficiaries for the purpose of this section.

(b) *Diagnostic x-ray and other diagnostic tests.* (1) *Basic rule.* Except as indicated in paragraph (b)(2) of this section, all diagnostic x-ray and other diagnostic tests covered under section 1861(s)(3) of the Act and payable under the physician fee schedule must be furnished under the appropriate level of supervision by a physician as defined in section 1861(r) of the Act. Services furnished without the required level of supervision are not reasonable and necessary (see § 411.15(k)(1) of this chapter).

(2) *Exceptions.* The following diagnostic tests payable under the physician fee schedule are excluded from the basic rule set forth in paragraph (b)(1) of this section:

(i) Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.

(ii) Diagnostic tests personally furnished by a qualified audiologist as defined in section 1861(ll)(3) of the Act.

(iii) Diagnostic psychological testing services personally furnished by a clinical psychologist or a qualified independent psychologist as defined in program instructions.

(iv) Diagnostic tests (as established through program instructions) personally performed by a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist and permitted to provide the service under State law.

(3) *Levels of supervision.* Except where otherwise indicated, all diagnostic x-ray and other diagnostic tests subject to this provision and payable under the physician fee schedule must be furnished under at

least a general level of physician supervision as defined in paragraph (b)(3)(i) of this section. In addition, some of these tests also require either direct or personal supervision as defined in paragraphs (b)(3)(ii) or (b)(3)(iii) of this section, respectively. When direct or personal supervision is required, physician supervision at the specified level is required throughout the performance of the test.

(i) *General supervision* means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the nonphysician personnel who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

(ii) *Direct supervision* in the office setting means the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

(iii) *Personal supervision* means a physician must be in attendance in the room during the performance of the procedure.

(c) *Portable x-ray services.* Portable x-ray services furnished in a place of residence used as the patient's home are covered if the following conditions are met:

(1) These services are furnished under the general supervision of a physician, as defined in paragraph (b)(3)(i) of this section.

(2) The supplier of these services meets the requirements set forth in part 486, subpart C of this chapter, concerning conditions for coverage for portable x-ray services.

(3) The procedures are limited to—

(i) Skeletal films involving the extremities, pelvis, vertebral column, or skull;

(ii) Chest or abdominal films that do not involve the use of contrast media; and

(iii) Diagnostic mammograms if the approved portable x-ray supplier, as defined in subpart C of part 486 of this chapter, meets the certification requirements of section 354 of the Public Health Service Act, as implemented by 21 CFR part 900, subpart B.

(d) *Diagnostic laboratory tests.* Medicare Part B pays for covered diagnostic laboratory tests that are furnished by any of the following:

(1) A participating hospital or participating RPCH.

(2) A nonparticipating hospital that meets the requirements for emergency outpatient services specified in subpart G of part 424 of this chapter and the laboratory requirements specified in part 493 of this chapter.

(3) The office of the patient's attending or consulting physician if that physician is a doctor of medicine, osteopathy, podiatric medicine, dental surgery, or dental medicine.

(4) An RHC.

(5) A laboratory, if it meets the applicable requirements for laboratories of part 493 of this chapter, including the laboratory of a nonparticipating hospital that does not meet the requirements for emergency outpatient services in subpart G of part 424 of this chapter.

(6) An FQHC.

3. New § 410.33 is added to read as follows:

§ 410.33 Independent diagnostic testing facility.

(a) *General rule.* (1) Effective for diagnostic procedures performed on or after July 1, 1998, carriers will pay for diagnostic procedures under the physician fee schedule only when performed by a physician, a group practice of physicians, an approved supplier of portable x-ray services, or an independent diagnostic testing facility (IDTF). An IDTF may be a fixed location, a mobile entity, or an individual nonphysician practitioner. It is independent of a physician's office or hospital; however, these rules apply when an IDTF furnishes diagnostic procedures in a physician's office.

(2) *Exceptions.* The following diagnostic tests that are payable under the physician fee schedule and furnished by a nonhospital testing entity are not required to be furnished in accordance with the criteria set forth in paragraphs (b) through (e) of this section:

(i) Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.

(ii) Diagnostic tests personally furnished by a qualified audiologist as defined in section 1861(ll)(3) of the Act.

(iii) Diagnostic psychological testing services personally furnished by a clinical psychologist or a qualified independent psychologist as defined in program instructions.

(iv) Diagnostic tests (as established through program instructions) personally performed by a physical therapist who is certified by the American Board of Physical Therapy Specialties as a qualified electrophysiologic clinical specialist and permitted to provide the service under State law.

(b) *Supervising physician.* (1) An IDTF must have one or more supervising physicians who are responsible for the direct and ongoing oversight of the quality of the testing performed, the proper operation and calibration of the equipment used to perform tests, and the qualification of nonphysician personnel who use the equipment. This level of supervision is that required for general supervision set forth in § 410.32(b)(3)(i).

(2) The supervising physician must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF. The proficiency may be documented by certification in specific medical specialties or subspecialties or by criteria established by the carrier for the service area in which the IDTF is located. In the case of a procedure requiring the direct or personal supervision of a physician as set forth in § 410.32(b)(3)(ii) or (b)(3)(iii), the IDTF's supervising physician must personally furnish this level of supervision whether the procedure is performed in the IDTF or, in the case of mobile services, at the remote location. The IDTF must maintain documentation of sufficient physician resources during all hours of operations to assure that the required physician supervision is furnished. In the case of procedures requiring direct supervision, the supervising physician may oversee concurrent procedures.

(c) *Nonphysician personnel.* Any nonphysician personnel used by the IDTF to perform tests must demonstrate the basic qualifications to perform the tests in question and have training and proficiency as evidenced by licensure or certification by the appropriate State health or education department. In the absence of a State licensing board, the technician must be certified by an appropriate national credentialing body. The IDTF must maintain documentation available for review that these requirements are met.

(d) *Ordering of tests.* All procedures performed by the IDTF must be specifically ordered in writing by the physician who is treating the beneficiary, that is, the physician who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. (Nonphysician practitioners may order tests as set forth in § 410.32(a)(3).) The order must specify the diagnosis or other basis for

the testing. The supervising physician for the IDTF may not order tests to be performed by the IDTF, unless the IDTF's supervising physician is in fact the beneficiary's treating physician. That is, the physician in question had a relationship with the beneficiary prior to the performance of the testing and is treating the beneficiary for a specific medical problem. The IDTF may not add any procedures based on internal protocols without a written order from the treating physician.

(e) *Multi-State entities.* An IDTF that operates across State boundaries must maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it is furnishing services.

(f) *Applicability of State law.* An IDTF must comply with the applicable laws of any State in which it operates.

4. In § 410.34, the introductory text to paragraph (d) and paragraph (d)(4) are revised to read as follows:

§ 410.34 Mammography services: Conditions for and limitations on coverage.

* * * * *

(d) *Limitations on coverage of screening mammography services.* The following limitations apply to coverage of screening mammography services as described in paragraphs (c) and (d) of this section:

* * * * *

(4) For an asymptomatic woman over 39 years of age, payment may be made for a screening mammography performed after at least 11 months have passed following the month in which the last screening mammography was performed.

* * * * *

5. A new § 410.37 is added to read as follows:

§ 410.37 Colorectal cancer screening tests: Conditions for and limitations on coverage.

(a) *Definitions.* As used in this section, the following definitions apply:

(1) *Colorectal cancer screening tests* means any of the following procedures furnished to an individual for the purpose of early detection of colorectal cancer:

(i) Screening fecal-occult blood tests.

(ii) Screening flexible sigmoidoscopies.

(iii) In the case of an individual at high risk for colorectal cancer, screening colonoscopies.

(iv) Screening barium enemas.

(v) Other tests or procedures, and modifications to tests under this paragraph, with such frequency and payment limits as HCFA determines appropriate, in consultation with appropriate organizations.

(2) *Screening fecal-occult blood test* means a guaiac-based test for peroxidase activity, testing two samples from each of three consecutive stools.

(3) An *individual at high risk for colorectal cancer* means an individual with—

(i) A close relative (sibling, parent, or child) who has had colorectal cancer or an adenomatous polyp;

(ii) A family history of familial adenomatous polyposis;

(iii) A family history of hereditary nonpolyposis colorectal cancer;

(iv) A personal history of adenomatous polyps; or

(v) A personal history of colorectal cancer; or

(vi) Inflammatory bowel disease, including Crohn's Disease, and ulcerative colitis.

(4) *Screening barium enema* means—

(i) A screening double contrast barium enema of the entire colorectum (including a physician's interpretation of the results of the procedure); or

(ii) In the case of an individual whose attending physician decides that he or she cannot tolerate a screening double contrast barium enema, a screening single contrast barium enema of the entire colorectum (including a physician's interpretation of the results of the procedure).

(5) An *attending physician for purposes of this provision* is a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act) who is fully knowledgeable about the beneficiary's medical condition, and who would be responsible using the results of any examination performed in the overall management of the beneficiary's specific medical problem.

(b) *Condition for coverage of screening fecal-occult blood tests.* Medicare Part B pays for a screening fecal-occult blood test if it is ordered in writing by the beneficiary's attending physician.

(c) *Limitations on coverage of screening fecal-occult blood tests.* (1) Payment may not be made for a screening fecal-occult blood test performed for an individual under age 50.

(2) For an individual 50 years of age or over, payment may be made for a screening fecal-occult blood test performed after at least 11 months have passed following the month in which the last screening fecal-occult blood test was performed.

(d) *Condition for coverage of screening flexible sigmoidoscopies.* Medicare Part B pays for a screening flexible sigmoidoscopy service if it is performed by a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act).

(e) *Limitations on coverage of screening flexible sigmoidoscopies.* (1) Payment may not be made for a screening flexible sigmoidoscopy performed for an individual under age 50.

(2) For an individual 50 years of age or over, payment may be made for a screening flexible sigmoidoscopy after at least 47 months have passed following the month in which the last screening flexible sigmoidoscopy or, as provided in paragraphs (h) and (i) of this section, the last screening barium enema was performed.

(f) *Condition for coverage of screening colonoscopies.* Medicare Part B pays for a screening colonoscopy if it is performed by a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act).

(g) *Limitations on coverage of screening colonoscopies.* (1) Payment may not be made for a screening colonoscopy for an individual who is not at high risk for colorectal cancer as described in paragraph (a)(3) of this section.

(2) Payment may be made for a screening colonoscopy performed for an individual who is at high risk for colorectal cancer as described in paragraph (a)(3) of this section, after at least 23 months have passed following the month in which the last screening colonoscopy was performed, or as provided in paragraphs (h) and (i) of this section, the last screening barium enema was performed.

(h) *Conditions for coverage of screening barium enemas.* Medicare Part B pays for a screening barium enema if it is ordered in writing by the beneficiary's attending physician.

(i) Limitations on coverage of screening barium enemas.

(1) In the case of an individual age 50 or over who is not at high risk of colorectal cancer, payment may be made for a screening barium enema examination performed after at least 47 months have passed following the month in which the last screening barium enema or screening flexible sigmoidoscopy was performed.

(2) In the case of an individual who is at high risk for colorectal cancer, payment may be made for a screening barium enema examination performed after at least 23 months have passed following the month in which the last screening barium enema or the last screening colonoscopy was performed.

6. A new § 410.56 is added to read as follows:

§ 410.56 Screening pelvic examinations.

(a) *Conditions for screening pelvic examinations.* Medicare Part B pays for a screening pelvic examination (including a clinical breast examination) if it is performed by a doctor of medicine or osteopathy (as defined in section 1861(r)(1) of the Act), or by a certified nurse midwife (as defined in section 1861(gg) of the Act), or a physician assistant, nurse practitioner, or clinic nurse specialist (as defined in section 1861(aa) of the Act) who is authorized under State law to perform the examination.

(b) *Limits on coverage of screening pelvic examinations.* The following limitations apply to coverage of screening pelvic examination services:

(1) *General rule.* Except as specified in paragraphs (b)(2) and (b)(3) of this section, payment may be made for a pelvic examination performed on an asymptomatic woman only if the individual has not had a pelvic examination paid for by Medicare during the preceding 35 months following the month in which her last Medicare-covered screening pelvic examination was performed and found to be normal.

(2) *More frequent screening based on high-risk factors.* Subject to the limitation as specified in paragraph (b)(4) of this section, payment may be made for a screening pelvic examination performed more frequently than once every 36 months if the test is performed by a physician or other practitioner specified in paragraph (a) of this section, and there is evidence that the woman is at high risk (on the basis of her medical history or other findings) of developing cervical cancer, or vaginal cancer, as determined in accordance with the following risk factors:

(i) High risk factors for cervical cancer:

(A) Early onset of sexual activity (under 16 years of age).

(B) Multiple sexual partners (five or more in a lifetime).

(C) History of a sexually transmitted disease (including HIV infection).

(D) Absence of three negative or any Pap smears within the previous 7 years.

(ii) High risk factor for vaginal cancer: DES (diethylstilbestrol)-exposed daughters of women who took DES during pregnancy.

(3) *More frequent screening for women of childbearing age.* Subject to the limitation as specified in paragraph (b)(4) of this section, payment may be made for a screening pelvic examination performed more frequently than once every 36 months if the test is performed by a physician or other practitioner as specified in paragraph (a) of this section for a woman of childbearing age who has had such an examination that indicated the presence of cervical or vaginal cancer or other abnormality during any of the preceding 3 years. The term ''woman of childbearing age'' means a woman who is premenopausal, and has been determined by a physician, or qualified practitioner as specified in paragraph (a) of this section, to be of childbearing age, based on her medical history or other findings.

(4) *Limitation applicable to women at high risk and those of childbearing age.* Payment is not made for a screening pelvic examination for women considered to be at high risk (under any of the criteria described in paragraph (b)(2) of this section), or who qualify for coverage under the childbearing provision (under the criteria described in paragraph (b)(3) of this section) more frequently than once every 11 months after the month that the last screening pelvic examination covered by Medicare was performed and found to be normal.

7. In § 410.160, the introductory text to paragraph (b) is republished, and new paragraphs (b)(5) and (b)(6) are added to read as follows:

§ 410.160 Part B annual deductible.

* * * * *

(b) *Exceptions.* Expenses incurred for the following services are not subject to the Part B annual deductible and do not count toward meeting that deductible:

* * * * *

(5) Screening mammography services as described in § 410.34 (c) and (d).

(6) Screening pelvic examinations as described in § 410.56.

* * * * *

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

D. Part 411 is amended as set forth below:

1. The authority citation for part 411 continues to read as follows:

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

2. In § 411.15 the introductory text to the section and to paragraph (a) is republished, paragraph (a)(1) is revised, the introductory text to paragraph (k) is republished, and new paragraphs (k)(6), (k)(7), and (k)(8) are added to read as follows:

§ 411.15 Particular services excluded from coverage.

The following services are excluded from coverage.

(a) Routine physical checkups such as—

(1) Examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptom, complaint, or injury, except for screening mammography, colorectal cancer screening tests, or screening pelvic examinations that meet the criteria specified in paragraphs (k)(6), (k)(7), and (k)(8) of this section.

* * * * *

(k) *Any services that are not reasonable and necessary* for one of the following purposes:

* * * * *

(6) In the case of screening mammography, for the purpose of early detection of breast cancer subject to the conditions and limitations specified in § 410.34 of this chapter.

(7) In the case of colorectal cancer screening tests, for the purpose of early detection of colorectal cancer subject to the conditions and limitations specified in § 410.37 of this chapter.

(8) In the case of screening pelvic examinations, for the purpose of early detection of cervical or vaginal cancer subject to the conditions and limitations specified in § 410.56 of this chapter.

* * * * *

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

E. Part 414 is amended as set forth below:

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

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

2. Section 414.20 is revised to read as follows:

§ 414.20 Formula for computing fee schedule amounts.

(a) *Participating supplier.* The fee schedule amount for a participating supplier for a physician service as defined in § 414.2 is computed as the product of the following amounts:

(1) The RVUs for the service.

(2) The GAF for the fee schedule area.

(3) The CF.

(b) *Nonparticipating supplier.* The fee schedule amount for a nonparticipating supplier for a physician service as defined in § 414.2 is 95 percent of the fee schedule amount as calculated in paragraph (a) of this section.

3. A new § 414.21 is added to read as follows:

§ 414.21 Medicare payment basis.

Medicare payment is based on the lesser of the actual charge or the applicable fee schedule amount.

4. In § 414.22, the introductory text to the section and to paragraph (b) is republished, and new paragraph (b)(4) is added to read as follows:

§ 414.22 Relative value units (RVUs).

HCFA establishes RVUs for physician work, physician practice expense, and malpractice insurance.

* * * * *

(b) *Practice expense RVUs.* * * *

(4) For services furnished beginning January 1, 1998, practice expense RVUs for certain services are reduced to 110 percent of the work RVUs for those services. The following two categories of services are excluded from this limitation:

(i) The service is provided more than 75 percent of the time in an office setting; or

(ii) The service is one described in section 1848(c)(2)(G)(v) of the Act, codified at 42 U.S.C. 1395w–4(c)(2)(G). Section 1848(c)(2)(G)(v) of the Act refers to the 1998 proposed resource-based practice expense RVUs (as specified in the June 18, 1997 physician fee schedule proposed rule (62 FR 33158)) for the specific site, either in-office or out-of-office, increased from its 1997 practice expense RVUs.)

* * * * *

5. In § 414.32, paragraph (b) is revised to read as follows:

§ 414.32 Determining payments for certain physician services furnished in facility settings.

* * * * *

(b) *General rule.* If physician services of the type routinely furnished in a physician's office are furnished in facility settings, the fee schedule amount for those services is determined by reducing the applicable practice expense RVUs for the service by 50 percent.

* * * * *

6. In § 414.48, paragraph (b) is revised to read as follows:

§ 414.48 Limits on actual charges of nonparticipating suppliers.

* * * * *

(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 as calculated in § 414.20(b).

7. Section 414.62 is added to read as follows:

§ 414.62 Fee schedule for clinical psychologist services.

The fee schedule for clinical psychologist services is set at 100 percent of the amount determined for corresponding services under the physician fee schedule.

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

Dated: October 23, 1997.

Nancy-Ann Min DeParle,

Deputy Administrator, Health Care Financing Administration.

Dated: October 27, 1997.

Donna E. Shalala,

Secretary.

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

Addendum A—Explanation and Use of Addenda B Through G

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physician services furnished in 1998. 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 for codes that are subject to comment. 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.

Addendum D contains the 1999 GPCIs by Medicare carrier and locality. Addendum E contains the 1998 GPCIs by Medicare carrier and locality. Addendum F contains the 1999 versus 1997 geographic adjustment factor by 1998 fee schedule area. Addendum G contains counties included in 1998 localities (listed alphabetically by State and locality name within the State).

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 for 1998 listed in Addendum E of this final rule. In applying the formula, use the CF of $36.6873. The work adjuster for 1998 is 0.917.

Addendum B—1998 Relative Value Units and Related Information Used in Determining Medicare Payments for 1998

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

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

2. *Modifier.* A modifier is shown if there is a technical component (modifier TC) and a professional component (PC) (modifier -26) for the service. If there is a PC and 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.

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

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

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

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

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

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

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

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

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

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

— If the item or service is covered as incident to a physician 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 the service is covered and no RVUs are shown, it is carrier-priced.

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

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

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

5. *Physician work RVUs.* These are the RVUs for the physician work for this service in 1998. Codes that are not used for Medicare payment are identified with a ''+.''

6. *Practice expense RVUs.* These are the RVUs for the practice expense for the service for 1998.

7. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 1998.

8. *Total RVUs.* This is the sum of the work, practice expense, and malpractice expense RVUs for 1998.

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 1998 Physicians' Current Procedural Terminology for specific definitions.

XXX = The global concept does not apply.

YYY = The global period is to be set by the carrier (for example, unlisted surgery codes).

ZZZ = The code is part of another service and falls within the global period for the other service.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
10040	.....	A	Acne surgery of skin abscess	*1.18	0.32	0.32	0.03	1.53	1.53	010
10060	.....	A	Drainage of skin abscess	*1.17	0.44	0.44	0.04	1.65	1.65	010
10061	.....	A	Drainage of skin abscess	*2.40	0.64	0.64	0.06	3.10	3.10	010
10080	.....	A	Drainage of pilonidal cyst	*1.17	0.50	0.50	0.05	1.72	1.72	010
10081	.....	A	Drainage of pilonidal cyst	*2.45	1.11	1.11	0.16	3.72	3.72	010
10120	.....	A	Remove foreign body	*1.22	0.46	0.46	0.05	1.73	1.73	010
10121	.....	A	Remove foreign body	*2.69	1.00	1.00	0.12	3.81	3.81	010
10140	.....	A	Drainage of hematoma/fluid	*1.53	0.48	0.48	0.05	2.06	2.06	010
10160	.....	A	Puncture drainage of lesion	*1.20	0.38	0.38	0.05	1.63	1.63	010
10180	.....	A	Complex drainage, wound	*2.25	1.05	1.05	0.18	3.48	3.48	010
11000	.....	A	Debride infected skin	0.60	0.40	0.40	0.04	1.04	1.04	000
11001	.....	A	Debride infect skin add	0.30	0.26	0.26	0.02	0.58	0.58	ZZZ
11010	.....	A	Debride skin, fx	*4.20	3.96	3.96	0.65	8.81	8.81	010
11011	.....	A	Debride skin/muscle, fx	4.95	4.72	4.72	0.77	10.44	10.44	000
11012	.....	A	Debride skin/muscle/bone, fx	6.88	6.56	6.56	1.07	14.51	14.51	000
11040	.....	A	Debride skin partial	0.50	0.40	0.40	0.04	0.94	0.94	000
11041	.....	A	Debride skin full	0.82	0.56	0.56	0.06	1.44	1.44	000
11042	.....	A	Debride skin/tissue	1.12	0.65	0.65	0.08	1.85	1.85	000
11043	.....	A	Debride tissue/muscle	*2.38	1.81	1.81	0.34	4.53	4.53	010
11044	.....	A	Debride tissue/muscle/bone	*3.06	2.82	2.82	0.49	6.37	6.37	010
11050	.....	D	Trim skin lesion	0.00	0.00	0.00	0.00	0.00	0.00	000
11051	.....	D	Trim 2 to 4 skin lesions	0.00	0.00	0.00	0.00	0.00	0.00	000
11052	.....	D	Trim over 4 skin lesions	0.00	0.00	0.00	0.00	0.00	0.00	000
11055	.....	R	Trim skin lesion	0.27	0.19	0.19	0.01	0.47	0.47	000
11056	.....	R	Trim 2 to 4 skin lesions	0.39	0.26	0.26	0.02	0.67	0.67	000
11057	.....	R	Trim over 4 skin lesions	0.50	0.21	0.21	0.02	0.73	0.73	000
11100	.....	A	Biopsy of skin lesion	0.81	0.51	0.51	0.04	1.36	1.36	000
11101	.....	A	Biopsy, each added lesion	0.41	0.29	0.29	0.02	0.72	0.72	ZZZ
11200	.....	A	Removal of skin tags	*0.77	0.43	0.43	0.04	1.24	1.24	010
11201	.....	A	Removal of added skin tags	0.29	0.17	0.17	0.02	0.48	0.48	ZZZ
11300	.....	A	Shave skin lesion	0.51	0.53	0.53	0.05	1.09	1.09	000
11301	.....	A	Shave skin lesion	0.85	0.67	0.67	0.06	1.58	1.58	000
11302	.....	A	Shave skin lesion	1.05	0.89	0.89	0.09	2.03	2.03	000
11303	.....	A	Shave skin lesion	1.24	1.36	1.36	0.17	2.77	2.77	000
11305	.....	A	Shave skin lesion	0.67	0.52	0.52	0.05	1.24	1.24	000

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
11306	.....	A	Shave skin lesion	0.99	0.71	0.71	0.07	1.77	1.77	000
11307	.....	A	Shave skin lesion	1.14	0.94	0.94	0.10	2.18	2.18	000
11308	.....	A	Shave skin lesion	1.41	1.40	1.40	0.17	2.98	2.98	000
11310	.....	A	Shave skin lesion	0.73	0.69	0.69	0.06	1.48	1.48	000
11311	.....	A	Shave skin lesion	1.05	0.85	0.85	0.08	1.98	1.98	000
11312	.....	A	Shave skin lesion	1.20	1.12	1.12	0.11	2.43	2.43	000
11313	.....	A	Shave skin lesion	1.62	1.49	1.49	0.15	3.26	3.26	000
11400	.....	A	Removal of skin lesion	*0.91	0.53	0.53	0.05	1.49	1.49	010
11401	.....	A	Removal of skin lesion	*1.32	0.67	0.67	0.06	2.05	2.05	010
11402	.....	A	Removal of skin lesion	*1.61	0.89	0.89	0.09	2.59	2.59	010
11403	.....	A	Removal of skin lesion	*1.92	1.17	1.17	0.13	3.22	3.22	010
11404	.....	A	Removal of skin lesion	*2.20	1.38	1.38	0.17	3.75	3.75	010
11406	.....	A	Removal of skin lesion	*2.76	1.88	1.88	0.33	4.97	4.97	010
11420	.....	A	Removal of skin lesion	*1.06	0.52	0.52	0.05	1.63	1.63	010
11421	.....	A	Removal of skin lesion	*1.53	0.71	0.71	0.07	2.31	2.31	010
11422	.....	A	Removal of skin lesion	*1.76	0.94	0.94	0.10	2.80	2.80	010
11423	.....	A	Removal of skin lesion	*2.17	1.31	1.31	0.15	3.63	3.63	010
11424	.....	A	Removal of skin lesion	*2.62	1.39	1.39	0.16	4.17	4.17	010
11426	.....	A	Removal of skin lesion	*3.78	1.83	1.83	0.29	5.90	5.90	010
11440	.....	A	Removal of skin lesion	*1.15	0.69	0.69	0.06	1.90	1.90	010
11441	.....	A	Removal of skin lesion	*1.61	0.85	0.85	0.08	2.54	2.54	010
11442	.....	A	Removal of skin lesion	*1.87	1.12	1.12	0.11	3.10	3.10	010
11443	.....	A	Removal of skin lesion	*2.49	1.45	1.45	0.15	4.09	4.09	010
11444	.....	A	Removal of skin lesion	*3.42	1.47	1.47	0.14	5.03	5.03	010
11446	.....	A	Removal of skin lesion	*4.49	1.78	1.78	0.18	6.45	6.45	010
11450	.....	A	Removal, sweat gland lesion	*2.73	2.68	2.68	0.44	5.85	5.85	090
11451	.....	A	Removal, sweat gland lesion	*3.95	2.90	2.90	0.46	7.31	7.31	090
11462	.....	A	Removal, sweat gland lesion	*2.51	2.41	2.41	0.36	5.28	5.28	090
11463	.....	A	Removal, sweat gland lesion	*3.95	2.00	2.00	0.34	6.29	6.29	090
11470	.....	A	Removal, sweat gland lesion	*3.25	2.78	2.78	0.45	6.48	6.48	090
11471	.....	A	Removal, sweat gland lesion	*4.41	2.46	2.46	0.48	7.35	7.35	090
11600	.....	A	Removal of skin lesion	*1.41	1.13	1.13	0.10	2.64	2.64	010
11601	.....	A	Removal of skin lesion	*1.93	1.39	1.39	0.12	3.44	3.44	010
11602	.....	A	Removal of skin lesion	*2.09	1.82	1.82	0.16	4.07	4.07	010
11603	.....	A	Removal of skin lesion	*2.35	2.25	2.25	0.21	4.81	4.81	010
11604	.....	A	Removal of skin lesion	*2.58	2.59	2.59	0.26	5.43	5.43	010
11606	.....	A	Removal of skin lesion	*3.43	3.11	3.11	0.49	7.03	7.03	010
11620	.....	A	Removal of skin lesion	*1.34	1.34	1.34	0.12	2.80	2.80	010
11621	.....	A	Removal of skin lesion	*1.97	1.75	1.75	0.16	3.88	3.88	010
11622	.....	A	Removal of skin lesion	*2.34	2.20	2.20	0.19	4.73	4.73	010
11623	.....	A	Removal of skin lesion	*2.93	2.58	2.58	0.25	5.76	5.76	010
11624	.....	A	Removal of skin lesion	*3.43	3.21	3.21	0.32	6.96	6.96	010
11626	.....	A	Removal of skin lesion	*4.30	3.41	3.41	0.51	8.22	8.22	010
11640	.....	A	Removal of skin lesion	*1.53	1.65	1.65	0.15	3.33	3.33	010
11641	.....	A	Removal of skin lesion	*2.44	2.09	2.09	0.18	4.71	4.71	010
11642	.....	A	Removal of skin lesion	*2.93	2.57	2.57	0.23	5.73	5.73	010
11643	.....	A	Removal of skin lesion	*3.50	3.01	3.01	0.28	6.79	6.79	010
11644	.....	A	Removal of skin lesion	*4.55	3.51	3.51	0.33	8.39	8.39	010
11646	.....	A	Removal of skin lesion	*5.95	4.32	4.32	0.60	10.87	10.87	010
11719	.....	R	Trim nail(s)	0.06	0.18	#0.07	0.01	0.25	0.14	000
11720	.....	A	Debride nail, 1–5	0.32	0.32	0.32	0.03	0.67	0.67	000
11721	.....	A	Debride nail, 6 or more	0.54	0.54	0.54	0.05	1.13	1.13	000
11730	.....	A	Removal of nail plate	1.13	0.45	0.45	0.04	1.62	1.62	000
11731	.....	A	Removal of second nail plate	0.57	0.51	0.51	0.05	1.13	1.13	ZZZ
11732	.....	A	Remove additional nail plate	0.57	0.25	0.25	0.02	0.84	0.84	ZZZ
11740	.....	A	Drain blood from under nail	0.37	0.39	0.39	0.04	0.80	0.80	000
11750	.....	A	Removal of nail bed	*1.86	2.10	2.10	0.19	4.15	4.15	010
11752	.....	A	Remove nail bed/finger tip	*2.67	2.82	2.82	0.36	5.85	5.85	010
11755	.....	A	Biopsy, nail unit	1.31	0.99	0.99	0.12	2.42	2.42	000
11760	.....	A	Reconstruction of nail bed	*1.58	0.93	0.93	0.09	2.60	2.60	010
11762	.....	A	Reconstruction of nail bed	*2.89	2.57	2.57	0.24	5.70	5.70	010
11765	.....	A	Excision of nail fold, toe	*0.69	0.51	0.51	0.05	1.25	1.25	010
11770	.....	A	Removal of pilonidal lesion	*2.61	2.67	2.67	0.44	5.72	5.72	010
11771	.....	A	Removal of pilonidal lesion	*5.74	4.52	4.52	0.92	11.18	11.18	090
11772	.....	A	Removal of pilonidal lesion	*6.98	4.82	4.82	1.01	12.81	12.81	090
11900	.....	A	Injection into skin lesions	0.52	0.25	0.25	0.02	0.79	0.79	000
11901	.....	A	Added skin lesions injection	0.80	0.41	0.41	0.03	1.24	1.24	000
11920	.....	R	Correct skin color defects	1.61	1.18	1.18	0.23	3.02	3.02	000
11921	.....	R	Correct skin color defects	1.93	1.40	1.40	0.28	3.61	3.61	000
11922	.....	R	Correct skin color defects	0.49	0.36	0.36	0.07	0.92	0.92	ZZZ
11950	.....	R	Therapy for contour defects	0.84	1.19	1.19	0.11	2.14	2.14	000
11951	.....	R	Therapy for contour defects	1.19	1.19	1.19	0.11	2.49	2.49	000
11952	.....	R	Therapy for contour defects	1.69	1.19	1.19	0.11	2.99	2.99	000
11954	.....	R	Therapy for contour defects	1.85	1.19	1.19	0.11	3.15	3.15	000

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
11960	.....	A	Insert tissue expander(s)	*9.08	7.73	7.73	1.48	18.29	18.29	090
11970	.....	A	Replace tissue expander	*7.06	#7.77	#7.77	1.61	16.44	16.44	090
11971	.....	A	Remove tissue expander(s)	*2.13	2.30	2.30	0.82	5.25	5.25	090
11975	.....	N	Insert contraceptive cap	+1.48	1.06	1.06	0.25	2.79	2.79	XXX
11976	.....	R	Removal of contraceptive cap	1.78	1.28	1.28	0.30	3.36	3.36	XXX
11977	.....	N	Removal/reinsert contra cap	+3.30	2.36	2.36	0.55	6.21	6.21	XXX
12001	.....	A	Repair superficial wound(s)	*1.70	0.57	0.57	0.05	2.32	2.32	010
12002	.....	A	Repair superficial wound(s)	*1.86	0.79	0.79	0.07	2.72	2.72	010
12004	.....	A	Repair superficial wound(s)	*2.24	1.14	1.14	0.10	3.48	3.48	010
12005	.....	A	Repair superficial wound(s)	*2.86	1.47	1.47	0.14	4.47	4.47	010
12006	.....	A	Repair superficial wound(s)	*3.67	1.78	1.78	0.19	5.64	5.64	010
12007	.....	A	Repair superficial wound(s)	*4.12	1.80	1.80	0.19	6.11	6.11	010
12011	.....	A	Repair superficial wound(s)	*1.76	0.74	0.74	0.06	2.56	2.56	010
12013	.....	A	Repair superficial wound(s)	*1.99	1.03	1.03	0.08	3.10	3.10	010
12014	.....	A	Repair superficial wound(s)	*2.46	1.19	1.19	0.10	3.75	3.75	010
12015	.....	A	Repair superficial wound(s)	*3.19	1.62	1.62	0.14	4.95	4.95	010
12016	.....	A	Repair superficial wound(s)	*3.93	2.26	2.26	0.19	6.38	6.38	010
12017	.....	A	Repair superficial wound(s)	*4.71	3.36	3.36	0.31	8.38	8.38	010
12018	.....	A	Repair superficial wound(s)	*5.53	5.15	5.15	0.48	11.16	11.16	010
12020	.....	A	Closure of split wound	*2.62	1.19	1.19	0.18	3.99	3.99	010
12021	.....	A	Closure of split wound	*1.84	0.62	0.62	0.11	2.57	2.57	010
12031	.....	A	Layer closure of wound(s)	*2.15	0.72	0.72	0.07	2.94	2.94	010
12032	.....	A	Layer closure of wound(s)	*2.47	1.05	1.05	0.10	3.62	3.62	010
12034	.....	A	Layer closure of wound(s)	*2.92	1.47	1.47	0.15	4.54	4.54	010
12035	.....	A	Layer closure of wound(s)	*3.43	1.92	1.92	0.23	5.58	5.58	010
12036	.....	A	Layer closure of wound(s)	*4.05	2.32	2.32	0.37	6.74	6.74	010
12037	.....	A	Layer closure of wound(s)	*4.67	3.09	3.09	0.48	8.24	8.24	010
12041	.....	A	Layer closure of wound(s)	*2.37	0.84	0.84	0.08	3.29	3.29	010
12042	.....	A	Layer closure of wound(s)	*2.74	1.17	1.17	0.12	4.03	4.03	010
12044	.....	A	Layer closure of wound(s)	*3.14	1.62	1.62	0.17	4.93	4.93	010
12045	.....	A	Layer closure of wound(s)	*3.64	2.13	2.13	0.23	6.00	6.00	010
12046	.....	A	Layer closure of wound(s)	*4.25	2.82	2.82	0.37	7.44	7.44	010
12047	.....	A	Layer closure of wound(s)	*4.65	4.02	4.02	0.56	9.23	9.23	010
12051	.....	A	Layer closure of wound(s)	*2.47	1.01	1.01	0.10	3.58	3.58	010
12052	.....	A	Layer closure of wound(s)	*2.77	1.47	1.47	0.14	4.38	4.38	010
12053	.....	A	Layer closure of wound(s)	*3.12	1.76	1.76	0.17	5.05	5.05	010
12054	.....	A	Layer closure of wound(s)	*3.46	2.60	2.60	0.25	6.31	6.31	010
12055	.....	A	Layer closure of wound(s)	*4.43	3.24	3.24	0.37	8.04	8.04	010
12056	.....	A	Layer closure of wound(s)	*5.24	4.74	4.74	0.52	10.50	10.50	010
12057	.....	A	Layer closure of wound(s)	*5.96	5.57	5.57	0.48	12.01	12.01	010
13100	.....	A	Repair of wound or lesion	*3.12	1.14	1.14	0.13	4.39	4.39	010
13101	.....	A	Repair of wound or lesion	*3.92	2.08	2.08	0.21	6.21	6.21	010
13120	.....	A	Repair of wound or lesion	*3.30	1.35	1.35	0.17	4.82	4.82	010
13121	.....	A	Repair of wound or lesion	*4.33	2.65	2.65	0.33	7.31	7.31	010
13131	.....	A	Repair of wound or lesion	*3.79	1.98	1.98	0.23	6.00	6.00	010
13132	.....	A	Repair of wound or lesion	*5.95	4.57	4.57	0.44	10.96	10.96	010
13150	.....	A	Repair of wound or lesion	*3.81	1.76	1.76	0.23	5.80	5.80	010
13151	.....	A	Repair of wound or lesion	*4.45	2.45	2.45	0.35	7.25	7.25	010
13152	.....	A	Repair of wound or lesion	*6.33	5.13	5.13	0.68	12.14	12.14	010
13160	.....	A	Late closure of wound	*10.48	3.33	3.33	0.58	14.39	14.39	090
13300	.....	A	Repair of wound or lesion	*5.27	5.71	5.71	0.86	11.84	11.84	010
14000	.....	A	Skin tissue rearrangement	*5.89	3.41	3.41	0.38	9.68	9.68	090
14001	.....	A	Skin tissue rearrangement	*8.47	4.75	4.75	0.76	13.98	13.98	090
14020	.....	A	Skin tissue rearrangement	*6.59	4.90	4.90	0.49	11.98	11.98	090
14021	.....	A	Skin tissue rearrangement	*10.06	6.21	6.21	0.94	17.21	17.21	090
14040	.....	A	Skin tissue rearrangement	*7.87	6.77	6.77	0.65	15.29	15.29	090
14041	.....	A	Skin tissue rearrangement	*11.49	7.88	7.88	1.02	20.39	20.39	090
14060	.....	A	Skin tissue rearrangement	*8.50	7.75	7.75	1.04	17.29	17.29	090
14061	.....	A	Skin tissue rearrangement	*12.29	10.49	10.49	1.27	24.05	24.05	090
14300	.....	A	Skin tissue rearrangement	*11.76	11.31	11.31	1.84	24.91	24.91	090
14350	.....	A	Skin tissue rearrangement	*9.61	6.07	6.07	1.05	16.73	16.73	090
15000	.....	A	Skin graft procedure	1.95	#2.15	#2.15	0.53	4.63	4.63	ZZZ
15050	.....	A	Skin pinch graft procedure	*4.30	1.79	1.79	0.30	6.39	6.39	090
15100	.....	A	Skin split graft procedure	*9.05	4.54	4.54	0.89	14.48	14.48	090
15101	.....	A	Skin split graft procedure	1.72	1.59	1.59	0.33	3.64	3.64	ZZZ
15120	.....	A	Skin split graft procedure	*9.83	6.05	6.05	0.94	16.82	16.82	090
15121	.....	A	Skin split graft procedure	2.67	2.91	2.91	0.53	6.11	6.11	ZZZ
15200	.....	A	Skin full graft procedure	*8.03	4.13	4.13	0.69	12.85	12.85	090
15201	.....	A	Skin full graft procedure	1.32	1.68	#1.45	0.50	3.50	3.27	ZZZ
15220	.....	A	Skin full graft procedure	*7.87	4.84	4.84	0.85	13.56	13.56	090
15221	.....	A	Skin full graft procedure	1.19	1.59	#1.31	0.50	3.28	3.00	ZZZ
15240	.....	A	Skin full graft procedure	*9.04	6.10	6.10	1.03	16.17	16.17	090
15241	.....	A	Skin full graft procedure	1.86	2.38	#2.05	0.58	4.82	4.49	ZZZ
15260	.....	A	Skin full graft procedure	*10.06	7.46	7.46	0.99	18.51	18.51	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
15261	.....	A	Skin full graft procedure	2.23	2.85	#2.45	0.60	5.68	5.28	ZZZ
15350	.....	A	Skin homograft procedure	*4.36	2.15	2.15	0.42	6.93	6.93	090
15400	.....	A	Skin heterograft procedure	*5.78	1.06	1.06	0.17	7.01	7.01	090
15570	.....	A	Form skin pedicle flap	*9.21	5.50	5.50	2.08	16.79	16.79	090
15572	.....	A	Form skin pedicle flap	*9.27	5.38	5.38	1.86	16.51	16.51	090
15574	.....	A	Form skin pedicle flap	*9.88	5.40	5.40	1.66	16.94	16.94	090
15576	.....	A	Form skin pedicle flap	*8.69	3.12	3.12	0.60	12.41	12.41	090
15580	.....	A	Attach skin pedicle graft	*9.46	4.31	4.31	1.30	15.07	15.07	090
15600	.....	A	Skin graft procedure	*1.91	2.51	#2.10	0.88	5.30	4.89	090
15610	.....	A	Skin graft procedure	*2.42	2.82	#2.66	0.80	6.04	5.88	090
15620	.....	A	Skin graft procedure	*2.94	3.44	#3.23	0.86	7.24	7.03	090
15625	.....	A	Skin graft procedure	*1.91	#2.10	#2.10	0.78	4.79	4.79	090
15630	.....	A	Skin graft procedure	*3.27	#3.60	#3.60	0.90	7.77	7.77	090
15650	.....	A	Transfer skin pedicle flap	*3.97	#4.37	#4.37	0.93	9.27	9.27	090
15732	.....	A	Muscle-skin graft, head/neck	*17.84	15.48	15.48	3.46	36.78	36.78	090
15734	.....	A	Muscle-skin graft, trunk	*17.79	19.01	19.01	3.24	40.04	40.04	090
15736	.....	A	Muscle-skin graft, arm	*16.27	16.21	16.21	3.02	35.50	35.50	090
15738	.....	A	Muscle-skin graft, leg	*17.92	12.89	12.89	3.29	34.10	34.10	090
15740	.....	A	Island pedicle flap graft	*10.25	10.39	10.39	1.62	22.26	22.26	090
15750	.....	A	Neurovascular pedicle graft	*11.41	11.96	11.96	2.03	25.40	25.40	090
15756	.....	A	Free muscle flap, microvasc	*35.23	30.09	30.09	5.33	70.65	70.65	090
15757	.....	A	Free skin flap, microvasc	*35.23	30.09	30.09	5.33	70.65	70.65	090
15758	.....	A	Free fascial flap, microvasc	*35.10	30.09	30.09	5.33	70.52	70.52	090
15760	.....	A	Composite skin graft	*8.74	7.29	7.29	1.11	17.14	17.14	090
15770	.....	A	Derma-fat-fascia graft	*7.52	7.46	7.46	0.95	15.93	15.93	090
15775	.....	R	Hair transplant punch grafts	3.96	2.88	2.88	0.56	7.40	7.40	000
15776	.....	R	Hair transplant punch grafts	5.54	4.03	4.03	0.79	10.36	10.36	000
15780	.....	A	Abrasion treatment of skin	*7.29	1.53	1.53	0.13	8.95	8.95	090
15781	.....	A	Abrasion treatment of skin	*4.85	3.77	3.77	0.39	9.01	9.01	090
15782	.....	A	Abrasion treatment of skin	*4.32	1.19	1.19	0.13	5.64	5.64	090
15783	.....	A	Abrasion treatment of skin	*4.29	1.85	1.85	0.19	6.33	6.33	090
15786	.....	A	Abrasion treatment of lesion	*2.03	0.62	0.62	0.06	2.71	2.71	010
15787	.....	A	Abrasion, added skin lesions	0.33	0.23	0.23	0.03	0.59	0.59	ZZZ
15788	.....	R	Chemical peel, face, epiderm	*2.09	1.48	1.48	0.12	3.69	3.69	090
15789	.....	R	Chemical peel, face, dermal	*4.92	1.48	1.48	0.12	6.52	6.52	090
15792	.....	R	Chemical peel, nonfacial	*1.86	0.50	0.50	0.05	2.41	2.41	090
15793	.....	A	Chemical peel, nonfacial	*3.74	0.50	0.50	0.05	4.29	4.29	090
15810	.....	A	Salabrasion	*4.74	3.80	3.80	0.29	8.83	8.83	090
15811	.....	A	Salabrasion	*5.39	3.74	3.74	0.73	9.86	9.86	090
15819	.....	A	Plastic surgery, neck	*9.38	8.01	8.01	0.87	18.26	18.26	090
15820	.....	A	Revision of lower eyelid	*5.15	#5.67	#5.67	0.64	11.46	11.46	090
15821	.....	A	Revision of lower eyelid	*5.72	#6.29	#6.29	0.68	12.69	12.69	090
15822	.....	A	Revision of upper eyelid	*4.45	#4.90	#4.90	0.56	9.91	9.91	090
15823	.....	A	Revision of upper eyelid	*7.05	7.71	7.71	0.61	15.37	15.37	090
15824	.....	R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15825	.....	R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15826	.....	R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15828	.....	R	Removal of face wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15829	.....	R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15831	.....	A	Excise excessive skin tissue	*12.40	9.84	9.84	2.01	24.25	24.25	090
15832	.....	A	Excise excessive skin tissue	*11.59	8.29	8.29	1.33	21.21	21.21	090
15833	.....	A	Excise excessive skin tissue	*10.64	6.22	6.22	1.12	17.98	17.98	090
15834	.....	A	Excise excessive skin tissue	*10.85	7.18	7.18	1.22	19.25	19.25	090
15835	.....	A	Excise excessive skin tissue	*11.67	7.00	7.00	1.22	19.89	19.89	090
15836	.....	A	Excise excessive skin tissue	*9.34	5.80	5.80	1.10	16.24	16.24	090
15837	.....	A	Excise excessive skin tissue	*8.43	5.97	5.97	0.85	15.25	15.25	090
15838	.....	A	Excise excessive skin tissue	*7.13	5.88	5.88	0.73	13.74	13.74	090
15839	.....	A	Excise excessive skin tissue	*9.38	2.44	2.44	0.46	12.28	12.28	090
15840	.....	A	Graft for face nerve palsy	*13.26	#14.59	#14.59	2.28	30.13	30.13	090
15841	.....	A	Graft for face nerve palsy	*23.26	16.87	16.87	2.76	42.89	42.89	090
15842	.....	A	Graft for face nerve palsy	*37.96	29.00	29.00	2.68	69.64	69.64	090
15845	.....	A	Skin and muscle repair, face	*12.57	#13.83	#13.83	2.54	28.94	28.94	090
15850	.....	B	Removal of sutures	+0.78	0.36	0.36	0.04	1.18	1.18	XXX
15851	.....	A	Removal of sutures	0.86	0.30	0.30	0.03	1.19	1.19	000
15852	.....	A	Dressing change, not for burn	0.86	0.44	0.44	0.07	1.37	1.37	000
15860	.....	A	Test for blood flow in graft	1.95	1.35	1.35	0.25	3.55	3.55	000
15876	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15877	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15878	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15879	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
15920	.....	A	Removal of tail bone ulcer	*7.95	2.95	2.95	0.63	11.53	11.53	090
15922	.....	A	Removal of tail bone ulcer	*9.90	5.98	5.98	1.19	17.07	17.07	090
15931	.....	A	Remove sacrum pressure sore	*9.24	2.93	2.93	0.55	12.72	12.72	090
15933	.....	A	Remove sacrum pressure sore	*10.85	6.92	6.92	1.43	19.20	19.20	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
15934	.....	A	Remove sacrum pressure sore	*12.69	7.46	7.46	1.50	21.65	21.65	090
15935	.....	A	Remove sacrum pressure sore	*14.57	11.24	11.24	2.27	28.08	28.08	090
15936	.....	A	Remove sacrum pressure sore	*12.38	10.27	10.27	2.05	24.70	24.70	090
15937	.....	A	Remove sacrum pressure sore	*14.21	13.47	13.47	2.67	30.35	30.35	090
15940	.....	A	Removal of pressure sore	*9.34	3.55	3.55	0.73	13.62	13.62	090
15941	.....	A	Removal of pressure sore	*11.43	7.05	7.05	1.39	19.87	19.87	090
15944	.....	A	Removal of pressure sore	*11.46	9.26	9.26	1.82	22.54	22.54	090
15945	.....	A	Removal of pressure sore	*12.69	11.14	11.14	2.09	25.92	25.92	090
15946	.....	A	Removal of pressure sore	*21.57	16.61	16.61	3.24	41.42	41.42	090
15950	.....	A	Remove thigh pressure sore	*7.54	3.01	3.01	0.58	11.13	11.13	090
15951	.....	A	Remove thigh pressure sore	*10.72	7.65	7.65	1.58	19.95	19.95	090
15952	.....	A	Remove thigh pressure sore	*11.39	7.13	7.13	1.37	19.89	19.89	090
15953	.....	A	Remove thigh pressure sore	*12.63	9.08	9.08	1.87	23.58	23.58	090
15956	.....	A	Remove thigh pressure sore	*15.52	#17.07	#17.07	3.39	35.98	35.98	090
15958	.....	A	Remove thigh pressure sore	*15.48	#17.03	#17.03	3.76	36.27	36.27	090
15999	.....	C	Removal of pressure sore	0.00	0.00	0.00	0.00	0.00	0.00	YYY
16000	.....	A	Initial treatment of burn(s)	0.89	0.35	0.35	0.03	1.27	1.27	000
16010	.....	A	Treatment of burn(s)	0.87	0.32	0.32	0.03	1.22	1.22	000
16015	.....	A	Treatment of burn(s)	2.35	2.04	2.04	0.38	4.77	4.77	000
16020	.....	A	Treatment of burn(s)	0.80	0.34	0.34	0.03	1.17	1.17	000
16025	.....	A	Treatment of burn(s)	1.85	0.45	0.45	0.05	2.35	2.35	000
16030	.....	A	Treatment of burn(s)	2.08	0.52	0.52	0.08	2.68	2.68	000
16035	.....	A	Incision of burn scab	*4.82	1.88	1.88	0.34	7.04	7.04	090
16040	.....	A	Burn wound excision	1.02	1.56	#1.12	0.53	3.11	2.67	000
16041	.....	A	Burn wound excision	2.70	#2.97	#2.97	0.53	6.20	6.20	000
16042	.....	A	Burn wound excision	2.35	#2.59	#2.59	0.53	5.47	5.47	000
17000	.....	A	Destroy benign/premal lesion	*0.60	0.42	0.42	0.03	1.05	1.05	010
17001	.....	D	Destruction of added lesions	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
17002	.....	D	Destruction of added lesions	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
17003	.....	A	Destroy 2–14 lesions	0.15	0.13	0.13	0.01	0.29	0.29	ZZZ
17004	.....	A	Destroy 15 & more lesions	*2.79	2.25	2.25	0.20	5.24	5.24	010
17010	.....	D	12 Destruction skin lesion(s)	*0.00	0.00	0.00	0.00	0.00	0.00	010
17100	.....	D	12 Destruction of skin lesion	*0.00	0.00	0.00	0.00	0.00	0.00	010
17101	.....	D	Destruction of 2nd lesion	0.00	#0.00	#0.00	0.00	0.00	0.00	ZZZ
17102	.....	D	Destruction of added lesions	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
17104	.....	D	Destruction of skin lesions	*0.00	0.00	0.00	0.00	0.00	0.00	010
17105	.....	D	Destruction of skin lesions	*0.00	0.00	0.00	0.00	0.00	0.00	010
17106	.....	A	Destruction of skin lesions	*4.59	1.93	1.93	0.18	6.70	6.70	090
17107	.....	A	Destruction of skin lesions	*9.16	3.70	3.70	0.39	13.25	13.25	090
17108	.....	A	Destruction of skin lesions	*13.20	9.32	9.32	0.69	23.21	23.21	090
17110	.....	A	Destruct lesion, 1–14	*0.65	0.40	0.40	0.03	1.08	1.08	010
17111	.....	A	Destruct lesion, 15 or more	*0.92	0.60	0.60	0.05	1.57	1.57	010
17200	.....	D	1 Electrocautery of skin tags	*0.00	0.00	0.00	0.00	0.00	0.00	010
17201	.....	D	Electrocautery added lesions	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
17250	.....	A	Chemical cautery, tissue	0.50	0.34	0.34	0.04	0.88	0.88	000
17260	.....	A	Destruction of skin lesions	*0.91	1.13	1.13	0.10	2.14	2.14	010
17261	.....	A	Destruction of skin lesions	*1.17	1.39	1.39	0.12	2.68	2.68	010
17262	.....	A	Destruction of skin lesions	*1.58	1.82	1.82	0.16	3.56	3.56	010
17263	.....	A	Destruction of skin lesions	*1.79	2.25	2.25	0.21	4.25	4.25	010
17264	.....	A	Destruction of skin lesions	*1.94	2.59	2.59	0.26	4.79	4.79	010
17266	.....	A	Destruction of skin lesions	*2.34	3.11	3.11	0.49	5.94	5.94	010
17270	.....	A	Destruction of skin lesions	*1.32	1.34	1.34	0.12	2.78	2.78	010
17271	.....	A	Destruction of skin lesions	*1.49	1.75	1.75	0.16	3.40	3.40	010
17272	.....	A	Destruction of skin lesions	*1.77	2.20	2.20	0.19	4.16	4.16	010
17273	.....	A	Destruction of skin lesions	*2.05	2.58	2.58	0.25	4.88	4.88	010
17274	.....	A	Destruction of skin lesions	*2.59	3.21	3.21	0.32	6.12	6.12	010
17276	.....	A	Destruction of skin lesions	*3.20	3.41	3.41	0.51	7.12	7.12	010
17280	.....	A	Destruction of skin lesions	*1.17	1.65	1.65	0.15	2.97	2.97	010
17281	.....	A	Destruction of skin lesions	*1.72	2.09	2.09	0.18	3.99	3.99	010
17282	.....	A	Destruction of skin lesions	*2.04	2.57	2.57	0.23	4.84	4.84	010
17283	.....	A	Destruction of skin lesions	*2.64	3.01	3.01	0.28	5.93	5.93	010
17284	.....	A	Destruction of skin lesions	*3.21	3.51	3.51	0.33	7.05	7.05	010
17286	.....	A	Destruction of skin lesions	*4.44	4.32	4.32	0.60	9.36	9.36	010
17304	.....	A	Chemosurgery of skin lesion	7.60	4.02	4.02	0.31	11.93	11.93	000
17305	.....	A	2nd stage chemosurgery	2.85	2.26	2.26	0.17	5.28	5.28	000
17306	.....	A	3rd stage chemosurgery	2.85	1.40	1.40	0.11	4.36	4.36	000
17307	.....	A	Followup skin lesion therapy	2.85	1.47	1.47	0.12	4.44	4.44	000
17310	.....	A	Extensive skin chemosurgery	0.95	0.13	0.13	0.01	1.09	1.09	000
17340	.....	A	Cryotherapy of skin	*0.76	0.28	0.28	0.02	1.06	1.06	010
17360	.....	A	Skin peel therapy	*1.43	0.27	0.27	0.02	1.72	1.72	010
17380	.....	R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
17999	.....	C	Skin tissue procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
19000	.....	A	Drainage of breast lesion	0.84	0.38	0.38	0.07	1.29	1.29	000
19001	.....	A	Drain added breast lesion	0.42	0.24	0.24	0.05	0.71	0.71	ZZZ

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
19020	.....	A	Incision of breast lesion	*3.57	1.40	1.40	0.28	5.25	5.25	090
19030	.....	A	Injection for breast x-ray	1.53	0.49	0.49	0.04	2.06	2.06	000
19100	.....	A	Biopsy of breast	1.27	0.64	0.64	0.13	2.04	2.04	000
19101	.....	A	Biopsy of breast	*3.18	2.34	2.34	0.45	5.97	5.97	010
19110	.....	A	Nipple exploration	*4.30	2.46	2.46	0.51	7.27	7.27	090
19112	.....	A	Excise breast duct fistula	*3.67	2.34	2.34	0.35	6.36	6.36	090
19120	.....	A	Removal of breast lesion	*5.56	2.90	2.90	0.60	9.06	9.06	090
19125	.....	A	Excision, breast lesion	*6.06	2.90	2.90	0.60	9.56	9.56	090
19126	.....	A	Excision, added breast lesion	2.93	1.45	1.45	0.31	4.69	4.69	ZZZ
19140	.....	A	Removal of breast tissue	*5.14	4.29	4.29	0.91	10.34	10.34	090
19160	.....	A	Removal of breast tissue	*5.99	4.13	4.13	0.88	11.00	11.00	090
19162	.....	A	Remove breast tissue, nodes	*13.53	9.38	9.38	1.96	24.87	24.87	090
19180	.....	A	Removal of breast	*8.80	5.61	5.61	1.17	15.58	15.58	090
19182	.....	A	Removal of breast	*7.73	6.07	6.07	1.27	15.07	15.07	090
19200	.....	A	Removal of breast	*15.49	10.22	10.22	2.15	27.86	27.86	090
19220	.....	A	Removal of breast	*15.72	10.73	10.73	2.38	28.83	28.83	090
19240	.....	A	Removal of breast	*16.00	9.44	9.44	1.99	27.43	27.43	090
19260	.....	A	Removal of chest wall lesion	*15.44	5.05	5.05	1.04	21.53	21.53	090
19271	.....	A	Revision of chest wall	*18.90	13.95	13.95	2.77	35.62	35.62	090
19272	.....	A	Extensive chest wall surgery	*21.55	12.60	12.60	2.56	36.71	36.71	090
19290	.....	A	Place needle wire, breast	1.27	0.44	0.44	0.07	1.78	1.78	000
19291	.....	A	Place needle wire, breast	0.63	0.25	0.25	0.04	0.92	0.92	ZZZ
19316	.....	A	Suspension of breast	*10.69	#11.76	#11.76	2.43	24.88	24.88	090
19318	.....	A	Reduction of large breast	*15.62	14.18	14.18	3.23	33.03	33.03	090
19324	.....	A	Enlarge breast	*5.85	3.29	3.29	0.67	9.81	9.81	090
19325	.....	A	Enlarge breast with implant	*8.45	5.87	5.87	1.13	15.45	15.45	090
19328	.....	A	Removal of breast implant	*5.68	3.76	3.76	0.73	10.17	10.17	090
19330	.....	A	Removal of implant material	*7.59	3.88	3.88	0.75	12.22	12.22	090
19340	.....	A	Immediate breast prosthesis	6.33	#6.96	#6.96	2.06	15.35	15.35	ZZZ
19342	.....	A	Delayed breast prosthesis	*11.20	10.81	10.81	2.03	24.04	24.04	090
19350	.....	A	Breast reconstruction	*8.92	7.08	7.08	1.38	17.38	17.38	090
19355	.....	A	Correct inverted nipple(s)	*7.57	4.93	4.93	1.00	13.50	13.50	090
19357	.....	A	Breast reconstruction	*18.16	12.15	12.15	2.37	32.68	32.68	090
19361	.....	A	Breast reconstruction	*19.26	20.13	20.13	3.88	43.27	43.27	090
19364	.....	A	Breast reconstruction	*29.04	16.68	16.68	3.58	49.30	49.30	090
19366	.....	A	Breast reconstruction	*21.28	16.40	16.40	3.18	40.86	40.86	090
19367	.....	A	Breast reconstruction	*25.73	20.13	20.13	3.88	49.74	49.74	090
19368	.....	A	Breast reconstruction	*32.42	20.13	20.13	3.88	56.43	56.43	090
19369	.....	A	Breast reconstruction	*29.82	20.13	20.13	3.88	53.83	53.83	090
19370	.....	A	Surgery of breast capsule	*8.05	6.17	6.17	1.19	15.41	15.41	090
19371	.....	A	Removal of breast capsule	*9.35	7.91	7.91	1.54	18.80	18.80	090
19380	.....	A	Revise breast reconstruction	*9.14	8.11	8.11	1.57	18.82	18.82	090
19396	.....	A	Design custom breast implant	2.17	1.57	1.57	0.31	4.05	4.05	000
19499	.....	C	Breast surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
20000	.....	A	Incision of abscess	*2.12	0.85	0.85	0.08	3.05	3.05	010
20005	.....	A	Incision of deep abscess	*3.42	1.83	1.83	0.28	5.53	5.53	010
20100	.....	A	Explore wound, neck	*10.08	4.97	4.97	1.16	16.21	16.21	010
20101	.....	A	Explore wound, chest	*3.22	1.57	1.57	0.37	5.16	5.16	010
20102	.....	A	Explore wound, abdomen	*3.94	1.92	1.92	0.45	6.31	6.31	010
20103	.....	A	Explore wound, extremity	*5.30	2.59	2.59	0.60	8.49	8.49	010
20150	.....	A	Excise epiphyseal bar	*13.69	12.40	12.40	2.03	28.12	28.12	090
20200	.....	A	Muscle biopsy	1.46	1.12	1.12	0.18	2.76	2.76	000
20205	.....	A	Deep muscle biopsy	2.35	1.88	1.88	0.33	4.56	4.56	000
20206	.....	A	Needle biopsy, muscle	0.99	0.96	0.96	0.14	2.09	2.09	000
20220	.....	A	Bone biopsy, trocar/needle	1.27	1.31	1.31	0.09	2.67	2.67	000
20225	.....	A	Bone biopsy, trocar/needle	1.87	2.39	#2.06	0.28	4.54	4.21	000
20240	.....	A	Bone biopsy, excisional	*3.23	1.88	1.88	0.18	5.29	5.29	010
20245	.....	A	Bone biopsy, excisional	*3.95	3.58	3.58	0.44	7.97	7.97	010
20250	.....	A	Open bone biopsy	*5.03	5.07	5.07	0.76	10.86	10.86	010
20251	.....	A	Open bone biopsy	*5.56	5.84	5.84	0.92	12.32	12.32	010
20500	.....	A	Injection of sinus tract	*1.23	0.36	0.36	0.04	1.63	1.63	010
20501	.....	A	Inject sinus tract for x-ray	0.76	0.30	0.30	0.02	1.08	1.08	000
20520	.....	A	Removal of foreign body	*1.85	0.71	0.71	0.08	2.64	2.64	010
20525	.....	A	Removal of foreign body	*3.50	2.23	2.23	0.33	6.06	6.06	010
20550	.....	A	Inj tendon/ligament/cyst	0.86	0.38	0.38	0.04	1.28	1.28	000
20600	.....	A	Drain/inject joint/bursa	0.66	0.47	0.47	0.05	1.18	1.18	000
20605	.....	A	Drain/inject joint/bursa	0.68	0.45	0.45	0.05	1.18	1.18	000
20610	.....	A	Drain/inject joint/bursa	0.79	0.45	0.45	0.05	1.29	1.29	000
20615	.....	A	Treatment of bone cyst	*2.28	0.49	0.49	0.06	2.83	2.83	010
20650	.....	A	Insert and remove bone pin	*2.23	1.08	1.08	0.14	3.45	3.45	010
20660	.....	A	Apply, remove fixation device	2.51	1.56	1.56	0.21	4.28	4.28	000
20661	.....	A	Application of head brace	*4.89	3.82	3.82	0.65	9.36	9.36	090
20662	.....	A	Application of pelvis brace	*6.07	6.54	6.54	1.03	13.64	13.64	090
20663	.....	A	Application of thigh brace	*5.43	4.64	4.64	0.76	10.83	10.83	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
20664	.....	A	Halo brace application	*8.06	3.82	3.82	0.65	12.53	12.53	090
20665	.....	A	Removal of fixation device	*1.31	0.50	0.50	0.07	1.88	1.88	010
20670	.....	A	Removal of support implant	*1.74	0.74	0.74	0.11	2.59	2.59	010
20680	.....	A	Removal of support implant	*3.35	3.33	3.33	0.51	7.19	7.19	090
20690	.....	A	Apply bone fixation device	3.52	3.66	3.66	0.58	7.76	7.76	ZZZ
20692	.....	A	Apply bone fixation device	6.41	5.51	5.51	0.89	12.81	12.81	ZZZ
20693	.....	A	Adjust bone fixation device	*5.86	2.49	2.49	0.42	8.77	8.77	090
20694	.....	A	Remove bone fixation device	*4.16	2.60	2.60	0.41	7.17	7.17	090
20802	.....	A	Replantation, arm, complete	*41.15	37.72	37.72	6.17	85.04	85.04	090
20805	.....	A	Replant forearm, complete	*50.00	46.17	46.17	7.56	103.73	103.73	090
20808	.....	A	Replantation, hand, complete	*61.65	57.40	57.40	9.40	128.45	128.45	090
20816	.....	A	Replantation digit, complete	*30.94	28.30	28.30	4.63	63.87	63.87	090
20822	.....	A	Replantation digit, complete	*25.59	23.39	23.39	3.83	52.81	52.81	090
20824	.....	A	Replantation thumb, complete	*30.94	28.30	28.30	4.63	63.87	63.87	090
20827	.....	A	Replantation thumb, complete	*26.41	24.05	24.05	3.94	54.40	54.40	090
20838	.....	A	Replantation, foot, complete	*41.41	37.72	37.72	6.17	85.30	85.30	090
20900	.....	A	Removal of bone for graft	*5.58	2.80	2.80	0.45	8.83	8.83	090
20902	.....	A	Removal of bone for graft	*7.55	4.95	4.95	0.80	13.30	13.30	090
20910	.....	A	Remove cartilage for graft	*5.34	0.79	0.79	0.09	6.22	6.22	090
20912	.....	A	Remove cartilage for graft	*6.35	4.62	4.62	0.64	11.61	11.61	090
20920	.....	A	Removal of fascia for graft	*5.31	3.93	3.93	0.50	9.74	9.74	090
20922	.....	A	Removal of fascia for graft	*6.61	4.39	4.39	0.71	11.71	11.71	090
20924	.....	A	Removal of tendon for graft	*6.48	5.45	5.45	0.85	12.78	12.78	090
20926	.....	A	Removal of tissue for graft	*5.53	2.59	2.59	0.39	8.51	8.51	090
20930	.....	B	Spinal bone allograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20931	.....	A	Spinal bone allograft	1.81	1.73	1.73	0.28	3.82	3.82	ZZZ
20936	.....	B	Spinal bone autograft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
20937	.....	A	Spinal bone autograft	2.79	2.66	2.66	0.44	5.89	5.89	ZZZ
20938	.....	A	Spinal bone autograft	3.02	2.88	2.88	0.47	6.37	6.37	ZZZ
20950	.....	A	Record fluid pressure, muscle	1.26	1.09	1.09	0.17	2.52	2.52	000
20955	.....	A	Fibula bone graft, microvasc	*39.21	35.84	35.84	5.87	80.92	80.92	090
20956	.....	A	Iliac bone graft, microvasc	*39.27	26.90	26.90	5.26	71.43	71.43	090
20957	.....	A	Mt bone graft, microvasc	*40.65	27.87	27.87	5.45	73.97	73.97	090
20962	.....	A	Other bone graft, microvasc	*39.27	26.90	26.90	5.26	71.43	71.43	090
20969	.....	A	Bone/skin graft, microvasc	*43.92	40.13	40.13	6.57	90.62	90.62	090
20970	.....	A	Bone/skin graft, iliac crest	*43.06	39.31	39.31	6.44	88.81	88.81	090
20972	.....	A	Bone-skin graft, metatarsal	*42.99	39.61	39.61	6.49	89.09	89.09	090
20973	.....	A	Bone-skin graft, great toe	*45.76	42.25	42.25	6.91	94.92	94.92	090
20974	.....	A	Electrical bone stimulation	0.62	3.42	3.42	0.53	4.57	4.57	000
20975	.....	A	Electrical bone stimulation	2.60	#2.86	#2.86	0.56	6.02	6.02	ZZZ
20999	.....	C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21010	.....	A	Incision of jaw joint	*10.14	10.24	10.24	0.93	21.31	21.31	090
21015	.....	A	Resection of facial tumor	*5.29	#5.82	#5.82	1.13	12.24	12.24	090
21025	.....	A	Excision of bone, lower jaw	*10.06	4.14	4.14	0.38	14.58	14.58	090
21026	.....	A	Excision of facial bone(s)	*4.85	3.14	3.14	0.28	8.27	8.27	090
21029	.....	A	Contour of face bone lesion	*7.71	#8.48	#8.48	0.78	16.97	16.97	090
21030	.....	A	Removal of face bone lesion	*6.46	3.35	3.35	0.29	10.10	10.10	090
21031	.....	A	Remove exostosis, mandible	*3.24	3.68	3.68	0.32	7.24	7.24	090
21032	.....	A	Remove exostosis, maxilla	*3.24	3.88	3.88	0.35	7.47	7.47	090
21034	.....	A	Removal of face bone lesion	*16.17	6.98	6.98	0.89	24.04	24.04	090
21040	.....	A	Removal of jaw bone lesion	*2.11	2.76	2.76	0.24	5.11	5.11	090
21041	.....	A	Removal of jaw bone lesion	*6.71	5.76	5.76	0.50	12.97	12.97	090
21044	.....	A	Removal of jaw bone lesion	*11.86	9.55	9.55	1.11	22.52	22.52	090
21045	.....	A	Extensive jaw surgery	*16.17	13.83	13.83	1.58	31.58	31.58	090
21050	.....	A	Removal of jaw joint	*10.77	#11.85	#11.85	1.08	23.70	23.70	090
21060	.....	A	Remove jaw joint cartilage	*10.23	#11.25	#11.25	1.04	22.52	22.52	090
21070	.....	A	Remove coronoid process	*8.20	6.81	6.81	0.82	15.83	15.83	090
21076	.....	A	Prepare face/oral prosthesis	*13.42	#14.76	#14.76	1.35	29.53	29.53	010
21077	.....	A	Prepare face/oral prosthesis	*33.75	#37.13	#37.13	3.39	74.27	74.27	090
21079	.....	A	Prepare face/oral prosthesis	*22.34	27.93	27.93	2.25	52.52	52.52	090
21080	.....	A	Prepare face/oral prosthesis	*25.10	31.38	31.38	2.52	59.00	59.00	090
21081	.....	A	Prepare face/oral prosthesis	*22.88	28.59	28.59	2.30	53.77	53.77	090
21082	.....	A	Prepare face/oral prosthesis	*20.87	#22.96	#22.96	2.10	45.93	45.93	090
21083	.....	A	Prepare face/oral prosthesis	*19.30	24.13	24.13	1.94	45.37	45.37	090
21084	.....	A	Prepare face/oral prosthesis	*22.51	28.14	28.14	2.28	52.93	52.93	090
21085	.....	A	Prepare face/oral prosthesis	*9.00	#9.90	#9.90	0.90	19.80	19.80	010
21086	.....	A	Prepare face/oral prosthesis	*24.92	31.15	31.15	2.51	58.58	58.58	090
21087	.....	A	Prepare face/oral prosthesis	*24.92	#27.41	#27.41	2.51	54.84	54.84	090
21088	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	090
21089	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	090
21100	.....	A	Maxillofacial fixation	*4.22	1.06	1.06	0.11	5.39	5.39	090
21110	.....	A	Interdental fixation	*5.21	5.53	5.53	0.46	11.20	11.20	090
21116	.....	A	Injection, jaw joint x-ray	0.81	0.73	0.73	0.06	1.60	1.60	000
21120	.....	A	Reconstruction of chin	*4.93	3.59	3.59	0.42	8.94	8.94	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
21121	.....	A	Reconstruction of chin	*7.64	5.65	5.65	0.66	13.95	13.95	090
21122	.....	A	Reconstruction of chin	*8.52	6.23	6.23	0.73	15.48	15.48	090
21123	.....	A	Reconstruction of chin	*11.16	8.14	8.14	0.95	20.25	20.25	090
21125	.....	A	Augmentation lower jaw bone	*10.62	4.72	4.72	0.54	15.88	15.88	090
21127	.....	A	Augmentation lower jaw bone	*11.12	7.91	7.91	0.92	19.95	19.95	090
21137	.....	A	Reduction of forehead	*9.82	7.11	7.11	0.83	17.76	17.76	090
21138	.....	A	Reduction of forehead	*12.19	8.86	8.86	1.04	22.09	22.09	090
21139	.....	A	Reduction of forehead	*14.61	10.64	10.64	1.25	26.50	26.50	090
21141	.....	A	Reconstruct midface, lefort	*18.10	14.34	14.34	1.68	34.12	34.12	090
21142	.....	A	Reconstruct midface, lefort	*18.81	14.84	14.84	1.74	35.39	35.39	090
21143	.....	A	Reconstruct midface, lefort	*19.58	15.40	15.40	1.81	36.79	36.79	090
21145	.....	A	Reconstruct midface, lefort	*19.94	14.34	14.34	1.68	35.96	35.96	090
21146	.....	A	Reconstruct midface, lefort	*20.71	14.84	14.84	1.74	37.29	37.29	090
21147	.....	A	Reconstruct midface, lefort	*21.77	15.40	15.40	1.81	38.98	38.98	090
21150	.....	A	Reconstruct midface, lefort	*25.24	18.46	18.46	2.17	45.87	45.87	090
21151	.....	A	Reconstruct midface, lefort	*28.30	20.68	20.68	2.42	51.40	51.40	090
21154	.....	A	Reconstruct midface, lefort	*30.52	22.15	22.15	2.59	55.26	55.26	090
21155	.....	A	Reconstruct midface, lefort	*34.45	25.11	25.11	2.94	62.50	62.50	090
21159	.....	A	Reconstruct midface, lefort	*42.38	31.02	31.02	3.63	77.03	77.03	090
21160	.....	A	Reconstruct midface, lefort	*46.44	33.96	33.96	3.98	84.38	84.38	090
21172	.....	A	Reconstruct orbit/forehead	*27.80	20.30	20.30	2.37	50.47	50.47	090
21175	.....	A	Reconstruct orbit/forehead	*33.17	24.37	24.37	2.85	60.39	60.39	090
21179	.....	A	Reconstruct entire forehead	*22.25	16.24	16.24	1.90	40.39	40.39	090
21180	.....	A	Reconstruct entire forehead	*25.19	18.46	18.46	2.17	45.82	45.82	090
21181	.....	A	Contour cranial bone lesion	*9.90	7.11	7.11	0.83	17.84	17.84	090
21182	.....	A	Reconstruct cranial bone	*32.19	23.63	23.63	2.77	58.59	58.59	090
21183	.....	A	Reconstruct cranial bone	*35.31	25.85	25.85	3.03	64.19	64.19	090
21184	.....	A	Reconstruct cranial bone	*38.24	28.06	28.06	3.28	69.58	69.58	090
21188	.....	A	Reconstruction of midface	*22.46	16.24	16.24	1.90	40.60	40.60	090
21193	.....	A	Reconstruct lower jaw bone	*17.15	12.31	12.31	1.44	30.90	30.90	090
21194	.....	A	Reconstruct lower jaw bone	*19.84	14.26	14.26	1.67	35.77	35.77	090
21195	.....	A	Reconstruct lower jaw bone	*17.24	12.34	12.34	1.44	31.02	31.02	090
21196	.....	A	Reconstruct lower jaw bone	*18.91	13.61	13.61	1.58	34.10	34.10	090
21198	.....	A	Reconstruct lower jaw bone	*14.16	14.82	14.82	1.74	30.72	30.72	090
21206	.....	A	Reconstruct upper jaw bone	*14.10	10.14	10.14	1.19	25.43	25.43	090
21208	.....	A	Augmentation of facial bones	*10.23	#11.25	#11.25	1.07	22.55	22.55	090
21209	.....	A	Reduction of facial bones	*6.72	4.59	4.59	0.76	12.07	12.07	090
21210	.....	A	Face bone graft	*10.23	#11.25	#11.25	1.29	22.77	22.77	090
21215	.....	A	Lower jaw bone graft	*10.77	#11.85	#11.85	1.42	24.04	24.04	090
21230	.....	A	Rib cartilage graft	*10.77	10.37	10.37	1.69	22.83	22.83	090
21235	.....	A	Ear cartilage graft	*6.72	#7.39	#7.39	1.09	15.20	15.20	090
21240	.....	A	Reconstruction of jaw joint	*14.05	#15.46	#15.46	2.09	31.60	31.60	090
21242	.....	A	Reconstruction of jaw joint	*12.95	#14.25	#14.25	2.25	29.45	29.45	090
21243	.....	A	Reconstruction of jaw joint	*20.79	14.40	14.40	1.68	36.87	36.87	090
21244	.....	A	Reconstruction of lower jaw	*11.86	#13.05	#13.05	1.93	26.84	26.84	090
21245	.....	A	Reconstruction of jaw	*11.86	11.47	11.47	1.31	24.64	24.64	090
21246	.....	A	Reconstruction of jaw	*12.47	8.83	8.83	1.04	22.34	22.34	090
21247	.....	A	Reconstruct lower jaw bone	*22.63	#24.89	#24.89	2.27	49.79	49.79	090
21248	.....	A	Reconstruction of jaw	*11.48	#12.63	#12.63	1.75	25.86	25.86	090
21249	.....	A	Reconstruction of jaw	*17.52	#19.27	#19.27	3.29	40.08	40.08	090
21255	.....	A	Reconstruct lower jaw bone	*16.72	#18.39	#18.39	1.68	36.79	36.79	090
21256	.....	A	Reconstruction of orbit	*16.19	#17.81	#17.81	1.63	35.63	35.63	090
21260	.....	A	Revise eye sockets	*16.52	#18.17	#18.17	1.66	36.35	36.35	090
21261	.....	A	Revise eye sockets	*31.49	17.78	17.78	1.65	50.92	50.92	090
21263	.....	A	Revise eye sockets	*28.42	#31.26	#31.26	2.86	62.54	62.54	090
21267	.....	A	Revise eye sockets	*18.90	14.61	14.61	2.13	35.64	35.64	090
21268	.....	A	Revise eye sockets	*24.48	15.35	15.35	3.13	42.96	42.96	090
21270	.....	A	Augmentation cheek bone	*10.23	9.60	9.60	1.41	21.24	21.24	090
21275	.....	A	Revision orbitofacial bones	*11.24	8.95	8.95	1.26	21.45	21.45	090
21280	.....	A	Revision of eyelid	*6.03	#6.63	#6.63	0.61	13.27	13.27	090
21282	.....	A	Revision of eyelid	*3.49	#3.84	#3.84	0.79	8.12	8.12	090
21295	.....	A	Revision of jaw muscle/bone	*1.53	0.96	0.96	0.13	2.62	2.62	090
21296	.....	A	Revision of jaw muscle/bone	*4.25	3.62	3.62	0.22	8.09	8.09	090
21299	.....	C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21300	.....	A	Treatment of skull fracture	0.72	0.92	#0.79	0.11	1.75	1.62	000
21310	.....	A	Treatment of nose fracture	0.58	0.75	#0.64	0.09	1.42	1.31	000
21315	.....	A	Treatment of nose fracture	*1.51	1.81	#1.66	0.21	3.53	3.38	010
21320	.....	A	Treatment of nose fracture	*1.85	2.33	#2.04	0.34	4.52	4.23	010
21325	.....	A	Repair of nose fracture	*3.77	4.09	4.09	0.52	8.38	8.38	090
21330	.....	A	Repair of nose fracture	*5.38	#5.92	#5.92	0.86	12.16	12.16	090
21335	.....	A	Repair of nose fracture	*8.61	#9.47	#9.47	1.56	19.64	19.64	090
21336	.....	A	Repair nasal septal fracture	*5.72	4.09	4.09	0.52	10.33	10.33	090
21337	.....	A	Repair nasal septal fracture	*2.70	2.82	2.82	0.38	5.90	5.90	090
21338	.....	A	Repair nasoethmoid fracture	*6.46	5.01	5.01	0.66	12.13	12.13	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
21339	.....	A	Repair nasoethmoid fracture	*8.09	7.09	7.09	0.70	15.88	15.88	090
21340	.....	A	Repair of nose fracture	*10.77	8.91	8.91	1.04	20.72	20.72	090
21343	.....	A	Repair of sinus fracture	*12.95	9.17	9.17	1.08	23.20	23.20	090
21344	.....	A	Repair of sinus fracture	*19.72	9.17	9.17	1.08	29.97	29.97	090
21345	.....	A	Repair of nose/jaw fracture	*8.16	7.90	7.90	0.81	16.87	16.87	090
21346	.....	A	Repair of nose/jaw fracture	*10.61	9.40	9.40	1.04	21.05	21.05	090
21347	.....	A	Repair of nose/jaw fracture	*12.69	10.36	10.36	1.36	24.41	24.41	090
21348	.....	A	Repair of nose/jaw fracture	*16.69	11.34	11.34	2.22	30.25	30.25	090
21355	.....	A	Repair cheek bone fracture	*3.77	1.56	1.56	0.17	5.50	5.50	010
21356	.....	A	Repair cheek bone fracture	*4.15	#4.57	#4.57	0.89	9.61	9.61	010
21360	.....	A	Repair cheek bone fracture	*6.46	#7.11	#7.11	0.89	14.46	14.46	090
21365	.....	A	Repair cheek bone fracture	*14.95	12.35	12.35	1.63	28.93	28.93	090
21366	.....	A	Repair cheek bone fracture	*17.77	12.08	12.08	2.36	32.21	32.21	090
21385	.....	A	Repair eye socket fracture	*9.16	9.59	9.59	1.13	19.88	19.88	090
21386	.....	A	Repair eye socket fracture	*9.16	9.07	9.07	1.25	19.48	19.48	090
21387	.....	A	Repair eye socket fracture	*9.70	7.45	7.45	0.96	18.11	18.11	090
21390	.....	A	Repair eye socket fracture	*10.13	#11.14	#11.14	1.37	22.64	22.64	090
21395	.....	A	Repair eye socket fracture	*12.68	9.63	9.63	1.37	23.68	23.68	090
21400	.....	A	Treat eye socket fracture	*1.40	1.67	#1.54	0.17	3.24	3.11	090
21401	.....	A	Repair eye socket fracture	*3.26	2.58	2.58	0.32	6.16	6.16	090
21406	.....	A	Repair eye socket fracture	*7.01	5.21	5.21	0.74	12.96	12.96	090
21407	.....	A	Repair eye socket fracture	*8.61	7.09	7.09	0.78	16.48	16.48	090
21408	.....	A	Repair eye socket fracture	*12.38	8.49	8.49	0.99	21.86	21.86	090
21421	.....	A	Treat mouth roof fracture	*5.14	6.14	#5.65	0.62	11.90	11.41	090
21422	.....	A	Repair mouth roof fracture	*8.32	#9.15	#9.15	1.19	18.66	18.66	090
21423	.....	A	Repair mouth roof fracture	*10.40	9.80	9.80	1.19	21.39	21.39	090
21431	.....	A	Treat craniofacial fracture	*7.05	6.02	6.02	0.71	13.78	13.78	090
21432	.....	A	Repair craniofacial fracture	*8.61	6.76	6.76	0.84	16.21	16.21	090
21433	.....	A	Repair craniofacial fracture	*25.35	17.96	17.96	2.10	45.41	45.41	090
21435	.....	A	Repair craniofacial fracture	*17.25	13.25	13.25	1.88	32.38	32.38	090
21436	.....	A	Repair craniofacial fracture	*28.04	14.65	14.65	2.08	44.77	44.77	090
21440	.....	A	Repair dental ridge fracture	*2.70	3.07	#2.97	0.28	6.05	5.95	090
21445	.....	A	Repair dental ridge fracture	*5.38	6.11	#5.92	0.56	12.05	11.86	090
21450	.....	A	Treat lower jaw fracture	*2.97	2.84	2.84	0.26	6.07	6.07	090
21451	.....	A	Treat lower jaw fracture	*4.87	5.83	#5.36	0.74	11.44	10.97	090
21452	.....	A	Treat lower jaw fracture	*1.98	1.39	1.39	0.17	3.54	3.54	090
21453	.....	A	Treat lower jaw fracture	*5.54	6.64	#6.09	0.55	12.73	12.18	090
21454	.....	A	Treat lower jaw fracture	*6.46	#7.11	#7.11	1.42	14.99	14.99	090
21461	.....	A	Repair lower jaw fracture	*8.09	#8.90	#8.90	1.30	18.29	18.29	090
21462	.....	A	Repair lower jaw fracture	*9.79	#10.77	#10.77	1.34	21.90	21.90	090
21465	.....	A	Repair lower jaw fracture	*11.91	8.44	8.44	0.99	21.34	21.34	090
21470	.....	A	Repair lower jaw fracture	*15.34	#16.87	#16.87	1.74	33.95	33.95	090
21480	.....	A	Reset dislocated jaw	0.61	0.78	#0.67	0.09	1.48	1.37	000
21485	.....	A	Reset dislocated jaw	*3.99	2.19	2.19	0.20	6.38	6.38	090
21490	.....	A	Repair dislocated jaw	*11.86	6.31	6.31	0.52	18.69	18.69	090
21493	.....	A	Treat hyoid bone fracture	*1.27	1.52	#1.40	0.13	2.92	2.80	090
21494	.....	A	Repair hyoid bone fracture	*6.28	7.52	7.52	0.63	14.43	14.43	090
21495	.....	A	Repair hyoid bone fracture	*5.69	4.82	4.82	0.51	11.02	11.02	090
21497	.....	A	Interdental wiring	*3.86	3.97	3.97	0.38	8.21	8.21	090
21499	.....	C	Head surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21501	.....	A	Drain neck/chest lesion	*3.81	1.82	1.82	0.26	5.89	5.89	090
21502	.....	A	Drain chest lesion	*7.12	4.22	4.22	0.75	12.09	12.09	090
21510	.....	A	Drainage of bone lesion	*5.74	3.82	3.82	0.50	10.06	10.06	090
21550	.....	A	Biopsy of neck/chest	*2.06	0.85	0.85	0.12	3.03	3.03	010
21555	.....	A	Remove lesion neck/chest	*4.35	1.60	1.60	0.25	6.20	6.20	090
21556	.....	A	Remove lesion neck/chest	*5.57	3.80	3.80	0.64	10.01	10.01	090
21557	.....	A	Remove tumor, neck or chest	*8.88	8.50	8.50	1.41	18.79	18.79	090
21600	.....	A	Partial removal of rib	*6.89	4.50	4.50	0.88	12.27	12.27	090
21610	.....	A	Partial removal of rib	*14.61	5.17	5.17	0.76	20.54	20.54	090
21615	.....	A	Removal of rib	*9.87	10.13	10.13	1.96	21.96	21.96	090
21616	.....	A	Removal of rib and nerves	*12.04	7.26	7.26	1.50	20.80	20.80	090
21620	.....	A	Partial removal of sternum	*6.79	6.85	6.85	1.23	14.87	14.87	090
21627	.....	A	Sternal debridement	*6.81	5.03	5.03	0.90	12.74	12.74	090
21630	.....	A	Extensive sternum surgery	*17.38	12.89	12.89	2.40	32.67	32.67	090
21632	.....	A	Extensive sternum surgery	*18.14	11.54	11.54	2.22	31.90	31.90	090
21700	.....	A	Revision of neck muscle	*6.19	4.16	4.16	0.50	10.85	10.85	090
21705	.....	A	Revision of neck muscle/rib	*9.60	4.85	4.85	0.96	15.41	15.41	090
21720	.....	A	Revision of neck muscle	*5.68	3.84	3.84	0.52	10.04	10.04	090
21725	.....	A	Revision of neck muscle	*6.99	4.84	4.84	0.74	12.57	12.57	090
21740	.....	A	Reconstruction of sternum	*16.50	8.99	8.99	1.64	27.13	27.13	090
21750	.....	A	Repair of sternum separation	*10.77	7.33	7.33	1.43	19.53	19.53	090
21800	.....	A	Treatment of rib fracture	*0.96	0.77	0.77	0.07	1.80	1.80	090
21805	.....	A	Treatment of rib fracture	*2.75	1.35	1.35	0.17	4.27	4.27	090
21810	.....	A	Treatment of rib fracture(s)	*6.86	7.33	7.33	0.61	14.80	14.80	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
21820	.....	A	Treat sternum fracture	*1.28	1.36	1.36	0.17	2.81	2.81	090
21825	.....	A	Repair sternum fracture	*7.41	6.90	6.90	1.12	15.43	15.43	090
21899	.....	C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
21920	.....	A	Biopsy soft tissue of back	*2.06	0.79	0.79	0.11	2.96	2.96	010
21925	.....	A	Biopsy soft tissue of back	*4.49	1.95	1.95	0.32	6.76	6.76	090
21930	.....	A	Remove lesion, back or flank	*5.00	2.72	2.72	0.49	8.21	8.21	090
21935	.....	A	Remove tumor of back	*17.96	6.59	6.59	1.30	25.85	25.85	090
22100	.....	A	Remove part of neck vertebra	*9.73	7.64	7.64	1.09	18.46	18.46	090
22101	.....	A	Remove part, thorax vertebra	*9.81	8.01	8.01	1.38	19.20	19.20	090
22102	.....	A	Remove part, lumbar vertebra	*9.81	4.50	4.50	0.67	14.98	14.98	090
22103	.....	A	Remove extra spine segment	2.34	2.23	2.23	0.37	4.94	4.94	ZZZ
22110	.....	A	Remove part of neck vertebra	*12.74	9.72	9.72	1.64	24.10	24.10	090
22112	.....	A	Remove part, thorax vertebra	*12.81	9.90	9.90	1.63	24.34	24.34	090
22114	.....	A	Remove part, lumbar vertebra	*12.81	7.25	7.25	1.17	21.23	21.23	090
22116	.....	A	Remove extra spine segment	2.32	2.21	2.21	0.36	4.89	4.89	ZZZ
22210	.....	A	Revision of neck spine	*23.82	13.83	13.83	2.43	40.08	40.08	090
22212	.....	A	Revision of thorax spine	*19.42	17.29	17.29	2.83	39.54	39.54	090
22214	.....	A	Revision of lumbar spine	*19.45	15.11	15.11	2.68	37.24	37.24	090
22216	.....	A	Revise, extra spine segment	6.04	5.07	5.07	0.89	12.00	12.00	ZZZ
22220	.....	A	Revision of neck spine	*21.37	16.64	16.64	2.63	40.64	40.64	090
22222	.....	A	Revision of thorax spine	*21.52	13.61	13.61	1.58	36.71	36.71	090
22224	.....	A	Revision of lumbar spine	*21.52	14.68	14.68	2.66	38.86	38.86	090
22226	.....	A	Revise, extra spine segment	6.04	5.07	5.07	0.89	12.00	12.00	ZZZ
22305	.....	A	Treat spine process fracture	*2.05	#2.26	#2.26	0.37	4.68	4.68	090
22310	.....	A	Treat spine fracture	*2.61	2.52	2.52	0.69	5.82	5.82	090
22315	.....	A	Treat spine fracture	*8.84	5.51	5.51	0.86	15.21	15.21	090
22325	.....	A	Repair of spine fracture	*18.30	8.32	8.32	1.34	27.96	27.96	090
22326	.....	A	Repair neck spine fracture	*19.59	15.93	15.93	2.74	38.26	38.26	090
22327	.....	A	Repair thorax spine fracture	*19.20	15.95	15.95	2.35	37.50	37.50	090
22328	.....	A	Repair each add spine fx	4.61	4.40	4.40	0.72	9.73	9.73	ZZZ
22505	.....	A	Manipulation of spine	*1.87	1.31	1.31	0.17	3.35	3.35	010
22548	.....	A	Neck spine fusion	*25.82	22.74	22.74	3.82	52.38	52.38	090
22554	.....	A	Neck spine fusion	*18.62	19.81	19.81	3.52	41.95	41.95	090
22556	.....	A	Thorax spine fusion	*23.46	21.68	21.68	3.58	48.72	48.72	090
22558	.....	A	Lumbar spine fusion	*22.28	20.17	20.17	3.38	45.83	45.83	090
22585	.....	A	Additional spinal fusion	5.53	5.40	5.40	0.93	11.86	11.86	ZZZ
22590	.....	A	Spine & skull spinal fusion	*20.51	21.57	21.57	3.44	45.52	45.52	090
22595	.....	A	Neck spinal fusion	*19.39	#21.33	#21.33	3.87	44.59	44.59	090
22600	.....	A	Neck spine fusion	*16.14	#17.75	#17.75	3.32	37.21	37.21	090
22610	.....	A	Thorax spine fusion	*16.02	#17.62	#17.62	2.75	36.39	36.39	090
22612	.....	A	Lumbar spine fusion	*21.00	20.60	20.60	3.33	44.93	44.93	090
22614	.....	A	Spine fusion, extra segment	6.44	5.65	5.65	0.92	13.01	13.01	ZZZ
22630	.....	A	Lumbar spine fusion	*20.84	18.44	18.44	3.15	42.43	42.43	090
22632	.....	A	Spine fusion, extra segment	5.23	4.99	4.99	0.82	11.04	11.04	ZZZ
22800	.....	A	Fusion of spine	*18.25	#20.08	#20.08	3.58	41.91	41.91	090
22802	.....	A	Fusion of spine	*30.88	28.32	28.32	4.61	63.81	63.81	090
22804	.....	A	Fusion of spine	*36.27	28.32	28.32	4.61	69.20	69.20	090
22808	.....	A	Fusion of spine	*26.27	18.41	18.41	3.15	47.83	47.83	090
22810	.....	A	Fusion of spine	*30.27	18.41	18.41	3.15	51.83	51.83	090
22812	.....	A	Fusion of spine	*32.70	25.93	25.93	4.24	62.87	62.87	090
22818	.....	A	Kyphectomy, 1–2 segments	*31.83	28.25	28.25	4.85	64.93	64.93	090
22819	.....	A	Kyphectomy, 3 & more segment	*36.44	28.25	28.25	4.85	69.54	69.54	090
22830	.....	A	Exploration of spinal fusion	*10.85	#11.94	#11.94	2.18	24.97	24.97	090
22840	.....	A	Insert spine fixation device	12.54	5.98	5.98	0.98	19.50	19.50	ZZZ
22841	.....	B	Insert spine fixation device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
22842	.....	A	Insert spine fixation device	12.58	6.86	6.86	1.12	20.56	20.56	ZZZ
22843	.....	A	Insert spine fixation device	13.46	8.55	8.55	1.40	23.41	23.41	ZZZ
22844	.....	A	Insert spine fixation device	16.44	10.45	10.45	1.71	28.60	28.60	ZZZ
22845	.....	A	Insert spine fixation device	11.96	5.70	5.70	0.93	18.59	18.59	ZZZ
22846	.....	A	Insert spine fixation device	12.42	7.90	7.90	1.29	21.61	21.61	ZZZ
22847	.....	A	Insert spine fixation device	13.80	8.77	8.77	1.44	24.01	24.01	ZZZ
22848	.....	A	Insert pelvic fixationdevice	6.00	5.72	5.72	0.94	12.66	12.66	ZZZ
22849	.....	A	Reinsert spinal fixation	*18.51	11.76	11.76	1.97	32.24	32.24	090
22850	.....	A	Remove spine fixation device	*9.52	9.17	9.17	1.50	20.19	20.19	090
22851	.....	A	Apply spine prosth device	6.71	6.40	6.40	1.05	14.16	14.16	ZZZ
22852	.....	A	Remove spine fixation device	*9.01	9.80	9.80	1.57	20.38	20.38	090
22855	.....	A	Remove spine fixation device	*15.13	7.46	7.46	1.25	23.84	23.84	090
22899	.....	C	Spine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
22900	.....	A	Remove abdominal wall lesion	*5.80	3.03	3.03	0.60	9.43	9.43	090
22999	.....	C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23000	.....	A	Removal of calcium deposits	*4.36	3.24	3.24	0.47	8.07	8.07	090
23020	.....	A	Release shoulder joint	*8.93	7.27	7.27	1.09	17.29	17.29	090
23030	.....	A	Drain shoulder lesion	*3.43	2.16	2.16	0.35	5.94	5.94	010
23031	.....	A	Drain shoulder bursa	*2.74	0.50	0.50	0.05	3.29	3.29	010

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
23035	.....	A	Drain shoulder bone lesion	*8.61	6.22	6.22	1.04	15.87	15.87	090
23040	.....	A	Exploratory shoulder surgery	*9.20	9.27	9.27	1.47	19.94	19.94	090
23044	.....	A	Exploratory shoulder surgery	*7.12	6.91	6.91	1.18	15.21	15.21	090
23065	.....	A	Biopsy shoulder tissues	*2.27	0.66	0.66	0.09	3.02	3.02	010
23066	.....	A	Biopsy shoulder tissues	*4.16	1.18	1.18	0.10	5.44	5.44	090
23075	.....	A	Removal of shoulder lesion	*2.39	1.68	1.68	0.29	4.36	4.36	010
23076	.....	A	Removal of shoulder lesion	*7.63	3.54	3.54	0.65	11.82	11.82	090
23077	.....	A	Remove tumor of shoulder	*16.09	7.38	7.38	1.38	24.85	24.85	090
23100	.....	A	Biopsy of shoulder joint	*6.03	#6.63	#6.63	1.24	13.90	13.90	090
23101	.....	A	Shoulder joint surgery	*5.58	#6.14	#6.14	1.21	12.93	12.93	090
23105	.....	A	Remove shoulder joint lining	*8.23	#9.05	#9.05	1.73	19.01	19.01	090
23106	.....	A	Incision of collarbone joint	*5.96	4.75	4.75	0.80	11.51	11.51	090
23107	.....	A	Explore,treat shoulder joint	*8.62	#9.48	#9.48	1.60	19.70	19.70	090
23120	.....	A	Partial removal, collar bone	*7.11	4.61	4.61	0.74	12.46	12.46	090
23125	.....	A	Removal of collarbone	*9.39	8.49	8.49	1.27	19.15	19.15	090
23130	.....	A	Partial removal,shoulderbone	*7.55	7.05	7.05	1.14	15.74	15.74	090
23140	.....	A	Removal of bone lesion	*6.89	4.16	4.16	0.73	11.78	11.78	090
23145	.....	A	Removal of bone lesion	*9.09	8.13	8.13	1.33	18.55	18.55	090
23146	.....	A	Removal of bone lesion	*7.83	5.23	5.23	1.01	14.07	14.07	090
23150	.....	A	Removal of humerus lesion	*8.48	6.64	6.64	1.01	16.13	16.13	090
23155	.....	A	Removal of humerus lesion	*10.35	8.80	8.80	1.37	20.52	20.52	090
23156	.....	A	Removal of humerus lesion	*8.68	7.64	7.64	1.25	17.57	17.57	090
23170	.....	A	Remove collarbone lesion	*6.86	4.81	4.81	0.78	12.45	12.45	090
23172	.....	A	Remove shoulder blade lesion	*6.90	5.16	5.16	0.73	12.79	12.79	090
23174	.....	A	Remove humerus lesion	*9.51	8.55	8.55	1.21	19.27	19.27	090
23180	.....	A	Remove collar bone lesion	*8.53	4.30	4.30	0.67	13.50	13.50	090
23182	.....	A	Remove shoulder blade lesion	*8.15	6.57	6.57	1.13	15.85	15.85	090
23184	.....	A	Remove humerus lesion	*9.38	8.83	8.83	1.48	19.69	19.69	090
23190	.....	A	Partial removal of scapula	*7.24	6.07	6.07	0.98	14.29	14.29	090
23195	.....	A	Removal of head of humerus	*9.81	8.91	8.91	1.45	20.17	20.17	090
23200	.....	A	Removal of collar bone	*12.08	9.17	9.17	1.26	22.51	22.51	090
23210	.....	A	Removal of shoulderblade	*12.49	9.01	9.01	1.41	22.91	22.91	090
23220	.....	A	Partial removal of humerus	*14.56	12.05	12.05	2.03	28.64	28.64	090
23221	.....	A	Partial removal of humerus	*17.74	18.13	18.13	1.19	37.06	37.06	090
23222	.....	A	Partial removal of humerus	*23.92	15.02	15.02	2.30	41.24	41.24	090
23330	.....	A	Remove shoulder foreign body	*1.85	0.55	0.55	0.07	2.47	2.47	010
23331	.....	A	Remove shoulder foreign body	*7.38	2.26	2.26	0.38	10.02	10.02	090
23332	.....	A	Remove shoulder foreign body	*11.62	9.72	9.72	1.57	22.91	22.91	090
23350	.....	A	Injection for shoulder x-ray	1.00	0.52	0.52	0.05	1.57	1.57	000
23395	.....	A	Muscle transfer, shoulder/arm	*16.85	11.13	11.13	1.84	29.82	29.82	090
23397	.....	A	Muscle transfers	*16.13	13.97	13.97	2.34	32.44	32.44	090
23400	.....	A	Fixation of shoulder blade	*13.54	9.84	9.84	1.68	25.06	25.06	090
23405	.....	A	Incision of tendon & muscle	*8.37	7.49	7.49	0.99	16.85	16.85	090
23406	.....	A	Incise tendon(s) & muscle(s)	*10.79	9.41	9.41	1.58	21.78	21.78	090
23410	.....	A	Repair of tendon(s)	*12.45	10.94	10.94	1.75	25.14	25.14	090
23412	.....	A	Repair of tendon(s)	*13.31	13.37	13.37	2.16	28.84	28.84	090
23415	.....	A	Release of shoulder ligament	*9.97	5.18	5.18	0.83	15.98	15.98	090
23420	.....	A	Repair of shoulder	*13.30	#14.63	#14.63	2.34	30.27	30.27	090
23430	.....	A	Repair biceps tendon	*9.98	7.34	7.34	1.19	18.51	18.51	090
23440	.....	A	Removal/transplant tendon	*10.48	7.17	7.17	1.17	18.82	18.82	090
23450	.....	A	Repair shoulder capsule	*13.40	12.75	12.75	2.04	28.19	28.19	090
23455	.....	A	Repair shoulder capsule	*14.37	15.56	15.56	2.50	32.43	32.43	090
23460	.....	A	Repair shoulder capsule	*15.37	14.07	14.07	2.24	31.68	31.68	090
23462	.....	A	Repair shoulder capsule	*15.30	15.13	15.13	2.48	32.91	32.91	090
23465	.....	A	Repair shoulder capsule	*15.85	14.15	14.15	2.27	32.27	32.27	090
23466	.....	A	Repair shoulder capsule	*14.22	#15.64	#15.64	2.67	32.53	32.53	090
23470	.....	A	Reconstruct shoulder joint	*17.15	16.76	16.76	2.65	36.56	36.56	090
23472	.....	A	Reconstruct shoulder joint	*16.92	#18.61	#18.61	4.89	40.42	40.42	090
23480	.....	A	Revision of collarbone	*11.18	6.59	6.59	1.02	18.79	18.79	090
23485	.....	A	Revision of collar bone	*13.43	11.35	11.35	1.87	26.65	26.65	090
23490	.....	A	Reinforce clavicle	*11.86	9.98	9.98	0.80	22.64	22.64	090
23491	.....	A	Reinforce shoulder bones	*14.21	12.70	12.70	2.11	29.02	29.02	090
23500	.....	A	Treat clavicle fracture	*2.08	1.65	1.65	0.21	3.94	3.94	090
23505	.....	A	Treat clavicle fracture	*3.69	2.57	2.57	0.38	6.64	6.64	090
23515	.....	A	Repair clavicle fracture	*7.41	6.93	6.93	1.12	15.46	15.46	090
23520	.....	A	Treat clavicle dislocation	*2.16	1.38	1.38	0.19	3.73	3.73	090
23525	.....	A	Treat clavicle dislocation	*3.60	1.98	1.98	0.27	5.85	5.85	090
23530	.....	A	Repair clavicle dislocation	*7.31	6.58	6.58	0.91	14.80	14.80	090
23532	.....	A	Repair clavicle dislocation	*8.01	7.23	7.23	1.19	16.43	16.43	090
23540	.....	A	Treat clavicle dislocation	*2.23	1.55	1.55	0.19	3.97	3.97	090
23545	.....	A	Treat clavicle dislocation	*3.25	1.98	1.98	0.29	5.52	5.52	090
23550	.....	A	Repair clavicle dislocation	*7.24	#7.96	#7.96	1.46	16.66	16.66	090
23552	.....	A	Repair clavicle dislocation	*8.45	7.29	7.29	1.17	16.91	16.91	090
23570	.....	A	Treat shoulderblade fracture	*2.23	1.70	1.70	0.25	4.18	4.18	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
23575	.....	A	Treat shoulderblade fracture	*4.06	2.75	2.75	0.43	7.24	7.24	090
23585	.....	A	Repair scapula fracture	*8.96	7.70	7.70	1.29	17.95	17.95	090
23600	.....	A	Treat humerus fracture	*2.93	2.90	2.90	0.43	6.26	6.26	090
23605	.....	A	Treat humerus fracture	*4.87	4.76	4.76	0.76	10.39	10.39	090
23615	.....	A	Repair humerus fracture	*9.35	#10.29	#10.29	1.78	21.42	21.42	090
23616	.....	A	Repair humerus fracture	*21.27	22.32	22.32	3.54	47.13	47.13	090
23620	.....	A	Treat humerus fracture	*2.40	2.88	#2.64	0.46	5.74	5.50	090
23625	.....	A	Treat humerus fracture	*3.93	3.82	3.82	0.60	8.35	8.35	090
23630	.....	A	Repair humerus fracture	*7.35	#8.09	#8.09	1.40	16.84	16.84	090
23650	.....	A	Treat shoulder dislocation	*3.39	2.10	2.10	0.24	5.73	5.73	090
23655	.....	A	Treat shoulder dislocation	*4.57	2.93	2.93	0.44	7.94	7.94	090
23660	.....	A	Repair shoulder dislocation	*7.49	#8.24	#8.24	1.40	17.13	17.13	090
23665	.....	A	Treat dislocation/fracture	*4.47	3.35	3.35	0.51	8.33	8.33	090
23670	.....	A	Repair dislocation/fracture	*7.90	#8.69	#8.69	1.85	18.44	18.44	090
23675	.....	A	Treat dislocation/fracture	*6.05	3.93	3.93	0.61	10.59	10.59	090
23680	.....	A	Repair dislocation/fracture	*10.06	#11.07	#11.07	2.13	23.26	23.26	090
23700	.....	A	Fixation of shoulder	*2.52	2.09	2.09	0.34	4.95	4.95	010
23800	.....	A	Fusion of shoulder joint	*14.16	#15.58	#15.58	2.63	32.37	32.37	090
23802	.....	A	Fusion of shoulder joint	*16.60	14.07	14.07	2.24	32.91	32.91	090
23900	.....	A	Amputation of arm & girdle	*19.72	12.57	12.57	2.40	34.69	34.69	090
23920	.....	A	Amputation at shoulder joint	*14.61	13.85	13.85	2.54	31.00	31.00	090
23921	.....	A	Amputation follow-up surgery	*5.49	4.27	4.27	0.74	10.50	10.50	090
23929	.....	C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
23930	.....	A	Drainage of arm lesion	*2.94	1.61	1.61	0.24	4.79	4.79	010
23931	.....	A	Drainage of arm bursa	*1.79	0.75	0.75	0.11	2.65	2.65	010
23935	.....	A	Drain arm/elbow bone lesion	*6.09	4.69	4.69	0.78	11.56	11.56	090
24000	.....	A	Exploratory elbow surgery	*5.82	#6.40	#6.40	1.44	13.66	13.66	090
24006	.....	A	Release elbow joint	*9.31	7.14	7.14	1.17	17.62	17.62	090
24065	.....	A	Biopsy arm/elbow soft tissue	*2.08	0.79	0.79	0.10	2.97	2.97	010
24066	.....	A	Biopsy arm/elbow soft tissue	*5.21	2.71	2.71	0.41	8.33	8.33	090
24075	.....	A	Remove arm/elbow lesion	*3.92	1.98	1.98	0.35	6.25	6.25	090
24076	.....	A	Remove arm/elbow lesion	*6.30	3.68	3.68	0.67	10.65	10.65	090
24077	.....	A	Remove tumor of arm/elbow	*11.76	9.79	9.79	1.87	23.42	23.42	090
24100	.....	A	Biopsy elbow joint lining	*4.93	4.23	4.23	0.69	9.85	9.85	090
24101	.....	A	Explore/treat elbow joint	*6.13	#6.74	#6.74	1.41	14.28	14.28	090
24102	.....	A	Remove elbow joint lining	*8.03	#8.83	#8.83	1.81	18.67	18.67	090
24105	.....	A	Removal of elbow bursa	*3.61	3.77	3.77	0.63	8.01	8.01	090
24110	.....	A	Remove humerus lesion	*7.39	7.69	7.69	1.22	16.30	16.30	090
24115	.....	A	Remove/graft bone lesion	*9.63	7.68	7.68	1.33	18.64	18.64	090
24116	.....	A	Remove/graft bone lesion	*11.81	9.72	9.72	1.47	23.00	23.00	090
24120	.....	A	Remove elbow lesion	*6.65	6.02	6.02	0.98	13.65	13.65	090
24125	.....	A	Remove/graft bone lesion	*7.89	5.79	5.79	0.61	14.29	14.29	090
24126	.....	A	Remove/graft bone lesion	*8.31	7.40	7.40	1.21	16.92	16.92	090
24130	.....	A	Removal of head of radius	*6.25	6.72	6.72	1.08	14.05	14.05	090
24134	.....	A	Removal of arm bone lesion	*9.73	8.69	8.69	1.24	19.66	19.66	090
24136	.....	A	Remove radius bone lesion	*7.99	8.78	8.78	0.92	17.69	17.69	090
24138	.....	A	Remove elbow bone lesion	*8.05	6.39	6.39	1.06	15.50	15.50	090
24140	.....	A	Partial removal of arm bone	*9.18	8.77	8.77	1.45	19.40	19.40	090
24145	.....	A	Partial removal of radius	*7.58	6.38	6.38	1.03	14.99	14.99	090
24147	.....	A	Partial removal of elbow	*7.54	6.61	6.61	1.08	15.23	15.23	090
24149	.....	A	Radical resection of elbow	*14.20	12.64	12.64	2.07	28.91	28.91	090
24150	.....	A	Extensive humerus surgery	*13.27	14.08	14.08	2.24	29.59	29.59	090
24151	.....	A	Extensive humerus surgery	*15.58	13.83	13.83	2.11	31.52	31.52	090
24152	.....	A	Extensive radius surgery	*10.06	6.80	6.80	1.16	18.02	18.02	090
24153	.....	A	Extensive radius surgery	*11.54	10.44	10.44	1.71	23.69	23.69	090
24155	.....	A	Removal of elbow joint	*11.73	10.75	10.75	1.72	24.20	24.20	090
24160	.....	A	Remove elbow joint implant	*7.83	4.84	4.84	0.80	13.47	13.47	090
24164	.....	A	Remove radius head implant	*6.23	5.53	5.53	0.90	12.66	12.66	090
24200	.....	A	Removal of arm foreign body	*1.76	0.56	0.56	0.06	2.38	2.38	010
24201	.....	A	Removal of arm foreign body	*4.56	3.06	3.06	0.49	8.11	8.11	090
24220	.....	A	Injection for elbow x-ray	1.31	0.51	0.51	0.05	1.87	1.87	000
24301	.....	A	Muscle/tendon transfer	*10.20	7.90	7.90	1.23	19.33	19.33	090
24305	.....	A	Arm tendon lengthening	*7.45	3.08	3.08	0.29	10.82	10.82	090
24310	.....	A	Revision of arm tendon	*5.98	2.95	2.95	0.48	9.41	9.41	090
24320	.....	A	Repair of arm tendon	*10.56	9.20	9.20	1.29	21.05	21.05	090
24330	.....	A	Revision of arm muscles	*9.60	8.74	8.74	1.43	19.77	19.77	090
24331	.....	A	Revision of arm muscles	*10.65	9.62	9.62	1.57	21.84	21.84	090
24340	.....	A	Repair of biceps tendon	*7.89	7.00	7.00	1.13	16.02	16.02	090
24341	.....	A	Repair tendon/muscle arm	*7.90	6.99	6.99	1.14	16.03	16.03	090
24342	.....	A	Repair of ruptured tendon	*10.62	10.38	10.38	1.76	22.76	22.76	090
24350	.....	A	Repair of tennis elbow	*5.25	4.23	4.23	0.69	10.17	10.17	090
24351	.....	A	Repair of tennis elbow	*5.91	4.57	4.57	0.73	11.21	11.21	090
24352	.....	A	Repair of tennis elbow	*6.43	5.69	5.69	0.93	13.05	13.05	090
24354	.....	A	Repair of tennis elbow	*6.48	5.61	5.61	0.94	13.03	13.03	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
24356	.....	A	Revision of tennis elbow	*6.68	7.28	7.28	1.18	15.14	15.14	090
24360	.....	A	Reconstruct elbow joint	*12.34	#13.57	#13.57	2.47	28.38	28.38	090
24361	.....	A	Reconstruct elbow joint	*14.08	13.13	13.13	2.00	29.21	29.21	090
24362	.....	A	Reconstruct elbow joint	*14.99	13.14	13.14	0.80	28.93	28.93	090
24363	.....	A	Replace elbow joint	*18.49	#20.34	#20.34	4.13	42.96	42.96	090
24365	.....	A	Reconstruct head of radius	*8.39	7.52	7.52	1.19	17.10	17.10	090
24366	.....	A	Reconstruct head of radius	*9.13	#10.04	#10.04	1.80	20.97	20.97	090
24400	.....	A	Revision of humerus	*11.06	8.43	8.43	1.37	20.86	20.86	090
24410	.....	A	Revision of humerus	*14.82	14.04	14.04	2.06	30.92	30.92	090
24420	.....	A	Revision of humerus	*13.44	12.30	12.30	2.01	27.75	27.75	090
24430	.....	A	Repair of humerus	*12.81	#14.09	#14.09	2.34	29.24	29.24	090
24435	.....	A	Repair humerus with graft	*13.17	#14.49	#14.49	2.84	30.50	30.50	090
24470	.....	A	Revision of elbow joint	*8.74	7.92	7.92	1.30	17.96	17.96	090
24495	.....	A	Decompression of forearm	*8.12	5.75	5.75	1.10	14.97	14.97	090
24498	.....	A	Reinforce humerus	*11.92	10.37	10.37	1.62	23.91	23.91	090
24500	.....	A	Treat humerus fracture	*3.21	2.54	2.54	0.36	6.11	6.11	090
24505	.....	A	Treat humerus fracture	*5.17	4.50	4.50	0.71	10.38	10.38	090
24515	.....	A	Repair humerus fracture	*11.65	9.65	9.65	1.54	22.84	22.84	090
24516	.....	A	Repair humerus fracture	*11.65	9.65	9.65	1.54	22.84	22.84	090
24530	.....	A	Treat humerus fracture	*3.50	2.73	2.73	0.42	6.65	6.65	090
24535	.....	A	Treat humerus fracture	*6.87	4.85	4.85	0.78	12.50	12.50	090
24538	.....	A	Treat humerus fracture	*9.43	7.98	7.98	1.26	18.67	18.67	090
24545	.....	A	Repair humerus fracture	*10.46	9.97	9.97	1.59	22.02	22.02	090
24546	.....	A	Repair humerus fracture	*15.69	9.97	9.97	1.59	27.25	27.25	090
24560	.....	A	Treat humerus fracture	*2.80	2.16	2.16	0.30	5.26	5.26	090
24565	.....	A	Treat humerus fracture	*5.56	3.45	3.45	0.54	9.55	9.55	090
24566	.....	A	Treat humerus fracture	*7.79	6.06	6.06	0.96	14.81	14.81	090
24575	.....	A	Repair humerus fracture	*10.66	7.79	7.79	1.24	19.69	19.69	090
24576	.....	A	Treat humerus fracture	*2.86	2.16	2.16	0.33	5.35	5.35	090
24577	.....	A	Treat humerus fracture	*5.79	4.00	4.00	0.61	10.40	10.40	090
24579	.....	A	Repair humerus fracture	*11.60	8.37	8.37	1.35	21.32	21.32	090
24582	.....	A	Treat humerus fracture	*8.55	6.62	6.62	1.06	16.23	16.23	090
24586	.....	A	Repair elbow fracture	*15.21	14.72	14.72	2.36	32.29	32.29	090
24587	.....	A	Repair elbow fracture	*15.16	13.72	13.72	2.17	31.05	31.05	090
24600	.....	A	Treat elbow dislocation	*4.23	1.95	1.95	0.26	6.44	6.44	090
24605	.....	A	Treat elbow dislocation	*5.42	2.29	2.29	0.37	8.08	8.08	090
24615	.....	A	Repair elbow dislocation	*9.42	9.29	9.29	1.48	20.19	20.19	090
24620	.....	A	Treat elbow fracture	*6.98	3.78	3.78	0.57	11.33	11.33	090
24635	.....	A	Repair elbow fracture	*13.19	11.06	11.06	1.78	26.03	26.03	090
24640	.....	A	Treat elbow dislocation	*1.20	1.01	1.01	0.08	2.29	2.29	010
24650	.....	A	Treat radius fracture	*2.16	2.25	2.25	0.33	4.74	4.74	090
24655	.....	A	Treat radius fracture	*4.40	3.01	3.01	0.45	7.86	7.86	090
24665	.....	A	Repair radius fracture	*8.14	7.13	7.13	1.14	16.41	16.41	090
24666	.....	A	Repair radius fracture	*9.49	10.27	10.27	1.60	21.36	21.36	090
24670	.....	A	Treatment of ulna fracture	*2.54	1.95	1.95	0.27	4.76	4.76	090
24675	.....	A	Treatment of ulna fracture	*4.72	3.51	3.51	0.54	8.77	8.77	090
24685	.....	A	Repair ulna fracture	*8.80	8.40	8.40	1.34	18.54	18.54	090
24800	.....	A	Fusion of elbow joint	*11.20	10.59	10.59	1.55	23.34	23.34	090
24802	.....	A	Fusion/graft of elbow joint	*13.69	12.18	12.18	1.99	27.86	27.86	090
24900	.....	A	Amputation of upper arm	*9.60	7.68	7.68	1.39	18.67	18.67	090
24920	.....	A	Amputation of upper arm	*9.54	6.78	6.78	1.19	17.51	17.51	090
24925	.....	A	Amputation follow-up surgery	*7.07	6.27	6.27	0.75	14.09	14.09	090
24930	.....	A	Amputation follow-up surgery	*10.25	8.16	8.16	1.17	19.58	19.58	090
24931	.....	A	Amputate upper arm & implant	*12.72	11.17	11.17	1.84	25.73	25.73	090
24935	.....	A	Revision of amputation	*15.56	13.70	13.70	2.24	31.50	31.50	090
24940	.....	C	Revision of upper arm	0.00	0.00	0.00	0.00	0.00	0.00	090
24999	.....	C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
25000	.....	A	Incision of tendon sheath	*3.38	#3.72	#3.72	0.62	7.72	7.72	090
25020	.....	A	Decompression of forearm	*5.92	4.35	4.35	0.77	11.04	11.04	090
25023	.....	A	Decompression of forearm	*12.96	5.44	5.44	0.94	19.34	19.34	090
25028	.....	A	Drainage of forearm lesion	*5.25	2.06	2.06	0.36	7.67	7.67	090
25031	.....	A	Drainage of forearm bursa	*4.14	0.66	0.66	0.09	4.89	4.89	090
25035	.....	A	Treat forearm bone lesion	*7.36	6.30	6.30	1.01	14.67	14.67	090
25040	.....	A	Explore/treat wrist joint	*7.18	5.69	5.69	0.90	13.77	13.77	090
25065	.....	A	Biopsy forearm soft tissues	*1.99	0.75	0.75	0.09	2.83	2.83	010
25066	.....	A	Biopsy forearm soft tissues	*4.13	1.54	1.54	0.22	5.89	5.89	090
25075	.....	A	Removal of forearm lesion	*3.74	2.19	2.19	0.37	6.30	6.30	090
25076	.....	A	Removal of forearm lesion	*4.92	3.77	3.77	0.67	9.36	9.36	090
25077	.....	A	Remove tumor, forearm/wrist	*9.76	8.48	8.48	1.67	19.91	19.91	090
25085	.....	A	Incision of wrist capsule	*5.50	4.62	4.62	0.71	10.83	10.83	090
25100	.....	A	Biopsy of wrist joint	*3.90	#4.29	#4.29	0.79	8.98	8.98	090
25101	.....	A	Explore/treat wrist joint	*4.69	#5.16	#5.16	0.98	10.83	10.83	090
25105	.....	A	Remove wrist joint lining	*5.85	#6.44	#6.44	1.19	13.48	13.48	090
25107	.....	A	Remove wrist joint cartilage	*6.43	5.28	5.28	0.89	12.60	12.60	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
25110	.....	A	Remove wrist tendon lesion	*3.92	2.80	2.80	0.46	7.18	7.18	090
25111	.....	A	Remove wrist tendon lesion	*3.39	3.22	3.22	0.55	7.16	7.16	090
25112	.....	A	Reremove wrist tendon lesion	*4.53	3.72	3.72	0.66	8.91	8.91	090
25115	.....	A	Remove wrist/forearm lesion	*8.82	7.14	7.14	1.23	17.19	17.19	090
25116	.....	A	Remove wrist/forearm lesion	*7.11	#7.82	#7.82	1.38	16.31	16.31	090
25118	.....	A	Excise wrist tendon sheath	*4.37	#4.81	#4.81	1.02	10.20	10.20	090
25119	.....	A	Partial removal of ulna	*6.04	#6.64	#6.64	1.32	14.00	14.00	090
25120	.....	A	Removal of forearm lesion	*6.10	6.53	6.53	1.14	13.77	13.77	090
25125	.....	A	Remove/graft forearm lesion	*7.48	6.84	6.84	1.04	15.36	15.36	090
25126	.....	A	Remove/graft forearm lesion	*7.55	6.80	6.80	1.12	15.47	15.47	090
25130	.....	A	Removal of wrist lesion	*5.26	4.21	4.21	0.67	10.14	10.14	090
25135	.....	A	Remove & graft wrist lesion	*6.89	5.46	5.46	0.97	13.32	13.32	090
25136	.....	A	Remove & graft wrist lesion	*5.97	4.74	4.74	0.85	11.56	11.56	090
25145	.....	A	Remove forearm bone lesion	*6.37	5.95	5.95	0.75	13.07	13.07	090
25150	.....	A	Partial removal of ulna	*7.09	6.67	6.67	1.12	14.88	14.88	090
25151	.....	A	Partial removal of radius	*7.39	5.75	5.75	1.02	14.16	14.16	090
25170	.....	A	Extensive forearm surgery	*11.09	9.79	9.79	1.51	22.39	22.39	090
25210	.....	A	Removal of wrist bone	*5.95	4.88	4.88	0.80	11.63	11.63	090
25215	.....	A	Removal of wrist bones	*7.89	8.68	8.68	1.42	17.99	17.99	090
25230	.....	A	Partial removal of radius	*5.23	5.57	5.57	0.85	11.65	11.65	090
25240	.....	A	Partial removal of ulna	*5.17	5.30	5.30	0.86	11.33	11.33	090
25246	.....	A	Injection for wrist x-ray	1.45	0.50	0.50	0.05	2.00	2.00	000
25248	.....	A	Remove forearm foreign body	*5.14	2.18	2.18	0.37	7.69	7.69	090
25250	.....	A	Removal of wrist prosthesis	*6.60	5.63	5.63	0.91	13.14	13.14	090
25251	.....	A	Removal of wrist prosthesis	*9.57	8.25	8.25	1.39	19.21	19.21	090
25260	.....	A	Repair forearm tendon/muscle	*7.80	4.61	4.61	0.78	13.19	13.19	090
25263	.....	A	Repair forearm tendon/muscle	*7.82	5.77	5.77	1.03	14.62	14.62	090
25265	.....	A	Repair forearm tendon/muscle	*9.88	7.93	7.93	1.41	19.22	19.22	090
25270	.....	A	Repair forearm tendon/muscle	*6.00	3.36	3.36	0.55	9.91	9.91	090
25272	.....	A	Repair forearm tendon/muscle	*7.04	3.44	3.44	0.54	11.02	11.02	090
25274	.....	A	Repair forearm tendon/muscle	*8.75	6.62	6.62	1.13	16.50	16.50	090
25280	.....	A	Revise wrist/forearm tendon	*7.22	4.22	4.22	0.69	12.13	12.13	090
25290	.....	A	Incise wrist/forearm tendon	*5.29	2.47	2.47	0.41	8.17	8.17	090
25295	.....	A	Release wrist/forearm tendon	*6.55	3.05	3.05	0.52	10.12	10.12	090
25300	.....	A	Fusion of tendons at wrist	*8.80	7.36	7.36	1.19	17.35	17.35	090
25301	.....	A	Fusion of tendons at wrist	*8.40	6.77	6.77	1.18	16.35	16.35	090
25310	.....	A	Transplant forearm tendon	*8.14	7.14	7.14	1.17	16.45	16.45	090
25312	.....	A	Transplant forearm tendon	*9.57	7.63	7.63	1.31	18.51	18.51	090
25315	.....	A	Revise palsy hand tendon(s)	*10.20	8.06	8.06	1.34	19.60	19.60	090
25316	.....	A	Revise palsy hand tendon(s)	*12.33	10.58	10.58	1.78	24.69	24.69	090
25320	.....	A	Repair/revise wrist joint	*10.77	8.60	8.60	1.45	20.82	20.82	090
25332	.....	A	Revise wrist joint	*11.41	9.98	9.98	1.61	23.00	23.00	090
25335	.....	A	Realignment of hand	*12.88	11.41	11.41	1.56	25.85	25.85	090
25337	.....	A	Reconstruct ulna/radioulnar	*10.17	8.60	8.60	1.45	20.22	20.22	090
25350	.....	A	Revision of radius	*8.78	7.61	7.61	1.26	17.65	17.65	090
25355	.....	A	Revision of radius	*10.17	9.12	9.12	1.49	20.78	20.78	090
25360	.....	A	Revision of ulna	*8.43	6.41	6.41	0.99	15.83	15.83	090
25365	.....	A	Revise radius & ulna	*12.40	10.31	10.31	1.57	24.28	24.28	090
25370	.....	A	Revise radius or ulna	*13.36	11.76	11.76	1.92	27.04	27.04	090
25375	.....	A	Revise radius & ulna	*13.04	13.38	13.38	0.87	27.29	27.29	090
25390	.....	A	Shorten radius/ulna	*10.40	8.82	8.82	1.50	20.72	20.72	090
25391	.....	A	Lengthen radius/ulna	*13.65	11.25	11.25	1.93	26.83	26.83	090
25392	.....	A	Shorten radius & ulna	*13.95	12.44	12.44	2.04	28.43	28.43	090
25393	.....	A	Lengthen radius & ulna	*15.87	14.21	14.21	2.32	32.40	32.40	090
25400	.....	A	Repair radius or ulna	*10.92	10.78	10.78	1.75	23.45	23.45	090
25405	.....	A	Repair/graft radius or ulna	*14.38	12.42	12.42	2.02	28.82	28.82	090
25415	.....	A	Repair radius & ulna	*13.35	11.42	11.42	1.92	26.69	26.69	090
25420	.....	A	Repair/graft radius & ulna	*16.33	14.70	14.70	2.28	33.31	33.31	090
25425	.....	A	Repair/graft radius or ulna	*13.21	12.02	12.02	1.87	27.10	27.10	090
25426	.....	A	Repair/graft radius & ulna	*15.82	11.72	11.72	2.13	29.67	29.67	090
25440	.....	A	Repair/graft wrist bone	*10.44	9.05	9.05	1.50	20.99	20.99	090
25441	.....	A	Reconstruct wrist joint	*12.90	11.36	11.36	1.89	26.15	26.15	090
25442	.....	A	Reconstruct wrist joint	*10.85	7.06	7.06	1.22	19.13	19.13	090
25443	.....	A	Reconstruct wrist joint	*10.39	9.38	9.38	1.52	21.29	21.29	090
25444	.....	A	Reconstruct wrist joint	*11.15	10.14	10.14	1.66	22.95	22.95	090
25445	.....	A	Reconstruct wrist joint	*9.69	10.36	10.36	1.72	21.77	21.77	090
25446	.....	A	Wrist replacement	*16.55	#18.21	#18.21	3.49	38.25	38.25	090
25447	.....	A	Repair wrist joint(s)	*10.37	9.65	9.65	1.56	21.58	21.58	090
25449	.....	A	Remove wrist joint implant	*14.49	7.84	7.84	1.16	23.49	23.49	090
25450	.....	A	Revision of wrist joint	*7.87	7.31	7.31	1.19	16.37	16.37	090
25455	.....	A	Revision of wrist joint	*9.49	8.71	8.71	1.42	19.62	19.62	090
25490	.....	A	Reinforce radius	*9.54	8.69	8.69	1.42	19.65	19.65	090
25491	.....	A	Reinforce ulna	*9.96	9.10	9.10	1.49	20.55	20.55	090
25492	.....	A	Reinforce radius and ulna	*12.33	11.20	11.20	1.84	25.37	25.37	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
25500	.....	A	Treat fracture of radius	*2.45	2.33	2.33	0.29	5.07	5.07	090
25505	.....	A	Treat fracture of radius	*5.21	3.57	3.57	0.51	9.29	9.29	090
25515	.....	A	Repair fracture of radius	*9.18	7.63	7.63	1.22	18.03	18.03	090
25520	.....	A	Repair fracture of radius	*6.26	5.74	5.74	0.94	12.94	12.94	090
25525	.....	A	Repair fracture of radius	*12.24	11.15	11.15	1.83	25.22	25.22	090
25526	.....	A	Repair fracture of radius	*12.98	11.85	11.85	1.94	26.77	26.77	090
25530	.....	A	Treat fracture of ulna	*2.09	2.44	#2.30	0.35	4.88	4.74	090
25535	.....	A	Treat fracture of ulna	*5.14	3.57	3.57	0.54	9.25	9.25	090
25545	.....	A	Repair fracture of ulna	*8.90	7.58	7.58	1.20	17.68	17.68	090
25560	.....	A	Treat fracture radius & ulna	*2.44	2.27	2.27	0.27	4.98	4.98	090
25565	.....	A	Treat fracture radius & ulna	*5.63	4.66	4.66	0.70	10.99	10.99	090
25574	.....	A	Treat fracture radius & ulna	*7.01	#7.71	#7.71	1.73	16.45	16.45	090
25575	.....	A	Repair fracture radius/ulna	*10.45	10.70	10.70	1.73	22.88	22.88	090
25600	.....	A	Treat fracture radius/ulna	*2.63	2.84	2.84	0.42	5.89	5.89	090
25605	.....	A	Treat fracture radius/ulna	*5.81	3.95	3.95	0.61	10.37	10.37	090
25611	.....	A	Repair fracture radius/ulna	*7.77	6.01	6.01	0.97	14.75	14.75	090
25620	.....	A	Repair fracture radius/ulna	*8.55	7.13	7.13	1.14	16.82	16.82	090
25622	.....	A	Treat wrist bone fracture	*2.61	2.28	2.28	0.33	5.22	5.22	090
25624	.....	A	Treat wrist bone fracture	*4.53	3.67	3.67	0.57	8.77	8.77	090
25628	.....	A	Repair wrist bone fracture	*8.43	7.13	7.13	1.16	16.72	16.72	090
25630	.....	A	Treat wrist bone fracture	*2.88	2.19	2.19	0.30	5.37	5.37	090
25635	.....	A	Treat wrist bone fracture	*4.39	3.36	3.36	0.50	8.25	8.25	090
25645	.....	A	Repair wrist bone fracture	*7.25	6.68	6.68	0.95	14.88	14.88	090
25650	.....	A	Repair wrist bone fracture	*3.05	2.66	2.66	0.36	6.07	6.07	090
25660	.....	A	Treat wrist dislocation	*4.76	1.82	1.82	0.26	6.84	6.84	090
25670	.....	A	Repair wrist dislocation	*7.92	7.08	7.08	1.12	16.12	16.12	090
25675	.....	A	Treat wrist dislocation	*4.67	2.28	2.28	0.34	7.29	7.29	090
25676	.....	A	Repair wrist dislocation	*8.04	7.32	7.32	1.11	16.47	16.47	090
25680	.....	A	Treat wrist fracture	*5.99	2.44	2.44	0.36	8.79	8.79	090
25685	.....	A	Repair wrist fracture	*9.78	8.79	8.79	1.44	20.01	20.01	090
25690	.....	A	Treat wrist dislocation	*5.50	4.89	4.89	0.73	11.12	11.12	090
25695	.....	A	Repair wrist dislocation	*8.34	7.04	7.04	1.17	16.55	16.55	090
25800	.....	A	Fusion of wrist joint	*9.76	#10.74	#10.74	1.80	22.30	22.30	090
25805	.....	A	Fusion/graft of wrist joint	*11.28	#12.41	#12.41	2.09	25.78	25.78	090
25810	.....	A	Fusion/graft of wrist joint	*10.57	#11.63	#11.63	2.06	24.26	24.26	090
25820	.....	A	Fusion of hand bones	*7.45	#8.20	#8.20	1.48	17.13	17.13	090
25825	.....	A	Fusion hand bones with graft	*9.27	#10.20	#10.20	1.99	21.46	21.46	090
25830	.....	A	Fusion radioulnar jnt/ulna	*10.06	8.60	8.60	1.45	20.11	20.11	090
25900	.....	A	Amputation of forearm	*9.01	7.08	7.08	1.31	17.40	17.40	090
25905	.....	A	Amputation of forearm	*9.12	7.11	7.11	1.15	17.38	17.38	090
25907	.....	A	Amputation follow-up surgery	*7.80	5.74	5.74	1.00	14.54	14.54	090
25909	.....	A	Amputation follow-up surgery	*8.96	5.55	5.55	1.06	15.57	15.57	090
25915	.....	A	Amputation of forearm	*17.08	15.83	15.83	2.59	35.50	35.50	090
25920	.....	A	Amputate hand at wrist	*8.68	7.00	7.00	1.20	16.88	16.88	090
25922	.....	A	Amputate hand at wrist	*7.42	5.55	5.55	1.02	13.99	13.99	090
25924	.....	A	Amputation follow-up surgery	*8.46	7.50	7.50	1.22	17.18	17.18	090
25927	.....	A	Amputation of hand	*8.80	6.29	6.29	1.22	16.31	16.31	090
25929	.....	A	Amputation follow-up surgery	*7.59	4.74	4.74	0.96	13.29	13.29	090
25931	.....	A	Amputation follow-up surgery	*7.81	4.54	4.54	0.90	13.25	13.25	090
25999	.....	C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26010	.....	A	Drainage of finger abscess	*1.54	0.48	0.48	0.05	2.07	2.07	010
26011	.....	A	Drainage of finger abscess	*2.19	1.54	1.54	0.24	3.97	3.97	010
26020	.....	A	Drain hand tendon sheath	*4.67	3.72	3.72	0.63	9.02	9.02	090
26025	.....	A	Drainage of palm bursa	*4.82	4.51	4.51	0.76	10.09	10.09	090
26030	.....	A	Drainage of palm bursa(s)	*5.93	5.73	5.73	0.98	12.64	12.64	090
26034	.....	A	Treat hand bone lesion	*6.23	4.23	4.23	0.71	11.17	11.17	090
26035	.....	A	Decompress fingers/hand	*9.51	5.17	5.17	0.86	15.54	15.54	090
26037	.....	A	Decompress fingers/hand	*7.25	6.37	6.37	1.05	14.67	14.67	090
26040	.....	A	Release palm contracture	*3.33	2.86	2.86	0.49	6.68	6.68	090
26045	.....	A	Release palm contracture	*5.56	4.83	4.83	0.81	11.20	11.20	090
26055	.....	A	Incise finger tendon sheath	*2.69	3.28	3.28	0.56	6.53	6.53	090
26060	.....	A	Incision of finger tendon	*2.81	1.13	1.13	0.17	4.11	4.11	090
26070	.....	A	Explore/treat hand joint	*3.69	2.76	2.76	0.42	6.87	6.87	090
26075	.....	A	Explore/treat finger joint	*3.79	3.78	3.78	0.62	8.19	8.19	090
26080	.....	A	Explore/treat finger joint	*4.24	3.14	3.14	0.51	7.89	7.89	090
26100	.....	A	Biopsy hand joint lining	*3.67	2.99	2.99	0.45	7.11	7.11	090
26105	.....	A	Biopsy finger joint lining	*3.71	4.17	4.17	0.67	8.55	8.55	090
26110	.....	A	Biopsy finger joint lining	*3.53	2.93	2.93	0.50	6.96	6.96	090
26115	.....	A	Removal of hand lesion	*3.86	2.01	2.01	0.34	6.21	6.21	090
26116	.....	A	Removal of hand lesion	*5.53	3.71	3.71	0.62	9.86	9.86	090
26117	.....	A	Remove tumor, hand/finger	*8.55	5.07	5.07	0.91	14.53	14.53	090
26121	.....	A	Release palm contracture	*7.54	#8.29	#8.29	1.61	17.44	17.44	090
26123	.....	A	Release palm contracture	*9.29	9.10	9.10	1.53	19.92	19.92	090
26125	.....	A	Release palm contracture	4.61	2.62	2.62	0.45	7.68	7.68	ZZZ

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
26130	.....	A	Remove wrist joint lining	*5.42	5.01	5.01	0.86	11.29	11.29	090
26135	.....	A	Revise finger joint, each	*6.96	4.86	4.86	0.82	12.64	12.64	090
26140	.....	A	Revise finger joint, each	*6.17	4.40	4.40	0.75	11.32	11.32	090
26145	.....	A	Tendon excision, palm/finger	*6.32	4.71	4.71	0.80	11.83	11.83	090
26160	.....	A	Remove tendon sheath lesion	*3.15	2.32	2.32	0.40	5.87	5.87	090
26170	.....	A	Removal of palm tendon, each	*4.77	2.83	2.83	0.45	8.05	8.05	090
26180	.....	A	Removal of finger tendon	*5.18	4.01	4.01	0.71	9.90	9.90	090
26185	.....	A	Remove finger bone	*5.25	4.24	4.24	0.41	9.90	9.90	090
26200	.....	A	Remove hand bone lesion	*5.51	4.48	4.48	0.72	10.71	10.71	090
26205	.....	A	Remove/graft bone lesion	*7.70	6.40	6.40	1.03	15.13	15.13	090
26210	.....	A	Removal of finger lesion	*5.15	3.90	3.90	0.64	9.69	9.69	090
26215	.....	A	Remove/graft finger lesion	*7.10	5.55	5.55	0.94	13.59	13.59	090
26230	.....	A	Partial removal of hand bone	*6.33	4.26	4.26	0.69	11.28	11.28	090
26235	.....	A	Partial removal, finger bone	*6.19	4.17	4.17	0.71	11.07	11.07	090
26236	.....	A	Partial removal, finger bone	*5.32	3.86	3.86	0.66	9.84	9.84	090
26250	.....	A	Extensive hand surgery	*7.55	6.00	6.00	1.07	14.62	14.62	090
26255	.....	A	Extensive hand surgery	*12.43	8.94	8.94	1.54	22.91	22.91	090
26260	.....	A	Extensive finger surgery	*7.03	5.73	5.73	0.97	13.73	13.73	090
26261	.....	A	Extensive finger surgery	*9.09	7.70	7.70	1.31	18.10	18.10	090
26262	.....	A	Partial removal of finger	*5.67	4.75	4.75	0.76	11.18	11.18	090
26320	.....	A	Removal of implant from hand	*3.98	3.54	3.54	0.57	8.09	8.09	090
26350	.....	A	Repair finger/hand tendon	*5.99	5.74	5.74	0.99	12.72	12.72	090
26352	.....	A	Repair/graft hand tendon	*7.68	6.60	6.60	1.10	15.38	15.38	090
26356	.....	A	Repair finger/hand tendon	*8.07	7.21	7.21	1.24	16.52	16.52	090
26357	.....	A	Repair finger/hand tendon	*8.58	6.58	6.58	1.19	16.35	16.35	090
26358	.....	A	Repair/graft hand tendon	*9.14	7.40	7.40	1.27	17.81	17.81	090
26370	.....	A	Repair finger/hand tendon	*7.11	6.71	6.71	1.13	14.95	14.95	090
26372	.....	A	Repair/graft hand tendon	*8.76	6.39	6.39	1.15	16.30	16.30	090
26373	.....	A	Repair finger/hand tendon	*8.16	6.85	6.85	1.11	16.12	16.12	090
26390	.....	A	Revise hand/finger tendon	*9.19	7.95	7.95	1.23	18.37	18.37	090
26392	.....	A	Repair/graft hand tendon	*10.26	8.61	8.61	1.26	20.13	20.13	090
26410	.....	A	Repair hand tendon	*4.63	3.29	3.29	0.51	8.43	8.43	090
26412	.....	A	Repair/graft hand tendon	*6.31	6.01	6.01	0.97	13.29	13.29	090
26415	.....	A	Excision, hand/finger tendon	*8.34	6.75	6.75	0.90	15.99	15.99	090
26416	.....	A	Graft hand or finger tendon	*9.37	8.64	8.64	1.41	19.42	19.42	090
26418	.....	A	Repair finger tendon	*4.25	3.58	3.58	0.59	8.42	8.42	090
26420	.....	A	Repair/graft finger tendon	*6.77	5.68	5.68	0.96	13.41	13.41	090
26426	.....	A	Repair finger/hand tendon	*6.15	6.31	6.31	1.07	13.53	13.53	090
26428	.....	A	Repair/graft finger tendon	*7.21	5.50	5.50	1.00	13.71	13.71	090
26432	.....	A	Repair finger tendon	*4.02	3.15	3.15	0.51	7.68	7.68	090
26433	.....	A	Repair finger tendon	*4.56	3.94	3.94	0.66	9.16	9.16	090
26434	.....	A	Repair/graft finger tendon	*6.09	4.95	4.95	0.84	11.88	11.88	090
26437	.....	A	Realignment of tendons	*5.82	4.05	4.05	0.68	10.55	10.55	090
26440	.....	A	Release palm/finger tendon	*5.02	3.57	3.57	0.59	9.18	9.18	090
26442	.....	A	Release palm & finger tendon	*8.16	3.37	3.37	0.59	12.12	12.12	090
26445	.....	A	Release hand/finger tendon	*4.31	3.25	3.25	0.54	8.10	8.10	090
26449	.....	A	Release forearm/hand tendon	*7.00	5.57	5.57	0.96	13.53	13.53	090
26450	.....	A	Incision of palm tendon	*3.67	2.28	2.28	0.36	6.31	6.31	090
26455	.....	A	Incision of finger tendon	*3.64	1.89	1.89	0.33	5.86	5.86	090
26460	.....	A	Incise hand/finger tendon	*3.46	1.72	1.72	0.30	5.48	5.48	090
26471	.....	A	Fusion of finger tendons	*5.73	4.15	4.15	0.67	10.55	10.55	090
26474	.....	A	Fusion of finger tendons	*5.32	4.61	4.61	0.75	10.68	10.68	090
26476	.....	A	Tendon lengthening	*5.18	2.89	2.89	0.27	8.34	8.34	090
26477	.....	A	Tendon shortening	*5.15	3.99	3.99	0.73	9.87	9.87	090
26478	.....	A	Lengthening of hand tendon	*5.80	4.30	4.30	0.72	10.82	10.82	090
26479	.....	A	Shortening of hand tendon	*5.74	5.29	5.29	0.86	11.89	11.89	090
26480	.....	A	Transplant hand tendon	*6.69	6.53	6.53	1.11	14.33	14.33	090
26483	.....	A	Transplant/graft hand tendon	*8.29	8.50	8.50	1.40	18.19	18.19	090
26485	.....	A	Transplant palm tendon	*7.70	6.50	6.50	1.08	15.28	15.28	090
26489	.....	A	Transplant/graft palm tendon	*9.55	3.40	3.40	0.51	13.46	13.46	090
26490	.....	A	Revise thumb tendon	*8.41	7.80	7.80	1.28	17.49	17.49	090
26492	.....	A	Tendon transfer with graft	*9.62	8.75	8.75	1.21	19.58	19.58	090
26494	.....	A	Hand tendon/muscle transfer	*8.47	7.28	7.28	1.23	16.98	16.98	090
26496	.....	A	Revise thumb tendon	*9.59	8.73	8.73	1.53	19.85	19.85	090
26497	.....	A	Finger tendon transfer	*9.57	8.02	8.02	1.38	18.97	18.97	090
26498	.....	A	Finger tendon transfer	*14.00	11.78	11.78	2.04	27.82	27.82	090
26499	.....	A	Revision of finger	*8.98	7.75	7.75	1.25	17.98	17.98	090
26500	.....	A	Hand tendon reconstruction	*5.96	3.49	3.49	0.60	10.05	10.05	090
26502	.....	A	Hand tendon reconstruction	*7.14	5.27	5.27	0.95	13.36	13.36	090
26504	.....	A	Hand tendon reconstruction	*7.47	6.72	6.72	1.11	15.30	15.30	090
26508	.....	A	Release thumb contracture	*6.01	4.15	4.15	0.72	10.88	10.88	090
26510	.....	A	Thumb tendon transfer	*5.43	4.15	4.15	0.68	10.26	10.26	090
26516	.....	A	Fusion of knuckle joint	*7.15	4.16	4.16	0.67	11.98	11.98	090
26517	.....	A	Fusion of knuckle joints	*8.83	7.07	7.07	1.23	17.13	17.13	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
26518	.....	A	Fusion of knuckle joints	*9.02	6.51	6.51	1.22	16.75	16.75	090
26520	.....	A	Release knuckle contracture	*5.30	4.48	4.48	0.71	10.49	10.49	090
26525	.....	A	Release finger contracture	*5.33	3.64	3.64	0.62	9.59	9.59	090
26530	.....	A	Revise knuckle joint	*6.69	5.16	5.16	0.85	12.70	12.70	090
26531	.....	A	Revise knuckle with implant	*7.91	6.65	6.65	1.11	15.67	15.67	090
26535	.....	A	Revise finger joint	*5.24	4.84	4.84	0.58	10.66	10.66	090
26536	.....	A	Revise/implant finger joint	*6.37	#7.01	#7.01	1.19	14.57	14.57	090
26540	.....	A	Repair hand joint	*6.43	6.64	6.64	1.12	14.19	14.19	090
26541	.....	A	Repair hand joint with graft	*8.62	8.94	8.94	1.47	19.03	19.03	090
26542	.....	A	Repair hand joint with graft	*6.78	5.67	5.67	0.97	13.42	13.42	090
26545	.....	A	Reconstruct finger joint	*6.92	5.27	5.27	0.94	13.13	13.13	090
26546	.....	A	Repair non-union hand	*8.92	8.11	8.11	1.33	18.36	18.36	090
26548	.....	A	Reconstruct finger joint	*8.03	5.79	5.79	1.00	14.82	14.82	090
26550	.....	A	Construct thumb replacement	*21.24	19.81	19.81	3.24	44.29	44.29	090
26551	.....	A	Great toe-hand transfer	*46.58	42.25	42.25	6.92	95.75	95.75	090
26553	.....	A	Single toe-hand transfer	*46.27	41.96	41.96	6.87	95.10	95.10	090
26554	.....	A	Double toe-hand transfer	*54.95	50.06	50.06	8.20	113.21	113.21	090
26555	.....	A	Positional change of finger	*16.63	15.41	15.41	2.52	34.56	34.56	090
26556	.....	A	Toe joint transfer	*47.26	42.67	42.67	6.99	96.92	96.92	090
26560	.....	A	Repair of web finger	*5.38	4.65	4.65	0.66	10.69	10.69	090
26561	.....	A	Repair of web finger	*10.92	8.89	8.89	1.56	21.37	21.37	090
26562	.....	A	Repair of web finger	*9.68	#10.65	#10.65	0.82	21.15	21.15	090
26565	.....	A	Correct metacarpal flaw	*6.74	5.82	5.82	0.85	13.41	13.41	090
26567	.....	A	Correct finger deformity	*6.82	4.28	4.28	0.67	11.77	11.77	090
26568	.....	A	Lengthen metacarpal/finger	*9.08	8.45	8.45	1.06	18.59	18.59	090
26580	.....	A	Repair hand deformity	*18.18	16.89	16.89	2.76	37.83	37.83	090
26585	.....	A	Repair finger deformity	*14.05	12.95	12.95	2.12	29.12	29.12	090
26587	.....	C	Reconstruct extra finger	0.00	0.00	0.00	0.00	0.00	0.00	090
26590	.....	A	Repair finger deformity	*17.96	16.63	16.63	2.72	37.31	37.31	090
26591	.....	A	Repair muscles of hand	*3.25	2.29	2.29	0.39	5.93	5.93	090
26593	.....	A	Release muscles of hand	*5.31	4.12	4.12	0.70	10.13	10.13	090
26596	.....	A	Excision constricting tissue	*8.95	8.24	8.24	1.35	18.54	18.54	090
26597	.....	A	Release of scar contracture	*9.82	8.02	8.02	1.37	19.21	19.21	090
26600	.....	A	Treat metacarpal fracture	*1.96	1.54	1.54	0.22	3.72	3.72	090
26605	.....	A	Treat metacarpal fracture	*2.85	2.29	2.29	0.36	5.50	5.50	090
26607	.....	A	Treat metacarpal fracture	*5.36	3.55	3.55	0.57	9.48	9.48	090
26608	.....	A	Treat metacarpal fracture	*5.36	3.55	3.55	0.57	9.48	9.48	090
26615	.....	A	Repair metacarpal fracture	*5.33	4.87	4.87	0.80	11.00	11.00	090
26641	.....	A	Treat thumb dislocation	*3.94	1.11	1.11	0.14	5.19	5.19	090
26645	.....	A	Treat thumb fracture	*4.41	2.20	2.20	0.33	6.94	6.94	090
26650	.....	A	Repair thumb fracture	*5.72	4.01	4.01	0.64	10.37	10.37	090
26665	.....	A	Repair thumb fracture	*7.60	6.39	6.39	1.09	15.08	15.08	090
26670	.....	A	Treat hand dislocation	*3.69	0.96	0.96	0.10	4.75	4.75	090
26675	.....	A	Treat hand dislocation	*4.64	4.34	4.34	0.60	9.58	9.58	090
26676	.....	A	Pin hand dislocation	*5.52	4.86	4.86	0.67	11.05	11.05	090
26685	.....	A	Repair hand dislocation	*6.98	5.76	5.76	0.91	13.65	13.65	090
26686	.....	A	Repair hand dislocation	*7.94	6.31	6.31	1.04	15.29	15.29	090
26700	.....	A	Treat knuckle dislocation	*3.69	0.88	0.88	0.10	4.67	4.67	090
26705	.....	A	Treat knuckle dislocation	*4.19	1.78	1.78	0.27	6.24	6.24	090
26706	.....	A	Pin knuckle dislocation	*5.12	4.68	4.68	0.75	10.55	10.55	090
26715	.....	A	Repair knuckle dislocation	*5.74	4.13	4.13	0.66	10.53	10.53	090
26720	.....	A	Treat finger fracture, each	*1.66	1.10	1.10	0.15	2.91	2.91	090
26725	.....	A	Treat finger fracture, each	*3.33	1.54	1.54	0.23	5.10	5.10	090
26727	.....	A	Treat finger fracture, each	*5.23	2.45	2.45	0.38	8.06	8.06	090
26735	.....	A	Repair finger fracture, each	*5.98	3.73	3.73	0.61	10.32	10.32	090
26740	.....	A	Treat finger fracture, each	*1.94	1.16	1.16	0.16	3.26	3.26	090
26742	.....	A	Treat finger fracture, each	*3.85	1.98	1.98	0.32	6.15	6.15	090
26746	.....	A	Repair finger fracture, each	*5.81	4.75	4.75	0.80	11.36	11.36	090
26750	.....	A	Treat finger fracture, each	*1.70	0.83	0.83	0.10	2.63	2.63	090
26755	.....	A	Treat finger fracture, each	*3.10	1.08	1.08	0.15	4.33	4.33	090
26756	.....	A	Pin finger fracture, each	*4.39	1.90	1.90	0.33	6.62	6.62	090
26765	.....	A	Repair finger fracture, each	*4.17	2.66	2.66	0.45	7.28	7.28	090
26770	.....	A	Treat finger dislocation	*3.02	0.76	0.76	0.08	3.86	3.86	090
26775	.....	A	Treat finger dislocation	*3.71	1.13	1.13	0.17	5.01	5.01	090
26776	.....	A	Pin finger dislocation	*4.80	2.08	2.08	0.35	7.23	7.23	090
26785	.....	A	Repair finger dislocation	*4.21	2.97	2.97	0.48	7.66	7.66	090
26820	.....	A	Thumb fusion with graft	*8.26	6.65	6.65	1.05	15.96	15.96	090
26841	.....	A	Fusion of thumb	*7.13	6.17	6.17	1.00	14.30	14.30	090
26842	.....	A	Thumb fusion with graft	*8.24	8.58	8.58	1.37	18.19	18.19	090
26843	.....	A	Fusion of hand joint	*7.61	6.37	6.37	1.10	15.08	15.08	090
26844	.....	A	Fusion/graft of hand joint	*8.73	7.35	7.35	1.19	17.27	17.27	090
26850	.....	A	Fusion of knuckle	*6.97	4.63	4.63	0.76	12.36	12.36	090
26852	.....	A	Fusion of knuckle with graft	*8.46	5.72	5.72	1.00	15.18	15.18	090
26860	.....	A	Fusion of finger joint	*4.69	4.30	4.30	0.68	9.67	9.67	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
26861	.....	A	Fusion of finger joint, added	1.74	#1.91	#1.91	0.43	4.08	4.08	ZZZ
26862	.....	A	Fusion/graft of finger joint	*7.37	5.16	5.16	0.85	13.38	13.38	090
26863	.....	A	Fuse/graft added joint	3.90	3.37	3.37	0.57	7.84	7.84	ZZZ
26910	.....	A	Amputate metacarpal bone	*7.60	5.16	5.16	0.93	13.69	13.69	090
26951	.....	A	Amputation of finger/thumb	*4.59	2.87	2.87	0.49	7.95	7.95	090
26952	.....	A	Amputation of finger/thumb	*6.31	4.00	4.00	0.69	11.00	11.00	090
26989	.....	C	Hand/finger surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
26990	.....	A	Drainage of pelvis lesion	*7.48	3.10	3.10	0.51	11.09	11.09	090
26991	.....	A	Drainage of pelvis bursa	*6.68	1.81	1.81	0.29	8.78	8.78	090
26992	.....	A	Drainage of bone lesion	*13.02	6.38	6.38	1.05	20.45	20.45	090
27000	.....	A	Incision of hip tendon	*5.62	1.85	1.85	0.24	7.71	7.71	090
27001	.....	A	Incision of hip tendon	*6.94	2.34	2.34	0.38	9.66	9.66	090
27003	.....	A	Incision of hip tendon	*7.34	6.77	6.77	1.08	15.19	15.19	090
27005	.....	A	Incision of hip tendon	*9.66	3.37	3.37	0.54	13.57	13.57	090
27006	.....	A	Incision of hip tendons	*9.68	4.64	4.64	0.77	15.09	15.09	090
27025	.....	A	Incision of hip/thigh fascia	*11.16	6.12	6.12	1.02	18.30	18.30	090
27030	.....	A	Drainage of hip joint	*13.01	11.42	11.42	1.86	26.29	26.29	090
27033	.....	A	Exploration of hip joint	*13.39	11.52	11.52	1.85	26.76	26.76	090
27035	.....	A	Denervation of hip joint	*16.69	11.86	11.86	2.21	30.76	30.76	090
27036	.....	A	Excision of hip joint/muscle	*12.88	11.44	11.44	1.87	26.19	26.19	090
27040	.....	A	Biopsy of soft tissues	*2.87	0.72	0.72	0.11	3.70	3.70	010
27041	.....	A	Biopsy of soft tissues	*9.89	2.67	2.67	0.44	13.00	13.00	090
27047	.....	A	Remove hip/pelvis lesion	*7.45	1.89	1.89	0.32	9.66	9.66	090
27048	.....	A	Remove hip/pelvis lesion	*6.25	4.33	4.33	0.82	11.40	11.40	090
27049	.....	A	Remove tumor, hip/pelvis	*13.66	10.14	10.14	1.87	25.67	25.67	090
27050	.....	A	Biopsy of sacroiliac joint	*4.36	4.78	4.78	0.90	10.04	10.04	090
27052	.....	A	Biopsy of hip joint	*6.23	#6.85	#6.85	1.59	14.67	14.67	090
27054	.....	A	Removal of hip joint lining	*8.54	#9.39	#9.39	2.26	20.19	20.19	090
27060	.....	A	Removal of ischial bursa	*5.43	3.93	3.93	0.68	10.04	10.04	090
27062	.....	A	Remove femur lesion/bursa	*5.37	4.23	4.23	0.70	10.30	10.30	090
27065	.....	A	Removal of hip bone lesion	*5.90	5.59	5.59	0.90	12.39	12.39	090
27066	.....	A	Removal of hip bone lesion	*10.33	7.90	7.90	1.30	19.53	19.53	090
27067	.....	A	Remove/graft hip bone lesion	*13.83	11.63	11.63	1.93	27.39	27.39	090
27070	.....	A	Partial removal of hip bone	*10.72	7.41	7.41	1.21	19.34	19.34	090
27071	.....	A	Partial removal of hip bone	*11.46	8.50	8.50	1.45	21.41	21.41	090
27075	.....	A	Extensive hip surgery	*17.23	13.54	13.54	2.32	33.09	33.09	090
27076	.....	A	Extensive hip surgery	*22.12	16.37	16.37	2.61	41.10	41.10	090
27077	.....	A	Extensive hip surgery	*23.13	18.98	18.98	3.24	45.35	45.35	090
27078	.....	A	Extensive hip surgery	*13.44	9.20	9.20	1.67	24.31	24.31	090
27079	.....	A	Extensive hip surgery	*13.75	8.64	8.64	1.66	24.05	24.05	090
27080	.....	A	Removal of tail bone	*6.39	4.78	4.78	0.87	12.04	12.04	090
27086	.....	A	Remove hip foreign body	*1.87	0.58	0.58	0.07	2.52	2.52	010
27087	.....	A	Remove hip foreign body	*8.54	3.62	3.62	0.60	12.76	12.76	090
27090	.....	A	Removal of hip prosthesis	*11.15	9.09	9.09	1.46	21.70	21.70	090
27091	.....	A	Removal of hip prosthesis	*22.14	19.81	19.81	3.16	45.11	45.11	090
27093	.....	A	Injection for hip x-ray	1.30	0.82	0.82	0.11	2.23	2.23	000
27095	.....	A	Injection for hip x-ray	1.50	0.93	0.93	0.13	2.56	2.56	000
27097	.....	A	Revision of hip tendon	*8.80	7.71	7.71	1.26	17.77	17.77	090
27098	.....	A	Transfer tendon to pelvis	*8.83	7.71	7.71	1.26	17.80	17.80	090
27100	.....	A	Transfer of abdominal muscle	*11.08	7.68	7.68	1.42	20.18	20.18	090
27105	.....	A	Transfer of spinal muscle	*11.77	5.89	5.89	1.36	19.02	19.02	090
27110	.....	A	Transfer of iliopsoas muscle	*13.26	10.61	10.61	1.86	25.73	25.73	090
27111	.....	A	Transfer of iliopsoas muscle	*12.15	11.63	11.63	1.65	25.43	25.43	090
27120	.....	A	Reconstruction of hip socket	*18.01	18.10	18.10	2.95	39.06	39.06	090
27122	.....	A	Reconstruction of hip socket	*14.98	#16.48	#16.48	2.94	34.40	34.40	090
27125	.....	A	Partial hip replacement	*14.69	#16.16	#16.16	3.01	33.86	33.86	090
27130	.....	A	Total hip replacement	*20.12	#22.13	#22.13	4.58	46.83	46.83	090
27132	.....	A	Total hip replacement	*23.30	#25.63	#25.63	5.09	54.02	54.02	090
27134	.....	A	Revise hip joint replacement	*28.52	#31.37	#31.37	5.96	65.85	65.85	090
27137	.....	A	Revise hip joint replacement	*21.17	#23.29	#23.29	4.82	49.28	49.28	090
27138	.....	A	Revise hip joint replacement	*22.17	24.23	24.23	4.58	50.98	50.98	090
27140	.....	A	Transplant of femur ridge	*12.24	11.05	11.05	1.71	25.00	25.00	090
27146	.....	A	Incision of hip bone	*17.43	10.88	10.88	1.35	29.66	29.66	090
27147	.....	A	Revision of hip bone	*20.58	16.97	16.97	2.76	40.31	40.31	090
27151	.....	A	Incision of hip bones	*22.51	17.71	17.71	2.90	43.12	43.12	090
27156	.....	A	Revision of hip bones	*24.63	18.32	18.32	3.08	46.03	46.03	090
27158	.....	A	Revision of pelvis	*19.74	14.42	14.42	2.64	36.80	36.80	090
27161	.....	A	Incision of neck of femur	*16.71	14.31	14.31	2.31	33.33	33.33	090
27165	.....	A	Incision/fixation of femur	*17.91	16.76	16.76	2.63	37.30	37.30	090
27170	.....	A	Repair/graft femur head/neck	*16.07	16.41	16.41	2.65	35.13	35.13	090
27175	.....	A	Treat slipped epiphysis	*8.46	1.18	1.18	0.18	9.82	9.82	090
27176	.....	A	Treat slipped epiphysis	*12.05	10.39	10.39	1.70	24.14	24.14	090
27177	.....	A	Repair slipped epiphysis	*15.08	12.39	12.39	2.05	29.52	29.52	090
27178	.....	A	Repair slipped epiphysis	*11.99	10.46	10.46	1.55	24.00	24.00	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
27179	.....	A	Revise head/neck of femur	*12.98	11.15	11.15	1.83	25.96	25.96	090
27181	.....	A	Repair slipped epiphysis	*14.68	13.14	13.14	2.16	29.98	29.98	090
27185	.....	A	Revision of femur epiphysis	*9.18	2.77	2.77	0.87	12.82	12.82	090
27187	.....	A	Reinforce hip bones	*13.54	#14.89	#14.89	2.76	31.19	31.19	090
27193	.....	A	Treat pelvic ring fracture	*5.56	2.41	2.41	0.39	8.36	8.36	090
27194	.....	A	Treat pelvic ring fracture	*9.65	3.90	3.90	0.50	14.05	14.05	090
27200	.....	A	Treat tail bone fracture	*1.84	1.49	1.49	0.17	3.50	3.50	090
27202	.....	A	Repair tail bone fracture	*7.04	6.15	6.15	0.89	14.08	14.08	090
27215	.....	A	Pelvic fracture(s) treatment	*10.05	#11.06	#11.06	2.33	23.44	23.44	090
27216	.....	A	Treat pelvic ring fracture	*15.19	4.30	4.30	0.66	20.15	20.15	090
27217	.....	A	Treat pelvic ring fracture	*14.11	14.55	14.55	2.33	30.99	30.99	090
27218	.....	A	Treat pelvic ring fracture	*20.15	14.55	14.55	2.33	37.03	37.03	090
27220	.....	A	Treat hip socket fracture	*6.18	4.26	4.26	0.64	11.08	11.08	090
27222	.....	A	Treat hip socket fracture	*12.70	6.37	6.37	1.03	20.10	20.10	090
27226	.....	A	Treat hip wall fracture	*14.91	15.78	15.78	2.52	33.21	33.21	090
27227	.....	A	Treat hip fracture(s)	*23.45	19.70	19.70	3.20	46.35	46.35	090
27228	.....	A	Treat hip fracture(s)	*27.16	19.95	19.95	3.20	50.31	50.31	090
27230	.....	A	Treat fracture of thigh	*5.50	3.30	3.30	0.41	9.21	9.21	090
27232	.....	A	Treat fracture of thigh	*10.68	8.98	8.98	1.46	21.12	21.12	090
27235	.....	A	Repair of thigh fracture	*12.16	#13.38	#13.38	2.60	28.14	28.14	090
27236	.....	A	Repair of thigh fracture	*15.60	16.91	16.91	2.71	35.22	35.22	090
27238	.....	A	Treatment of thigh fracture	*5.52	4.91	4.91	0.71	11.14	11.14	090
27240	.....	A	Treatment of thigh fracture	*12.50	9.70	9.70	1.53	23.73	23.73	090
27244	.....	A	Repair of thigh fracture	*15.94	16.30	16.30	2.62	34.86	34.86	090
27245	.....	A	Repair of thigh fracture	*20.31	16.30	16.30	2.62	39.23	39.23	090
27246	.....	A	Treatment of thigh fracture	*4.71	3.87	3.87	0.60	9.18	9.18	090
27248	.....	A	Repair of thigh fracture	*10.45	#11.50	#11.50	2.11	24.06	24.06	090
27250	.....	A	Treat hip dislocation	*6.95	3.19	3.19	0.45	10.59	10.59	090
27252	.....	A	Treat hip dislocation	*10.39	4.34	4.34	0.68	15.41	15.41	090
27253	.....	A	Repair of hip dislocation	*12.92	13.14	13.14	2.11	28.17	28.17	090
27254	.....	A	Repair of hip dislocation	*18.26	13.47	13.47	2.27	34.00	34.00	090
27256	.....	A	Treatment of hip dislocation	*4.12	1.88	1.88	0.31	6.31	6.31	010
27257	.....	A	Treatment of hip dislocation	*5.22	4.62	4.62	0.73	10.57	10.57	010
27258	.....	A	Repair of hip dislocation	*15.43	13.73	13.73	2.25	31.41	31.41	090
27259	.....	A	Repair of hip dislocation	*21.55	17.20	17.20	2.82	41.57	41.57	090
27265	.....	A	Treatment of hip dislocation	*5.05	3.46	3.46	0.54	9.05	9.05	090
27266	.....	A	Treatment of hip dislocation	*7.49	4.45	4.45	0.71	12.65	12.65	090
27275	.....	A	Manipulation of hip joint	*2.27	1.88	1.88	0.30	4.45	4.45	010
27280	.....	A	Fusion of sacroiliac joint	*13.39	10.06	10.06	1.77	25.22	25.22	090
27282	.....	A	Fusion of pubic bones	*11.34	9.01	9.01	1.69	22.04	22.04	090
27284	.....	A	Fusion of hip joint	*16.76	14.50	14.50	2.40	33.66	33.66	090
27286	.....	A	Fusion of hip joint	*16.79	15.20	15.20	2.26	34.25	34.25	090
27290	.....	A	Amputation of leg at hip	*23.28	25.40	25.40	4.70	53.38	53.38	090
27295	.....	A	Amputation of leg at hip	*18.65	16.54	16.54	2.95	38.14	38.14	090
27299	.....	C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27301	.....	A	Drain thigh/knee lesion	*6.49	2.46	2.46	0.40	9.35	9.35	090
27303	.....	A	Drainage of bone lesion	*8.28	5.86	5.86	0.96	15.10	15.10	090
27305	.....	A	Incise thigh tendon & fascia	*5.92	3.80	3.80	0.68	10.40	10.40	090
27306	.....	A	Incision of thigh tendon	*4.62	1.99	1.99	0.32	6.93	6.93	090
27307	.....	A	Incision of thigh tendons	*5.80	3.01	3.01	0.48	9.29	9.29	090
27310	.....	A	Exploration of knee joint	*9.27	9.60	9.60	1.51	20.38	20.38	090
27315	.....	A	Partial removal, thigh nerve	*6.97	5.38	5.38	0.96	13.31	13.31	090
27320	.....	A	Partial removal, thigh nerve	*6.30	5.18	5.18	0.73	12.21	12.21	090
27323	.....	A	Biopsy thigh soft tissues	*2.28	0.91	0.91	0.13	3.32	3.32	010
27324	.....	A	Biopsy thigh soft tissues	*4.90	2.63	2.63	0.45	7.98	7.98	090
27327	.....	A	Removal of thigh lesion	*4.47	2.29	2.29	0.40	7.16	7.16	090
27328	.....	A	Removal of thigh lesion	*5.57	4.07	4.07	0.73	10.37	10.37	090
27329	.....	A	Remove tumor, thigh/knee	*14.14	11.69	11.69	2.14	27.97	27.97	090
27330	.....	A	Biopsy knee joint lining	*4.97	#5.47	#5.47	1.19	11.63	11.63	090
27331	.....	A	Explore/treat knee joint	*5.88	#6.47	#6.47	1.49	13.84	13.84	090
27332	.....	A	Removal of knee cartilage	*8.27	#9.10	#9.10	1.73	19.10	19.10	090
27333	.....	A	Removal of knee cartilage	*7.30	#8.03	#8.03	2.52	17.85	17.85	090
27334	.....	A	Remove knee joint lining	*8.70	#9.57	#9.57	1.77	20.04	20.04	090
27335	.....	A	Remove knee joint lining	*10.00	#11.00	#11.00	2.05	23.05	23.05	090
27340	.....	A	Removal of kneecap bursa	*4.18	3.85	3.85	0.62	8.65	8.65	090
27345	.....	A	Removal of knee cyst	*5.92	5.63	5.63	0.95	12.50	12.50	090
27350	.....	A	Removal of kneecap	*8.17	#8.99	#8.99	1.54	18.70	18.70	090
27355	.....	A	Remove femur lesion	*7.65	7.58	7.58	1.23	16.46	16.46	090
27356	.....	A	Remove femur lesion/graft	*9.48	8.20	8.20	1.34	19.02	19.02	090
27357	.....	A	Remove femur lesion/graft	*10.53	8.80	8.80	1.43	20.76	20.76	090
27358	.....	A	Remove femur lesion/fixation	4.74	4.55	4.55	0.72	10.01	10.01	ZZZ
27360	.....	A	Partial removal leg bone(s)	*10.50	8.56	8.56	1.40	20.46	20.46	090
27365	.....	A	Extensive leg surgery	*16.27	13.94	13.94	2.43	32.64	32.64	090
27370	.....	A	Injection for knee x-ray	0.96	0.60	0.60	0.05	1.61	1.61	000

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
27372	.....	A	Removal of foreign body	*5.07	3.42	3.42	0.54	9.03	9.03	090
27380	.....	A	Repair of kneecap tendon	*7.16	#7.88	#7.88	1.29	16.33	16.33	090
27381	.....	A	Repair/graft kneecap tendon	*10.34	11.27	11.27	1.82	23.43	23.43	090
27385	.....	A	Repair of thigh muscle	*7.76	#8.54	#8.54	1.42	17.72	17.72	090
27386	.....	A	Repair/graft of thigh muscle	*10.56	#11.62	#11.62	2.02	24.20	24.20	090
27390	.....	A	Incision of thigh tendon	*5.33	4.36	4.36	0.71	10.40	10.40	090
27391	.....	A	Incision of thigh tendons	*7.20	5.42	5.42	0.90	13.52	13.52	090
27392	.....	A	Incision of thigh tendons	*9.20	7.67	7.67	1.28	18.15	18.15	090
27393	.....	A	Lengthening of thigh tendon	*6.39	5.67	5.67	0.93	12.99	12.99	090
27394	.....	A	Lengthening of thigh tendons	*8.50	5.73	5.73	0.94	15.17	15.17	090
27395	.....	A	Lengthening of thigh tendons	*11.73	10.48	10.48	1.65	23.86	23.86	090
27396	.....	A	Transplant of thigh tendon	*7.86	7.06	7.06	1.11	16.03	16.03	090
27397	.....	A	Transplants of thigh tendons	*11.28	8.88	8.88	1.45	21.61	21.61	090
27400	.....	A	Revise thigh muscles/tendons	*9.02	7.89	7.89	1.24	18.15	18.15	090
27403	.....	A	Repair of knee cartilage	*8.33	8.79	8.79	1.44	18.56	18.56	090
27405	.....	A	Repair of knee ligament	*8.65	#9.52	#9.52	1.67	19.84	19.84	090
27407	.....	A	Repair of knee ligament	*10.28	8.87	8.87	1.42	20.57	20.57	090
27409	.....	A	Repair of knee ligaments	*12.90	#14.19	#14.19	2.48	29.57	29.57	090
27418	.....	A	Repair degenerated kneecap	*10.85	#11.94	#11.94	1.85	24.64	24.64	090
27420	.....	A	Revision of unstable kneecap	*9.83	#10.81	#10.81	1.74	22.38	22.38	090
27422	.....	A	Revision of unstable kneecap	*9.78	#10.76	#10.76	1.83	22.37	22.37	090
27424	.....	A	Revision/removal of kneecap	*9.81	#10.79	#10.79	1.89	22.49	22.49	090
27425	.....	A	Lateral retinacular release	*5.22	#5.74	#5.74	1.08	12.04	12.04	090
27427	.....	A	Reconstruction, knee	*9.36	#10.30	#10.30	2.25	21.91	21.91	090
27428	.....	A	Reconstruction, knee	*14.00	13.67	13.67	2.71	30.38	30.38	090
27429	.....	A	Reconstruction, knee	*15.52	11.27	11.27	1.83	28.62	28.62	090
27430	.....	A	Revision of thigh muscles	*9.67	9.36	9.36	1.50	20.53	20.53	090
27435	.....	A	Incision of knee joint	*9.49	7.03	7.03	1.13	17.65	17.65	090
27437	.....	A	Revise kneecap	*8.46	#9.31	#9.31	1.55	19.32	19.32	090
27438	.....	A	Revise kneecap with implant	*11.23	#12.35	#12.35	2.14	25.72	25.72	090
27440	.....	A	Revision of knee joint	*10.43	#11.47	#11.47	2.10	24.00	24.00	090
27441	.....	A	Revision of knee joint	*10.82	9.14	9.14	1.51	21.47	21.47	090
27442	.....	A	Revision of knee joint	*11.89	#13.08	#13.08	3.05	28.02	28.02	090
27443	.....	A	Revision of knee joint	*10.93	#12.02	#12.02	3.34	26.29	26.29	090
27445	.....	A	Revision of knee joint	*17.68	#19.45	#19.45	4.21	41.34	41.34	090
27446	.....	A	Revision of knee joint	*15.84	#17.42	#17.42	3.87	37.13	37.13	090
27447	.....	A	Total knee replacement	*21.48	#23.63	#23.63	4.95	50.06	50.06	090
27448	.....	A	Incision of thigh	*11.06	#12.17	#12.17	2.09	25.32	25.32	090
27450	.....	A	Incision of thigh	*13.98	14.84	14.84	2.36	31.18	31.18	090
27454	.....	A	Realignment of thigh bone	*17.56	15.70	15.70	2.82	36.08	36.08	090
27455	.....	A	Realignment of knee	*12.82	12.01	12.01	1.95	26.78	26.78	090
27457	.....	A	Realignment of knee	*13.45	13.30	13.30	2.14	28.89	28.89	090
27465	.....	A	Shortening of thigh bone	*13.87	12.24	12.24	2.00	28.11	28.11	090
27466	.....	A	Lengthening of thigh bone	*16.33	13.43	13.43	2.27	32.03	32.03	090
27468	.....	A	Shorten/lengthen thighs	*18.97	16.84	16.84	2.75	38.56	38.56	090
27470	.....	A	Repair of thigh	*16.07	16.67	16.67	2.60	35.34	35.34	090
27472	.....	A	Repair/graft of thigh	*17.72	#19.49	#19.49	3.16	40.37	40.37	090
27475	.....	A	Surgery to stop leg growth	*8.64	7.74	7.74	1.27	17.65	17.65	090
27477	.....	A	Surgery to stop leg growth	*9.85	#10.84	#10.84	2.57	23.26	23.26	090
27479	.....	A	Surgery to stop leg growth	*12.80	11.63	11.63	1.89	26.32	26.32	090
27485	.....	A	Surgery to stop leg growth	*8.84	7.91	7.91	1.30	18.05	18.05	090
27486	.....	A	Revise knee joint replace	*19.27	#21.20	#21.20	4.26	44.73	44.73	090
27487	.....	A	Revise knee joint replace	*25.27	27.76	27.76	5.97	59.00	59.00	090
27488	.....	A	Removal of knee prosthesis	*15.74	16.16	16.16	2.58	34.48	34.48	090
27495	.....	A	Reinforce thigh	*15.55	#17.11	#17.11	2.82	35.48	35.48	090
27496	.....	A	Decompression of thigh/knee	*6.11	4.53	4.53	0.74	11.38	11.38	090
27497	.....	A	Decompression of thigh/knee	*7.17	5.55	5.55	0.91	13.63	13.63	090
27498	.....	A	Decompression of thigh/knee	*7.99	6.32	6.32	1.04	15.35	15.35	090
27499	.....	A	Decompression of thigh/knee	*9.00	7.28	7.28	1.19	17.47	17.47	090
27500	.....	A	Treatment of thigh fracture	*5.92	5.41	5.41	0.82	12.15	12.15	090
27501	.....	A	Treatment of thigh fracture	*5.92	5.41	5.41	0.82	12.15	12.15	090
27502	.....	A	Treatment of thigh fracture	*10.58	7.67	7.67	1.21	19.46	19.46	090
27503	.....	A	Treatment of thigh fracture	*10.58	7.67	7.67	1.21	19.46	19.46	090
27506	.....	A	Repair of thigh fracture	*17.45	16.02	16.02	2.56	36.03	36.03	090
27507	.....	A	Treatment of thigh fracture	*13.99	#15.39	#15.39	2.56	31.94	31.94	090
27508	.....	A	Treatment of thigh fracture	*5.83	4.22	4.22	0.65	10.70	10.70	090
27509	.....	A	Treatment of thigh fracture	*7.71	4.22	4.22	0.65	12.58	12.58	090
27510	.....	A	Treatment of thigh fracture	*9.13	6.82	6.82	1.09	17.04	17.04	090
27511	.....	A	Treatment of thigh fracture	*13.64	#15.00	#15.00	2.56	31.20	31.20	090
27513	.....	A	Treatment of thigh fracture	*17.92	16.02	16.02	2.56	36.50	36.50	090
27514	.....	A	Repair of thigh fracture	*17.30	15.76	15.76	2.53	35.59	35.59	090
27516	.....	A	Repair of thigh growth plate	*5.37	4.82	4.82	0.71	10.90	10.90	090
27517	.....	A	Repair of thigh growth plate	*8.78	7.82	7.82	1.28	17.88	17.88	090
27519	.....	A	Repair of thigh growth plate	*15.02	12.68	12.68	2.05	29.75	29.75	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
27520	.....	A	Treat kneecap fracture	*2.86	3.04	3.04	0.45	6.35	6.35	090
27524	.....	A	Repair of kneecap fracture	*10.00	10.34	10.34	1.65	21.99	21.99	090
27530	.....	A	Treatment of knee fracture	*3.78	3.40	3.40	0.51	7.69	7.69	090
27532	.....	A	Treatment of knee fracture	*7.30	5.68	5.68	0.91	13.89	13.89	090
27535	.....	A	Treatment of knee fracture	*11.50	11.69	11.69	1.88	25.07	25.07	090
27536	.....	A	Repair of knee fracture	*15.65	11.69	11.69	1.88	29.22	29.22	090
27538	.....	A	Treat knee fracture(s)	*4.87	3.37	3.37	0.51	8.75	8.75	090
27540	.....	A	Repair of knee fracture	*13.10	10.95	10.95	1.74	25.79	25.79	090
27550	.....	A	Treat knee dislocation	*5.76	2.57	2.57	0.36	8.69	8.69	090
27552	.....	A	Treat knee dislocation	*7.90	3.43	3.43	0.53	11.86	11.86	090
27556	.....	A	Repair of knee dislocation	*14.41	12.48	12.48	1.95	28.84	28.84	090
27557	.....	A	Repair of knee dislocation	*16.77	14.60	14.60	2.43	33.80	33.80	090
27558	.....	A	Repair of knee dislocation	*17.72	14.60	14.60	2.43	34.75	34.75	090
27560	.....	A	Treat kneecap dislocation	*3.82	1.43	1.43	0.16	5.41	5.41	090
27562	.....	A	Treat kneecap dislocation	*5.79	5.18	5.18	0.76	11.73	11.73	090
27566	.....	A	Repair kneecap dislocation	*12.23	10.58	10.58	1.67	24.48	24.48	090
27570	.....	A	Fixation of knee joint	*1.74	1.72	1.72	0.28	3.74	3.74	010
27580	.....	A	Fusion of knee	*19.37	15.70	15.70	2.56	37.63	37.63	090
27590	.....	A	Amputate leg at thigh	*12.03	9.11	9.11	1.80	22.94	22.94	090
27591	.....	A	Amputate leg at thigh	*12.68	11.77	11.77	2.11	26.56	26.56	090
27592	.....	A	Amputate leg at thigh	*10.02	8.11	8.11	1.61	19.74	19.74	090
27594	.....	A	Amputation follow-up surgery	*6.92	3.65	3.65	0.68	11.25	11.25	090
27596	.....	A	Amputation follow-up surgery	*10.60	7.37	7.37	1.42	19.39	19.39	090
27598	.....	A	Amputate lower leg at knee	*10.53	10.04	10.04	1.78	22.35	22.35	090
27599	.....	C	Leg surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
27600	.....	A	Decompression of lower leg	*5.65	3.39	3.39	0.64	9.68	9.68	090
27601	.....	A	Decompression of lower leg	*5.64	3.38	3.38	0.67	9.69	9.69	090
27602	.....	A	Decompression of lower leg	*7.35	4.05	4.05	0.77	12.17	12.17	090
27603	.....	A	Drain lower leg lesion	*4.94	2.38	2.38	0.41	7.73	7.73	090
27604	.....	A	Drain lower leg bursa	*4.47	1.02	1.02	0.14	5.63	5.63	090
27605	.....	A	Incision of achilles tendon	*2.87	1.18	1.18	0.14	4.19	4.19	010
27606	.....	A	Incision of achilles tendon	*4.14	2.12	2.12	0.35	6.61	6.61	010
27607	.....	A	Treat lower leg bone lesion	*7.97	6.01	6.01	0.98	14.96	14.96	090
27610	.....	A	Explore/treat ankle joint	*8.34	7.43	7.43	1.13	16.90	16.90	090
27612	.....	A	Exploration of ankle joint	*7.33	7.97	7.97	1.30	16.60	16.60	090
27613	.....	A	Biopsy lower leg soft tissue	*2.17	0.67	0.67	0.10	2.94	2.94	010
27614	.....	A	Biopsy lower leg soft tissue	*5.66	2.26	2.26	0.38	8.30	8.30	090
27615	.....	A	Remove tumor, lower leg	*12.56	8.23	8.23	1.42	22.21	22.21	090
27618	.....	A	Remove lower leg lesion	*5.09	2.10	2.10	0.32	7.51	7.51	090
27619	.....	A	Remove lower leg lesion	*8.40	4.13	4.13	0.67	13.20	13.20	090
27620	.....	A	Explore, treat ankle joint	*5.98	6.03	6.03	0.96	12.97	12.97	090
27625	.....	A	Remove ankle joint lining	*8.30	8.71	8.71	1.27	18.28	18.28	090
27626	.....	A	Remove ankle joint lining	*8.91	#9.80	#9.80	1.25	19.96	19.96	090
27630	.....	A	Removal of tendon lesion	*4.80	3.10	3.10	0.46	8.36	8.36	090
27635	.....	A	Remove lower leg bone lesion	*7.78	8.04	8.04	1.27	17.09	17.09	090
27637	.....	A	Remove/graft leg bone lesion	*9.85	8.47	8.47	1.40	19.72	19.72	090
27638	.....	A	Remove/graft leg bone lesion	*10.57	9.15	9.15	1.52	21.24	21.24	090
27640	.....	A	Partial removal of tibia	*11.37	9.81	9.81	1.57	22.75	22.75	090
27641	.....	A	Partial removal of fibula	*9.24	7.13	7.13	1.18	17.55	17.55	090
27645	.....	A	Extensive lower leg surgery	*14.17	11.64	11.64	1.98	27.79	27.79	090
27646	.....	A	Extensive lower leg surgery	*12.66	10.75	10.75	1.71	25.12	25.12	090
27647	.....	A	Extensive ankle/heel surgery	*12.24	9.95	9.95	1.35	23.54	23.54	090
27648	.....	A	Injection for ankle x-ray	0.96	0.52	0.52	0.05	1.53	1.53	000
27650	.....	A	Repair achilles tendon	*9.69	8.98	8.98	1.41	20.08	20.08	090
27652	.....	A	Repair/graft achilles tendon	*10.33	10.41	10.41	1.56	22.30	22.30	090
27654	.....	A	Repair of achilles tendon	*10.02	10.93	10.93	1.65	22.60	22.60	090
27656	.....	A	Repair leg fascia defect	*4.57	3.18	3.18	0.54	8.29	8.29	090
27658	.....	A	Repair of leg tendon, each	*4.98	4.02	4.02	0.60	9.60	9.60	090
27659	.....	A	Repair of leg tendon, each	*6.81	5.87	5.87	0.86	13.54	13.54	090
27664	.....	A	Repair of leg tendon, each	*4.59	3.41	3.41	0.52	8.52	8.52	090
27665	.....	A	Repair of leg tendon, each	*5.40	4.95	4.95	0.76	11.11	11.11	090
27675	.....	A	Repair lower leg tendons	*7.18	6.40	6.40	0.94	14.52	14.52	090
27676	.....	A	Repair lower leg tendons	*8.42	7.56	7.56	1.14	17.12	17.12	090
27680	.....	A	Release of lower leg tendon	*5.74	4.12	4.12	0.61	10.47	10.47	090
27681	.....	A	Release of lower leg tendons	*6.82	5.97	5.97	0.86	13.65	13.65	090
27685	.....	A	Revision of lower leg tendon	*6.50	3.83	3.83	0.41	10.74	10.74	090
27686	.....	A	Revise lower leg tendons	*7.46	6.56	6.56	0.90	14.92	14.92	090
27687	.....	A	Revision of calf tendon	*6.24	5.45	5.45	0.76	12.45	12.45	090
27690	.....	A	Revise lower leg tendon	*8.71	6.74	6.74	0.88	16.33	16.33	090
27691	.....	A	Revise lower leg tendon	*9.96	7.89	7.89	1.23	19.08	19.08	090
27692	.....	A	Revise additional leg tendon	1.87	2.03	2.03	0.29	4.19	4.19	ZZZ
27695	.....	A	Repair of ankle ligament	*6.51	#7.16	#7.16	1.32	14.99	14.99	090
27696	.....	A	Repair of ankle ligaments	*8.27	7.06	7.06	1.16	16.49	16.49	090
27698	.....	A	Repair of ankle ligament	*9.36	#10.30	#10.30	1.86	21.52	21.52	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
27700	.....	A	Revision of ankle joint	*9.29	#10.22	#10.22	1.51	21.02	21.02	090
27702	.....	A	Reconstruct ankle joint	*13.67	#15.04	#15.04	3.99	32.70	32.70	090
27703	.....	A	Reconstruction, ankle joint	*15.87	13.82	13.82	2.25	31.94	31.94	090
27704	.....	A	Removal of ankle implant	*7.62	5.84	5.84	0.98	14.44	14.44	090
27705	.....	A	Incision of tibia	*10.38	10.74	10.74	1.76	22.88	22.88	090
27707	.....	A	Incision of fibula	*4.37	4.75	4.75	0.79	9.91	9.91	090
27709	.....	A	Incision of tibia & fibula	*9.95	#10.95	#10.95	2.14	23.04	23.04	090
27712	.....	A	Realignment of lower leg	*14.25	10.99	10.99	1.63	26.87	26.87	090
27715	.....	A	Revision of lower leg	*14.39	12.61	12.61	1.88	28.88	28.88	090
27720	.....	A	Repair of tibia	*11.79	#12.97	#12.97	2.25	27.01	27.01	090
27722	.....	A	Repair/graft of tibia	*11.82	10.50	10.50	1.64	23.96	23.96	090
27724	.....	A	Repair/graft of tibia	*14.99	15.50	15.50	2.87	33.36	33.36	090
27725	.....	A	Repair of lower leg	*15.59	10.43	10.43	1.53	27.55	27.55	090
27727	.....	A	Repair of lower leg	*14.01	9.38	9.38	1.84	25.23	25.23	090
27730	.....	A	Repair of tibia epiphysis	*7.41	3.59	3.59	0.84	11.84	11.84	090
27732	.....	A	Repair of fibula epiphysis	*5.32	4.84	4.84	0.79	10.95	10.95	090
27734	.....	A	Repair lower leg epiphyses	*8.48	7.54	7.54	1.23	17.25	17.25	090
27740	.....	A	Repair of leg epiphyses	*9.30	8.36	8.36	1.36	19.02	19.02	090
27742	.....	A	Repair of leg epiphyses	*10.30	9.29	9.29	1.52	21.11	21.11	090
27745	.....	A	Reinforce tibia	*10.07	8.97	8.97	1.39	20.43	20.43	090
27750	.....	A	Treatment of tibia fracture	*3.19	3.45	3.45	0.50	7.14	7.14	090
27752	.....	A	Treatment of tibia fracture	*5.84	5.09	5.09	0.81	11.74	11.74	090
27756	.....	A	Repair of tibia fracture	*6.78	#7.46	#7.46	1.70	15.94	15.94	090
27758	.....	A	Repair of tibia fracture	*11.67	#12.84	#12.84	2.22	26.73	26.73	090
27759	.....	A	Repair of tibia fracture	*13.76	13.74	13.74	2.22	29.72	29.72	090
27760	.....	A	Treatment of ankle fracture	*3.01	2.58	2.58	0.37	5.96	5.96	090
27762	.....	A	Treatment of ankle fracture	*5.25	3.36	3.36	0.50	9.11	9.11	090
27766	.....	A	Repair of ankle fracture	*8.36	7.87	7.87	1.26	17.49	17.49	090
27780	.....	A	Treatment of fibula fracture	*2.65	1.97	1.97	0.26	4.88	4.88	090
27781	.....	A	Treatment of fibula fracture	*4.40	3.29	3.29	0.49	8.18	8.18	090
27784	.....	A	Repair of fibula fracture	*7.11	5.59	5.59	0.87	13.57	13.57	090
27786	.....	A	Treatment of ankle fracture	*2.84	2.52	2.52	0.38	5.74	5.74	090
27788	.....	A	Treatment of ankle fracture	*4.45	3.27	3.27	0.50	8.22	8.22	090
27792	.....	A	Repair of ankle fracture	*7.66	7.38	7.38	1.17	16.21	16.21	090
27808	.....	A	Treatment of ankle fracture	*2.83	2.79	2.79	0.39	6.01	6.01	090
27810	.....	A	Treatment of ankle fracture	*5.13	5.05	5.05	0.80	10.98	10.98	090
27814	.....	A	Repair of ankle fracture	*10.68	10.00	10.00	1.60	22.28	22.28	090
27816	.....	A	Treatment of ankle fracture	*2.89	3.47	#3.18	0.55	6.91	6.62	090
27818	.....	A	Treatment of ankle fracture	*5.50	#6.05	#6.05	1.06	12.61	12.61	090
27822	.....	A	Repair of ankle fracture	*9.20	#10.12	#10.12	1.88	21.20	21.20	090
27823	.....	A	Repair of ankle fracture	*11.80	12.79	12.79	2.05	26.64	26.64	090
27824	.....	A	Treat lower leg fracture	*2.89	3.47	#3.18	0.55	6.91	6.62	090
27825	.....	A	Treat lower leg fracture	*6.19	6.51	6.51	1.06	13.76	13.76	090
27826	.....	A	Treat lower leg fracture	*8.54	#9.39	#9.39	1.88	19.81	19.81	090
27827	.....	A	Treat lower leg fracture	*14.06	11.71	11.71	1.88	27.65	27.65	090
27828	.....	A	Treat lower leg fracture	*16.23	12.79	12.79	2.05	31.07	31.07	090
27829	.....	A	Treat lower leg joint	*5.49	#6.04	#6.04	1.37	12.90	12.90	090
27830	.....	A	Treat lower leg dislocation	*3.79	3.25	3.25	0.46	7.50	7.50	090
27831	.....	A	Treat lower leg dislocation	*4.56	3.98	3.98	0.59	9.13	9.13	090
27832	.....	A	Repair lower leg dislocation	*6.49	5.70	5.70	0.89	13.08	13.08	090
27840	.....	A	Treat ankle dislocation	*4.58	1.87	1.87	0.21	6.66	6.66	090
27842	.....	A	Treat ankle dislocation	*6.21	2.22	2.22	0.34	8.77	8.77	090
27846	.....	A	Repair ankle dislocation	*9.79	8.59	8.59	1.37	19.75	19.75	090
27848	.....	A	Repair ankle dislocation	*11.20	8.36	8.36	1.32	20.88	20.88	090
27860	.....	A	Fixation of ankle joint	*2.34	1.39	1.39	0.23	3.96	3.96	010
27870	.....	A	Fusion of ankle joint	*13.91	13.34	13.34	2.22	29.47	29.47	090
27871	.....	A	Fusion of tibiofibular joint	*9.17	7.79	7.79	1.21	18.17	18.17	090
27880	.....	A	Amputation of lower leg	*11.85	8.36	8.36	1.60	21.81	21.81	090
27881	.....	A	Amputation of lower leg	*12.34	10.82	10.82	1.87	25.03	25.03	090
27882	.....	A	Amputation of lower leg	*8.94	7.36	7.36	1.42	17.72	17.72	090
27884	.....	A	Amputation follow-up surgery	*8.21	3.37	3.37	0.61	12.19	12.19	090
27886	.....	A	Amputation follow-up surgery	*9.32	7.17	7.17	1.34	17.83	17.83	090
27888	.....	A	Amputation of foot at ankle	*9.67	9.49	9.49	1.65	20.81	20.81	090
27889	.....	A	Amputation of foot at ankle	*9.98	8.43	8.43	1.55	19.96	19.96	090
27892	.....	A	Decompression of leg	*7.39	3.39	3.39	0.64	11.42	11.42	090
27893	.....	A	Decompression of leg	*7.35	3.38	3.38	0.67	11.40	11.40	090
27894	.....	A	Decompression of leg	*10.49	4.05	4.05	0.77	15.31	15.31	090
27899	.....	C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
28001	.....	A	Drainage of bursa of foot	*2.73	0.52	0.52	0.05	3.30	3.30	010
28002	.....	A	Treatment of foot infection	*4.62	2.25	2.25	0.33	7.20	7.20	010
28003	.....	A	Treatment of foot infection	*8.41	3.50	3.50	0.59	12.50	12.50	090
28005	.....	A	Treat foot bone lesion	*8.68	4.08	4.08	0.61	13.37	13.37	090
28008	.....	A	Incision of foot fascia	*4.45	2.68	2.68	0.29	7.42	7.42	090
28010	.....	A	Incision of toe tendon	*2.84	3.62	3.62	0.33	6.79	6.79	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
28011	.....	A	Incision of toe tendons	*4.14	1.77	1.77	0.19	6.10	6.10	090
28020	.....	A	Exploration of a foot joint	*5.01	4.40	4.40	0.56	9.97	9.97	090
28022	.....	A	Exploration of a foot joint	*4.67	2.74	2.74	0.31	7.72	7.72	090
28024	.....	A	Exploration of a toe joint	*4.38	2.39	2.39	0.24	7.01	7.01	090
28030	.....	A	Removal of foot nerve	*6.15	3.93	3.93	0.42	10.50	10.50	090
28035	.....	A	Decompression of tibia nerve	*5.09	6.18	#5.60	0.90	12.17	11.59	090
28043	.....	A	Excision of foot lesion	*3.54	1.73	1.73	0.20	5.47	5.47	090
28045	.....	A	Excision of foot lesion	*4.72	3.99	3.99	0.46	9.17	9.17	090
28046	.....	A	Resection of tumor, foot	*10.18	5.35	5.35	0.79	16.32	16.32	090
28050	.....	A	Biopsy of foot joint lining	*4.25	3.84	3.84	0.53	8.62	8.62	090
28052	.....	A	Biopsy of foot joint lining	*3.94	3.82	3.82	0.43	8.19	8.19	090
28054	.....	A	Biopsy of toe joint lining	*3.45	2.24	2.24	0.28	5.97	5.97	090
28060	.....	A	Partial removal foot fascia	*5.23	4.22	4.22	0.53	9.98	9.98	090
28062	.....	A	Removal of foot fascia	*6.52	7.06	7.06	0.86	14.44	14.44	090
28070	.....	A	Removal of foot joint lining	*5.10	4.48	4.48	0.48	10.06	10.06	090
28072	.....	A	Removal of foot joint lining	*4.58	3.21	3.21	0.42	8.21	8.21	090
28080	.....	A	Removal of foot lesion	*3.58	4.07	4.07	0.45	8.10	8.10	090
28086	.....	A	Excise foot tendon sheath	*4.78	3.12	3.12	0.46	8.36	8.36	090
28088	.....	A	Excise foot tendon sheath	*3.86	3.62	3.62	0.40	7.88	7.88	090
28090	.....	A	Removal of foot lesion	*4.41	3.02	3.02	0.29	7.72	7.72	090
28092	.....	A	Removal of toe lesions	*3.64	2.03	2.03	0.25	5.92	5.92	090
28100	.....	A	Removal of ankle/heel lesion	*5.66	4.58	4.58	0.56	10.80	10.80	090
28102	.....	A	Remove/graft foot lesion	*7.73	6.84	6.84	0.85	15.42	15.42	090
28103	.....	A	Remove/graft foot lesion	*6.50	5.61	5.61	0.69	12.80	12.80	090
28104	.....	A	Removal of foot lesion	*5.12	4.33	4.33	0.49	9.94	9.94	090
28106	.....	A	Remove/graft foot lesion	*7.16	6.42	6.42	0.79	14.37	14.37	090
28107	.....	A	Remove/graft foot lesion	*5.56	4.86	4.86	0.48	10.90	10.90	090
28108	.....	A	Removal of toe lesions	*4.16	4.20	4.20	0.38	8.74	8.74	090
28110	.....	A	Part removal of metatarsal	*4.08	3.48	3.48	0.39	7.95	7.95	090
28111	.....	A	Part removal of metatarsal	*5.01	5.04	5.04	0.65	10.70	10.70	090
28112	.....	A	Part removal of metatarsal	*4.49	3.96	3.96	0.45	8.90	8.90	090
28113	.....	A	Part removal of metatarsal	*4.79	4.44	4.44	0.48	9.71	9.71	090
28114	.....	A	Removal of metatarsal heads	*9.79	9.17	9.17	1.42	20.38	20.38	090
28116	.....	A	Revision of foot	*7.75	5.48	5.48	0.57	13.80	13.80	090
28118	.....	A	Removal of heel bone	*5.96	5.71	5.71	0.66	12.33	12.33	090
28119	.....	A	Removal of heel spur	*5.39	5.44	5.44	0.57	11.40	11.40	090
28120	.....	A	Part removal of ankle/heel	*5.40	5.04	5.04	0.67	11.11	11.11	090
28122	.....	A	Partial removal of foot bone	*7.29	4.48	4.48	0.54	12.31	12.31	090
28124	.....	A	Partial removal of toe	*4.81	4.11	4.11	0.37	9.29	9.29	090
28126	.....	A	Partial removal of toe	*3.52	3.98	3.98	0.36	7.86	7.86	090
28130	.....	A	Removal of ankle bone	*8.11	7.03	7.03	0.88	16.02	16.02	090
28140	.....	A	Removal of metatarsal	*6.91	4.93	4.93	0.62	12.46	12.46	090
28150	.....	A	Removal of toe	*4.09	3.29	3.29	0.38	7.76	7.76	090
28153	.....	A	Partial removal of toe	*3.66	3.99	3.99	0.36	8.01	8.01	090
28160	.....	A	Partial removal of toe	*3.74	4.12	4.12	0.38	8.24	8.24	090
28171	.....	A	Extensive foot surgery	*9.60	7.99	7.99	0.88	18.47	18.47	090
28173	.....	A	Extensive foot surgery	*8.80	5.74	5.74	0.74	15.28	15.28	090
28175	.....	A	Extensive foot surgery	*6.05	5.38	5.38	0.58	12.01	12.01	090
28190	.....	A	Removal of foot foreign body	*1.96	0.52	0.52	0.05	2.53	2.53	010
28192	.....	A	Removal of foot foreign body	*4.64	1.95	1.95	0.24	6.83	6.83	090
28193	.....	A	Removal of foot foreign body	*5.73	2.38	2.38	0.30	8.41	8.41	090
28200	.....	A	Repair of foot tendon	*4.60	5.06	5.06	0.50	10.16	10.16	090
28202	.....	A	Repair/graft of foot tendon	*6.84	5.82	5.82	0.77	13.43	13.43	090
28208	.....	A	Repair of foot tendon	*4.37	2.81	2.81	0.28	7.46	7.46	090
28210	.....	A	Repair/graft of foot tendon	*6.35	5.60	5.60	0.60	12.55	12.55	090
28220	.....	A	Release of foot tendon	*4.53	3.87	3.87	0.43	8.83	8.83	090
28222	.....	A	Release of foot tendons	*5.62	6.40	6.40	0.63	12.65	12.65	090
28225	.....	A	Release of foot tendon	*3.66	2.37	2.37	0.25	6.28	6.28	090
28226	.....	A	Release of foot tendons	*4.53	3.38	3.38	0.40	8.31	8.31	090
28230	.....	A	Incision of foot tendon(s)	*4.24	2.43	2.43	0.22	6.89	6.89	090
28232	.....	A	Incision of toe tendon	*3.39	1.60	1.60	0.15	5.14	5.14	090
28234	.....	A	Incision of foot tendon	*3.37	1.53	1.53	0.14	5.04	5.04	090
28238	.....	A	Revision of foot tendon	*7.73	7.23	7.23	0.85	15.81	15.81	090
28240	.....	A	Release of big toe	*4.36	2.13	2.13	0.23	6.72	6.72	090
28250	.....	A	Revision of foot fascia	*5.92	4.46	4.46	0.50	10.88	10.88	090
28260	.....	A	Release of midfoot joint	*7.96	4.43	4.43	0.48	12.87	12.87	090
28261	.....	A	Revision of foot tendon	*11.73	5.91	5.91	0.58	18.22	18.22	090
28262	.....	A	Revision of foot and ankle	*15.83	11.91	11.91	1.44	29.18	29.18	090
28264	.....	A	Release of midfoot joint	*10.35	9.56	9.56	1.17	21.08	21.08	090
28270	.....	A	Release of foot contracture	*4.76	2.63	2.63	0.23	7.62	7.62	090
28272	.....	A	Release of toe joint, each	*3.80	2.04	2.04	0.18	6.02	6.02	090
28280	.....	A	Fusion of toes	*5.19	2.22	2.22	0.30	7.71	7.71	090
28285	.....	A	Repair of hammertoe	*4.59	4.37	4.37	0.39	9.35	9.35	090
28286	.....	A	Repair of hammertoe	*4.56	3.58	3.58	0.38	8.52	8.52	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
28288	.....	A	Partial removal of foot bone	*4.74	3.75	3.75	0.43	8.92	8.92	090
28290	.....	A	Correction of bunion	*5.66	5.36	5.36	0.63	11.65	11.65	090
28292	.....	A	Correction of bunion	*7.04	7.05	7.05	0.74	14.83	14.83	090
28293	.....	A	Correction of bunion	*9.15	9.55	9.55	0.98	19.68	19.68	090
28294	.....	A	Correction of bunion	*8.56	9.16	9.16	0.86	18.58	18.58	090
28296	.....	A	Correction of bunion	*9.18	8.81	8.81	0.98	18.97	18.97	090
28297	.....	A	Correction of bunion	*9.18	9.02	9.02	1.05	19.25	19.25	090
28298	.....	A	Correction of bunion	*7.94	#8.73	#8.73	0.79	17.46	17.46	090
28299	.....	A	Correction of bunion	*8.88	#9.77	#9.77	1.08	19.73	19.73	090
28300	.....	A	Incision of heel bone	*9.54	6.52	6.52	0.79	16.85	16.85	090
28302	.....	A	Incision of ankle bone	*9.55	8.89	8.89	1.12	19.56	19.56	090
28304	.....	A	Incision of midfoot bones	*9.16	6.44	6.44	0.70	16.30	16.30	090
28305	.....	A	Incise/graft midfoot bones	*10.50	9.85	9.85	1.03	21.38	21.38	090
28306	.....	A	Incision of metatarsal	*5.86	4.57	4.57	0.47	10.90	10.90	090
28307	.....	A	Incision of metatarsal	*6.33	5.87	5.87	0.76	12.96	12.96	090
28308	.....	A	Incision of metatarsal	*5.29	5.71	5.71	0.50	11.50	11.50	090
28309	.....	A	Incision of metatarsals	*12.78	6.87	6.87	1.00	20.65	20.65	090
28310	.....	A	Revision of big toe	*5.43	4.17	4.17	0.42	10.02	10.02	090
28312	.....	A	Revision of toe	*4.55	4.56	4.56	0.45	9.56	9.56	090
28313	.....	A	Repair deformity of toe	*5.01	2.57	2.57	0.31	7.89	7.89	090
28315	.....	A	Removal of sesamoid bone	*4.86	4.24	4.24	0.41	9.51	9.51	090
28320	.....	A	Repair of foot bones	*9.18	8.69	8.69	1.03	18.90	18.90	090
28322	.....	A	Repair of metatarsals	*8.34	4.67	4.67	0.52	13.53	13.53	090
28340	.....	A	Resect enlarged toe tissue	*6.98	6.34	6.34	0.91	14.23	14.23	090
28341	.....	A	Resect enlarged toe	*8.41	7.66	7.66	0.96	17.03	17.03	090
28344	.....	A	Repair extra toe(s)	*4.26	3.70	3.70	0.60	8.56	8.56	090
28345	.....	A	Repair webbed toe(s)	*5.92	5.34	5.34	0.73	11.99	11.99	090
28360	.....	A	Reconstruct cleft foot	*13.34	11.91	11.91	1.95	27.20	27.20	090
28400	.....	A	Treatment of heel fracture	*2.16	2.57	2.57	0.40	5.13	5.13	090
28405	.....	A	Treatment of heel fracture	*4.57	3.90	3.90	0.58	9.05	9.05	090
28406	.....	A	Treatment of heel fracture	*6.31	6.09	6.09	0.93	13.33	13.33	090
28415	.....	A	Repair of heel fracture	*15.97	9.02	9.02	1.39	26.38	26.38	090
28420	.....	A	Repair/graft heel fracture	*16.64	10.89	10.89	1.63	29.16	29.16	090
28430	.....	A	Treatment of ankle fracture	*2.09	2.45	2.45	0.35	4.89	4.89	090
28435	.....	A	Treatment of ankle fracture	*3.40	3.36	3.36	0.50	7.26	7.26	090
28436	.....	A	Treatment of ankle fracture	*4.71	4.19	4.19	0.68	9.58	9.58	090
28445	.....	A	Repair of ankle fracture	*9.33	8.80	8.80	1.40	19.53	19.53	090
28450	.....	A	Treat midfoot fracture, each	*1.90	1.87	1.87	0.25	4.02	4.02	090
28455	.....	A	Treat midfoot fracture, each	*3.09	2.54	2.54	0.34	5.97	5.97	090
28456	.....	A	Repair midfoot fracture	*2.68	2.27	2.27	0.38	5.33	5.33	090
28465	.....	A	Repair midfoot fracture, each	*7.01	5.54	5.54	0.81	13.36	13.36	090
28470	.....	A	Treat metatarsal fracture	*1.99	1.80	1.80	0.23	4.02	4.02	090
28475	.....	A	Treat metatarsal fracture	*2.97	2.34	2.34	0.30	5.61	5.61	090
28476	.....	A	Repair metatarsal fracture	*3.38	3.37	3.37	0.45	7.20	7.20	090
28485	.....	A	Repair metatarsal fracture	*5.71	4.68	4.68	0.60	10.99	10.99	090
28490	.....	A	Treat big toe fracture	*1.09	0.90	0.90	0.10	2.09	2.09	090
28495	.....	A	Treat big toe fracture	*1.58	1.12	1.12	0.13	2.83	2.83	090
28496	.....	A	Repair big toe fracture	*2.33	2.07	2.07	0.31	4.71	4.71	090
28505	.....	A	Repair big toe fracture	*3.81	2.99	2.99	0.43	7.23	7.23	090
28510	.....	A	Treatment of toe fracture	*1.09	0.89	0.89	0.09	2.07	2.07	090
28515	.....	A	Treatment of toe fracture	*1.46	1.12	1.12	0.11	2.69	2.69	090
28525	.....	A	Repair of toe fracture	*3.32	2.06	2.06	0.29	5.67	5.67	090
28530	.....	A	Treat sesamoid bone fracture	*1.06	1.00	1.00	0.10	2.16	2.16	090
28531	.....	A	Treat sesamoid bone fracture	*2.35	1.91	1.91	0.32	4.58	4.58	090
28540	.....	A	Treat foot dislocation	*2.04	0.60	0.60	0.06	2.70	2.70	090
28545	.....	A	Treat foot dislocation	*2.45	1.31	1.31	0.14	3.90	3.90	090
28546	.....	A	Treat foot dislocation	*3.20	2.74	2.74	0.45	6.39	6.39	090
28555	.....	A	Repair foot dislocation	*6.30	5.58	5.58	0.73	12.61	12.61	090
28570	.....	A	Treat foot dislocation	*1.66	1.59	1.59	0.17	3.42	3.42	090
28575	.....	A	Treat foot dislocation	*3.31	2.77	2.77	0.42	6.50	6.50	090
28576	.....	A	Treat foot dislocation	*4.17	2.77	2.77	0.42	7.36	7.36	090
28585	.....	A	Repair foot dislocation	*7.99	4.96	4.96	0.55	13.50	13.50	090
28600	.....	A	Treat foot dislocation	*1.89	0.68	0.68	0.08	2.65	2.65	090
28605	.....	A	Treat foot dislocation	*2.71	2.26	2.26	0.34	5.31	5.31	090
28606	.....	A	Treat foot dislocation	*4.90	3.49	3.49	0.55	8.94	8.94	090
28615	.....	A	Repair foot dislocation	*7.77	4.96	4.96	0.78	13.51	13.51	090
28630	.....	A	Treat toe dislocation	*1.70	1.03	1.03	0.11	2.84	2.84	010
28635	.....	A	Treat toe dislocation	*1.91	1.45	1.45	0.18	3.54	3.54	010
28636	.....	A	Treat toe dislocation	*2.77	2.56	2.56	0.42	5.75	5.75	010
28645	.....	A	Repair toe dislocation	*4.22	3.24	3.24	0.38	7.84	7.84	090
28660	.....	A	Treat toe dislocation	*1.23	0.63	0.63	0.06	1.92	1.92	010
28665	.....	A	Treat toe dislocation	*1.92	0.98	0.98	0.11	3.01	3.01	010
28666	.....	A	Treat toe dislocation	*2.66	2.44	2.44	0.40	5.50	5.50	010
28675	.....	A	Repair of toe dislocation	*2.92	3.00	3.00	0.41	6.33	6.33	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
28705	.....	A	Fusion of foot bones	*15.21	15.11	15.11	2.35	32.67	32.67	090
28715	.....	A	Fusion of foot bones	*13.10	12.33	12.33	1.89	27.32	27.32	090
28725	.....	A	Fusion of foot bones	*11.61	9.44	9.44	1.44	22.49	22.49	090
28730	.....	A	Fusion of foot bones	*10.76	9.00	9.00	1.33	21.09	21.09	090
28735	.....	A	Fusion of foot bones	*10.85	9.76	9.76	1.37	21.98	21.98	090
28737	.....	A	Revision of foot bones	*9.64	8.87	8.87	1.13	19.64	19.64	090
28740	.....	A	Fusion of foot bones	*8.02	5.14	5.14	0.72	13.88	13.88	090
28750	.....	A	Fusion of big toe joint	*7.30	5.32	5.32	0.82	13.44	13.44	090
28755	.....	A	Fusion of big toe joint	*4.74	3.69	3.69	0.45	8.88	8.88	090
28760	.....	A	Fusion of big toe joint	*7.75	5.40	5.40	0.65	13.80	13.80	090
28800	.....	A	Amputation of midfoot	*8.21	6.65	6.65	1.19	16.05	16.05	090
28805	.....	A	Amputation thru metatarsal	*8.39	6.32	6.32	1.21	15.92	15.92	090
28810	.....	A	Amputation toe & metatarsal	*6.21	3.91	3.91	0.75	10.87	10.87	090
28820	.....	A	Amputation of toe	*4.41	2.58	2.58	0.46	7.45	7.45	090
28825	.....	A	Partial amputation of toe	*3.59	2.40	2.40	0.41	6.40	6.40	090
28899	.....	C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29000	.....	A	Application of body cast	2.25	1.85	1.85	0.21	4.31	4.31	000
29010	.....	A	Application of body cast	2.06	2.33	#2.27	0.34	4.73	4.67	000
29015	.....	A	Application of body cast	2.41	2.33	2.33	0.33	5.07	5.07	000
29020	.....	A	Application of body cast	2.11	1.82	1.82	0.23	4.16	4.16	000
29025	.....	A	Application of body cast	2.40	0.75	0.75	0.14	3.29	3.29	000
29035	.....	A	Application of body cast	1.77	1.95	1.95	0.32	4.04	4.04	000
29040	.....	A	Application of body cast	2.22	2.02	2.02	0.30	4.54	4.54	000
29044	.....	A	Application of body cast	2.12	2.09	2.09	0.34	4.55	4.55	000
29046	.....	A	Application of body cast	2.41	2.23	2.23	0.36	5.00	5.00	000
29049	.....	A	Application of figure eight	0.89	0.42	0.42	0.06	1.37	1.37	000
29055	.....	A	Application of shoulder cast	1.78	1.20	1.20	0.17	3.15	3.15	000
29058	.....	A	Application of shoulder cast	1.31	0.65	0.65	0.09	2.05	2.05	000
29065	.....	A	Application of long arm cast	0.87	0.80	0.80	0.13	1.80	1.80	000
29075	.....	A	Application of forearm cast	0.77	0.61	0.61	0.10	1.48	1.48	000
29085	.....	A	Apply hand/wrist cast	0.87	0.50	0.50	0.08	1.45	1.45	000
29105	.....	A	Apply long arm splint	0.87	0.50	0.50	0.08	1.45	1.45	000
29125	.....	A	Apply forearm splint	0.59	0.37	0.37	0.05	1.01	1.01	000
29126	.....	A	Apply forearm splint	0.77	0.40	0.40	0.06	1.23	1.23	000
29130	.....	A	Application of finger splint	0.50	0.17	0.17	0.02	0.69	0.69	000
29131	.....	A	Application of finger splint	0.55	0.39	0.39	0.06	1.00	1.00	000
29200	.....	A	Strapping of chest	0.65	0.27	0.27	0.03	0.95	0.95	000
29220	.....	A	Strapping of low back	0.64	0.38	0.38	0.05	1.07	1.07	000
29240	.....	A	Strapping of shoulder	0.71	0.27	0.27	0.03	1.01	1.01	000
29260	.....	A	Strapping of elbow or wrist	0.55	0.23	0.23	0.03	0.81	0.81	000
29280	.....	A	Strapping of hand or finger	0.51	0.21	0.21	0.02	0.74	0.74	000
29305	.....	A	Application of hip cast	2.03	1.88	1.88	0.31	4.22	4.22	000
29325	.....	A	Application of hip casts	2.32	1.94	1.94	0.28	4.54	4.54	000
29345	.....	A	Application of long leg cast	1.40	1.02	1.02	0.16	2.58	2.58	000
29355	.....	A	Application of long leg cast	1.53	1.10	1.10	0.17	2.80	2.80	000
29358	.....	A	Apply long leg cast brace	1.43	#1.57	#1.57	0.33	3.33	3.33	000
29365	.....	A	Application of long leg cast	1.18	0.86	0.86	0.14	2.18	2.18	000
29405	.....	A	Apply short leg cast	0.86	0.79	0.79	0.12	1.77	1.77	000
29425	.....	A	Apply short leg cast	1.01	0.97	0.97	0.14	2.12	2.12	000
29435	.....	A	Apply short leg cast	1.18	1.18	1.18	0.18	2.54	2.54	000
29440	.....	A	Addition of walker to cast	0.57	0.23	0.23	0.03	0.83	0.83	000
29445	.....	A	Apply rigid leg cast	1.78	1.70	1.70	0.28	3.76	3.76	000
29450	.....	A	Application of leg cast	1.02	0.39	0.39	0.04	1.45	1.45	000
29505	.....	A	Application long leg splint	0.69	0.57	0.57	0.07	1.33	1.33	000
29515	.....	A	Application lower leg splint	0.73	0.47	0.47	0.06	1.26	1.26	000
29520	.....	A	Strapping of hip	0.54	0.36	0.36	0.03	0.93	0.93	000
29530	.....	A	Strapping of knee	0.57	0.35	0.35	0.05	0.97	0.97	000
29540	.....	A	Strapping of ankle	0.51	0.30	0.30	0.03	0.84	0.84	000
29550	.....	A	Strapping of toes	0.47	0.28	0.28	0.03	0.78	0.78	000
29580	.....	A	Application of paste boot	0.57	0.79	0.79	0.04	1.40	1.40	000
29590	.....	A	Application of foot splint	0.76	0.28	0.28	0.03	1.07	1.07	000
29700	.....	A	Removal/revision of cast	0.57	0.32	0.32	0.05	0.94	0.94	000
29705	.....	A	Removal/revision of cast	0.76	0.35	0.35	0.05	1.16	1.16	000
29710	.....	A	Removal/revision of cast	1.34	0.45	0.45	0.07	1.86	1.86	000
29715	.....	A	Removal/revision of cast	0.94	0.86	0.86	0.12	1.92	1.92	000
29720	.....	A	Repair of body cast	0.68	0.23	0.23	0.04	0.95	0.95	000
29730	.....	A	Windowing of cast	0.75	0.26	0.26	0.04	1.05	1.05	000
29740	.....	A	Wedging of cast	1.12	0.38	0.38	0.06	1.56	1.56	000
29750	.....	A	Wedging of clubfoot cast	1.26	0.50	0.50	0.07	1.83	1.83	000
29799	.....	C	Casting/strapping procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
29800	.....	A	Jaw arthroscopy/surgery	*6.43	4.01	4.01	0.46	10.90	10.90	090
29804	.....	A	Jaw arthroscopy/surgery	*8.14	#8.95	#8.95	1.46	18.55	18.55	090
29815	.....	A	Shoulder arthroscopy	*5.89	4.84	4.84	0.76	11.49	11.49	090
29819	.....	A	Shoulder arthroscopy/surgery	*7.62	#8.38	#8.38	1.73	17.73	17.73	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
29820	.....	A	Shoulder arthroscopy/surgery	*7.07	#7.78	#7.78	1.73	16.58	16.58	090
29821	.....	A	Shoulder arthroscopy/surgery	*7.72	#8.49	#8.49	2.13	18.34	18.34	090
29822	.....	A	Shoulder arthroscopy/surgery	*7.43	#8.17	#8.17	1.74	17.34	17.34	090
29823	.....	A	Shoulder arthroscopy/surgery	*8.17	#8.99	#8.99	2.32	19.48	19.48	090
29825	.....	A	Shoulder arthroscopy/surgery	*7.62	#8.38	#8.38	2.05	18.05	18.05	090
29826	.....	A	Shoulder arthroscopy/surgery	*8.99	#9.89	#9.89	2.31	21.19	21.19	090
29830	.....	A	Elbow arthroscopy	*5.76	5.32	5.32	0.83	11.91	11.91	090
29834	.....	A	Elbow arthroscopy/surgery	*6.28	5.84	5.84	0.96	13.08	13.08	090
29835	.....	A	Elbow arthroscopy/surgery	*6.48	6.03	6.03	0.99	13.50	13.50	090
29836	.....	A	Elbow arthroscopy/surgery	*7.55	7.03	7.03	1.15	15.73	15.73	090
29837	.....	A	Elbow arthroscopy/surgery	*6.87	6.40	6.40	1.06	14.33	14.33	090
29838	.....	A	Elbow arthroscopy/surgery	*7.71	7.05	7.05	1.14	15.90	15.90	090
29840	.....	A	Wrist arthroscopy	*5.54	3.29	3.29	0.54	9.37	9.37	090
29843	.....	A	Wrist arthroscopy/surgery	*6.01	5.60	5.60	0.91	12.52	12.52	090
29844	.....	A	Wrist arthroscopy/surgery	*6.37	5.59	5.59	0.95	12.91	12.91	090
29845	.....	A	Wrist arthroscopy/surgery	*7.52	7.00	7.00	1.15	15.67	15.67	090
29846	.....	A	Wrist arthroscopy/surgery	*6.75	#7.43	#7.43	2.20	16.38	16.38	090
29847	.....	A	Wrist arthroscopy/surgery	*7.08	6.78	6.78	0.97	14.83	14.83	090
29848	.....	A	Wrist arthroscopy/surgery	*5.44	3.85	3.85	0.62	9.91	9.91	090
29850	.....	A	Knee arthroscopy/surgery	*8.19	#9.01	#9.01	1.74	18.94	18.94	090
29851	.....	A	Knee arthroscopy/surgery	*13.10	10.95	10.95	1.74	25.79	25.79	090
29855	.....	A	Tibial arthroscopy/surgery	*10.62	#11.68	#11.68	1.88	24.18	24.18	090
29856	.....	A	Tibial arthroscopy/surgery	*14.14	11.69	11.69	1.88	27.71	27.71	090
29860	.....	A	Hip arthroscopy, dx	*8.05	4.84	4.84	0.76	13.65	13.65	090
29861	.....	A	Hip arthroscopy/surgery	*9.15	9.38	9.38	1.73	20.26	20.26	090
29862	.....	A	Hip arthroscopy/surgery	*9.90	10.07	10.07	2.32	22.29	22.29	090
29863	.....	A	Hip arthroscopy/surgery	*9.90	8.72	8.72	1.73	20.35	20.35	090
29870	.....	A	Knee arthroscopy, diagnostic	*5.07	4.02	4.02	0.64	9.73	9.73	090
29871	.....	A	Knee arthroscopy/drainage	*6.55	6.77	6.77	0.96	14.28	14.28	090
29874	.....	A	Knee arthroscopy/surgery	*7.05	#7.76	#7.76	1.52	16.33	16.33	090
29875	.....	A	Knee arthroscopy/surgery	*6.31	#6.94	#6.94	1.61	14.86	14.86	090
29876	.....	A	Knee arthroscopy/surgery	*7.92	#8.71	#8.71	1.95	18.58	18.58	090
29877	.....	A	Knee arthroscopy/surgery	*7.35	#8.09	#8.09	1.81	17.25	17.25	090
29879	.....	A	Knee arthroscopy/surgery	*8.04	#8.84	#8.84	2.19	19.07	19.07	090
29880	.....	A	Knee arthroscopy/surgery	*8.50	#9.35	#9.35	2.22	20.07	20.07	090
29881	.....	A	Knee arthroscopy/surgery	*7.76	#8.54	#8.54	1.82	18.12	18.12	090
29882	.....	A	Knee arthroscopy/surgery	*8.65	#9.52	#9.52	1.90	20.07	20.07	090
29883	.....	A	Knee arthroscopy/surgery	*9.46	#10.41	#10.41	2.80	22.67	22.67	090
29884	.....	A	Knee arthroscopy/surgery	*7.33	#8.06	#8.06	1.56	16.95	16.95	090
29885	.....	A	Knee arthroscopy/surgery	*9.09	8.23	8.23	1.35	18.67	18.67	090
29886	.....	A	Knee arthroscopy/surgery	*7.54	6.80	6.80	1.12	15.46	15.46	090
29887	.....	A	Knee arthroscopy/surgery	*9.04	#9.94	#9.94	1.71	20.69	20.69	090
29888	.....	A	Knee arthroscopy/surgery	*13.90	#15.29	#15.29	3.18	32.37	32.37	090
29889	.....	A	Knee arthroscopy/surgery	*15.13	10.26	10.26	1.68	27.07	27.07	090
29891	.....	A	Ankle arthroscopy/surgery	*8.40	8.86	8.86	1.77	19.03	19.03	090
29892	.....	A	Ankle arthroscopy/surgery	*9.00	8.86	8.86	1.77	19.63	19.63	090
29893	.....	A	Scope, plantar fasciotomy	*5.22	5.20	5.20	0.46	10.88	10.88	090
29894	.....	A	Ankle arthroscopy/surgery	*7.21	#7.93	#7.93	1.47	16.61	16.61	090
29895	.....	A	Ankle arthroscopy/surgery	*6.99	#7.69	#7.69	1.51	16.19	16.19	090
29897	.....	A	Ankle arthroscopy/surgery	*7.18	#7.90	#7.90	1.77	16.85	16.85	090
29898	.....	A	Ankle arthroscopy/surgery	*8.32	#9.15	#9.15	1.91	19.38	19.38	090
29909	.....	C	Arthroscopy of joint	0.00	0.00	0.00	0.00	0.00	0.00	YYY
30000	.....	A	Drainage of nose lesion	*1.43	0.58	0.58	0.05	2.06	2.06	010
30020	.....	A	Drainage of nose lesion	*1.43	0.60	0.60	0.06	2.09	2.09	010
30100	.....	A	Intranasal biopsy	0.94	0.69	0.69	0.08	1.71	1.71	000
30110	.....	A	Removal of nose polyp(s)	*1.63	1.29	1.29	0.14	3.06	3.06	010
30115	.....	A	Removal of nose polyp(s)	*4.35	2.81	2.81	0.30	7.46	7.46	090
30117	.....	A	Removal of intranasal lesion	*3.16	2.84	2.84	0.31	6.31	6.31	090
30118	.....	A	Removal of intranasal lesion	*9.69	8.01	8.01	0.92	18.62	18.62	090
30120	.....	A	Revision of nose	*5.27	#5.80	#5.80	1.00	12.07	12.07	090
30124	.....	A	Removal of nose lesion	*3.10	1.34	1.34	0.16	4.60	4.60	090
30125	.....	A	Removal of nose lesion	*7.16	5.55	5.55	0.73	13.44	13.44	090
30130	.....	A	Removal of turbinate bones	*3.38	1.67	1.67	0.17	5.22	5.22	090
30140	.....	A	Removal of turbinate bones	*3.43	3.04	3.04	0.34	6.81	6.81	090
30150	.....	A	Partial removal of nose	*9.14	7.92	7.92	1.07	18.13	18.13	090
30160	.....	A	Removal of nose	*9.58	#10.54	#10.54	1.73	21.85	21.85	090
30200	.....	A	Injection treatment of nose	0.78	0.37	0.37	0.04	1.19	1.19	000
30210	.....	A	Nasal sinus therapy	*1.08	0.26	0.26	0.03	1.37	1.37	010
30220	.....	A	Insert nasal septal button	*1.54	1.51	1.51	0.16	3.21	3.21	010
30300	.....	A	Remove nasal foreign body	*1.04	0.46	0.46	0.05	1.55	1.55	010
30310	.....	A	Remove nasal foreign body	*1.96	1.62	1.62	0.18	3.76	3.76	010
30320	.....	A	Remove nasal foreign body	*4.52	4.29	4.29	0.43	9.24	9.24	090
30400	.....	R	Reconstruction of nose	*9.83	9.97	9.97	1.36	21.16	21.16	090
30410	.....	R	Reconstruction of nose	*12.98	#14.28	#14.28	2.01	29.27	29.27	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
30420	.....	R	Reconstruction of nose	*15.88	#17.47	#17.47	2.22	35.57	35.57	090
30430	.....	R	Revision of nose	*7.21	6.09	6.09	0.66	13.96	13.96	090
30435	.....	R	Revision of nose	*11.71	10.17	10.17	1.10	22.98	22.98	090
30450	.....	R	Revision of nose	*18.65	11.24	11.24	0.91	30.80	30.80	090
30460	.....	A	Revision of nose	*9.96	8.58	8.58	0.93	19.47	19.47	090
30462	.....	A	Revision of nose	*19.57	17.16	17.16	1.87	38.60	38.60	090
30520	.....	A	Repair of nasal septum	*5.70	#6.27	#6.27	0.96	12.93	12.93	090
30540	.....	A	Repair nasal defect	*7.75	6.63	6.63	0.70	15.08	15.08	090
30545	.....	A	Repair nasal defect	*11.38	10.83	10.83	0.93	23.14	23.14	090
30560	.....	A	Release of nasal adhesions	*1.26	0.55	0.55	0.06	1.87	1.87	010
30580	.....	A	Repair upper jaw fistula	*6.69	6.24	6.24	0.57	13.50	13.50	090
30600	.....	A	Repair mouth/nose fistula	*6.02	3.77	3.77	0.36	10.15	10.15	090
30620	.....	A	Intranasal reconstruction	*5.97	#6.57	#6.57	1.10	13.64	13.64	090
30630	.....	A	Repair nasal septum defect	*7.12	6.24	6.24	0.71	14.07	14.07	090
30801	.....	A	Cauterization inner nose	*1.09	0.47	0.47	0.05	1.61	1.61	010
30802	.....	A	Cauterization inner nose	*2.03	0.94	0.94	0.11	3.08	3.08	010
30901	.....	A	Control of nosebleed	1.21	0.56	0.56	0.06	1.83	1.83	000
30903	.....	A	Control of nosebleed	1.54	0.85	0.85	0.08	2.47	2.47	000
30905	.....	A	Control of nosebleed	1.97	1.79	1.79	0.17	3.93	3.93	000
30906	.....	A	Repeat control of nosebleed	2.45	1.08	1.08	0.11	3.64	3.64	000
30915	.....	A	Ligation nasal sinus artery	*7.20	4.95	4.95	0.52	12.67	12.67	090
30920	.....	A	Ligation upper jaw artery	*9.83	9.54	9.54	1.32	20.69	20.69	090
30930	.....	A	Therapy fracture of nose	*1.26	0.71	0.71	0.08	2.05	2.05	010
30999	.....	C	Nasal surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31000	.....	A	Irrigation maxillary sinus	*1.15	0.43	0.43	0.05	1.63	1.63	010
31002	.....	A	Irrigation sphenoid sinus	*1.91	0.46	0.46	0.05	2.42	2.42	010
31020	.....	A	Exploration maxillary sinus	*2.94	2.66	2.66	0.29	5.89	5.89	090
31030	.....	A	Exploration maxillary sinus	*5.92	#6.51	#6.51	0.86	13.29	13.29	090
31032	.....	A	Explore sinus, remove polyps	*6.57	#7.23	#7.23	0.99	14.79	14.79	090
31040	.....	A	Exploration behind upper jaw	*9.42	7.98	7.98	0.86	18.26	18.26	090
31050	.....	A	Exploration sphenoid sinus	*5.28	#5.81	#5.81	0.64	11.73	11.73	090
31051	.....	A	Sphenoid sinus surgery	*7.11	#7.82	#7.82	0.85	15.78	15.78	090
31070	.....	A	Exploration of frontal sinus	*4.28	4.69	4.69	0.50	9.47	9.47	090
31075	.....	A	Exploration of frontal sinus	*9.16	#10.08	#10.08	1.10	20.34	20.34	090
31080	.....	A	Removal of frontal sinus	*11.42	9.21	9.21	1.12	21.75	21.75	090
31081	.....	A	Removal of frontal sinus	*12.75	10.32	10.32	1.30	24.37	24.37	090
31084	.....	A	Removal of frontal sinus	*13.51	14.79	14.79	1.62	29.92	29.92	090
31085	.....	A	Removal of frontal sinus	*14.20	#15.62	#15.62	1.76	31.58	31.58	090
31086	.....	A	Removal of frontal sinus	*12.86	10.87	10.87	1.15	24.88	24.88	090
31087	.....	A	Removal of frontal sinus	*13.10	10.39	10.39	1.33	24.82	24.82	090
31090	.....	A	Exploration of sinuses	*9.53	#10.48	#10.48	2.12	22.13	22.13	090
31200	.....	A	Removal of ethmoid sinus	*4.97	4.62	4.62	0.48	10.07	10.07	090
31201	.....	A	Removal of ethmoid sinus	*8.37	7.01	7.01	0.75	16.13	16.13	090
31205	.....	A	Removal of ethmoid sinus	*10.24	8.03	8.03	0.81	19.08	19.08	090
31225	.....	A	Removal of upper jaw	*19.23	19.44	19.44	2.37	41.04	41.04	090
31230	.....	A	Removal of upper jaw	*21.94	21.74	21.74	2.48	46.16	46.16	090
31231	.....	A	Nasal endoscopy, dx	1.10	1.37	1.37	0.15	2.62	2.62	000
31233	.....	A	Nasal/sinus endoscopy, dx	2.18	2.79	2.79	0.31	5.28	5.28	000
31235	.....	A	Nasal/sinus endoscopy, dx	2.64	2.39	2.39	0.26	5.29	5.29	000
31237	.....	A	Nasal/sinus endoscopy, surg	2.98	#3.28	#3.28	0.37	6.63	6.63	000
31238	.....	A	Nasal/sinus endoscopy, surg	3.26	#3.59	#3.59	0.45	7.30	7.30	000
31239	.....	A	Nasal/sinus endoscopy, surg	*8.70	#9.57	#9.57	1.18	19.45	19.45	010
31240	.....	A	Nasal/sinus endoscopy, surg	2.61	#2.87	#2.87	0.37	5.85	5.85	000
31254	.....	A	Revision of ethmoid sinus	4.65	#5.12	#5.12	0.69	10.46	10.46	000
31255	.....	A	Removal of ethmoid sinus	6.96	#7.66	#7.66	1.14	15.76	15.76	000
31256	.....	A	Exploration maxillary sinus	3.29	#3.62	#3.62	0.41	7.32	7.32	000
31267	.....	A	Endoscopy, maxillary sinus	5.46	5.23	5.23	0.81	11.50	11.50	000
31276	.....	A	Sinus surgical endoscopy	8.85	6.72	6.72	0.73	16.30	16.30	000
31287	.....	A	Nasal/sinus endoscopy, surg	3.92	#4.31	#4.31	0.65	8.88	8.88	000
31288	.....	A	Nasal/sinus endoscopy, surg	4.58	#5.04	#5.04	0.78	10.40	10.40	000
31290	.....	A	Nasal/sinus endoscopy, surg	*17.24	16.47	16.47	1.80	35.51	35.51	010
31291	.....	A	Nasal/sinus endoscopy, surg	*18.19	17.31	17.31	1.88	37.38	37.38	010
31292	.....	A	Nasal/sinus endoscopy, surg	*14.76	13.38	13.38	1.45	29.59	29.59	010
31293	.....	A	Nasal/sinus endoscopy, surg	*16.21	14.64	14.64	1.59	32.44	32.44	010
31294	.....	A	Nasal/sinus endoscopy, surg	*19.06	16.72	16.72	1.83	37.61	37.61	010
31299	.....	C	Sinus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31300	.....	A	Removal of larynx lesion	*14.29	11.58	11.58	1.28	27.15	27.15	090
31320	.....	A	Diagnostic incision larynx	*5.26	3.87	3.87	0.48	9.61	9.61	090
31360	.....	A	Removal of larynx	*17.08	#18.79	#18.79	2.19	38.06	38.06	090
31365	.....	A	Removal of larynx	*24.16	#26.58	#26.58	3.10	53.84	53.84	090
31367	.....	A	Partial removal of larynx	*21.86	17.22	17.22	1.88	40.96	40.96	090
31368	.....	A	Partial removal of larynx	*27.09	26.76	26.76	3.06	56.91	56.91	090
31370	.....	A	Partial removal of larynx	*21.38	17.18	17.18	1.88	40.44	40.44	090
31375	.....	A	Partial removal of larynx	*20.21	14.84	14.84	1.56	36.61	36.61	090

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
31380	.....	A	Partial removal of larynx	*20.21	17.27	17.27	1.88	39.36	39.36	090
31382	.....	A	Partial removal of larynx	*20.52	16.06	16.06	1.78	38.36	38.36	090
31390	.....	A	Removal of larynx & pharynx	*27.53	27.08	27.08	4.05	58.66	58.66	090
31395	.....	A	Reconstruct larynx & pharynx	*31.09	33.52	33.52	4.42	69.03	69.03	090
31400	.....	A	Revision of larynx	*10.31	7.81	7.81	0.91	19.03	19.03	090
31420	.....	A	Removal of epiglottis	*10.22	8.08	8.08	0.84	19.14	19.14	090
31500	.....	A	Insert emergency airway	2.33	1.14	1.14	0.14	3.61	3.61	000
31502	.....	A	Change of windpipe airway	0.65	0.58	0.58	0.07	1.30	1.30	000
31505	.....	A	Diagnostic laryngoscopy	0.61	0.43	0.43	0.05	1.09	1.09	000
31510	.....	A	Laryngoscopy with biopsy	1.92	0.55	0.55	0.07	2.54	2.54	000
31511	.....	A	Remove foreign body, larynx	2.16	0.96	0.96	0.10	3.22	3.22	000
31512	.....	A	Removal of larynx lesion	2.07	1.79	1.79	0.20	4.06	4.06	000
31513	.....	A	Injection into vocal cord	2.10	#2.31	#2.31	0.38	4.79	4.79	000
31515	.....	A	Laryngoscopy for aspiration	1.80	1.13	1.13	0.14	3.07	3.07	000
31520	.....	A	Diagnostic laryngoscopy	2.56	1.64	1.64	0.18	4.38	4.38	000
31525	.....	A	Diagnostic laryngoscopy	2.63	2.20	2.20	0.23	5.06	5.06	000
31526	.....	A	Diagnostic laryngoscopy	2.57	#2.83	#2.83	0.38	5.78	5.78	000
31527	.....	A	Laryngoscopy for treatment	3.27	2.99	2.99	0.30	6.56	6.56	000
31528	.....	A	Laryngoscopy and dilatation	2.37	#2.61	#2.61	0.30	5.28	5.28	000
31529	.....	A	Laryngoscopy and dilatation	2.68	2.46	2.46	0.25	5.39	5.39	000
31530	.....	A	Operative laryngoscopy	3.39	3.63	3.63	0.39	7.41	7.41	000
31531	.....	A	Operative laryngoscopy	3.59	#3.95	#3.95	0.60	8.14	8.14	000
31535	.....	A	Operative laryngoscopy	3.16	#3.48	#3.48	0.45	7.09	7.09	000
31536	.....	A	Operative laryngoscopy	3.56	#3.92	#3.92	0.59	8.07	8.07	000
31540	.....	A	Operative laryngoscopy	4.13	#4.54	#4.54	0.61	9.28	9.28	000
31541	.....	A	Operative laryngoscopy	4.53	4.56	4.56	0.75	9.84	9.84	000
31560	.....	A	Operative laryngoscopy	5.46	4.99	4.99	0.51	10.96	10.96	000
31561	.....	A	Operative laryngoscopy	6.00	6.27	6.27	1.08	13.35	13.35	000
31570	.....	A	Laryngoscopy with injection	3.87	#4.26	#4.26	0.60	8.73	8.73	000
31571	.....	A	Laryngoscopy with injection	4.27	4.51	4.51	0.69	9.47	9.47	000
31575	.....	A	Diagnostic laryngoscopy	1.10	1.56	1.56	0.17	2.83	2.83	000
31576	.....	A	Laryngoscopy with biopsy	1.97	#2.17	#2.17	0.33	4.47	4.47	000
31577	.....	A	Remove foreign body, larynx	2.47	#2.72	#2.72	0.37	5.56	5.56	000
31578	.....	A	Removal of larynx lesion	2.84	#3.12	#3.12	0.48	6.44	6.44	000
31579	.....	A	Diagnostic laryngoscopy	2.26	2.33	2.33	0.26	4.85	4.85	000
31580	.....	A	Revision of larynx	*12.38	#13.62	#13.62	1.63	27.63	27.63	090
31582	.....	A	Revision of larynx	*21.62	17.87	17.87	1.94	41.43	41.43	090
31584	.....	A	Repair of larynx fracture	*19.64	12.72	12.72	1.34	33.70	33.70	090
31585	.....	A	Repair of larynx fracture	*4.64	3.77	3.77	0.40	8.81	8.81	090
31586	.....	A	Repair of larynx fracture	*8.03	6.55	6.55	0.71	15.29	15.29	090
31587	.....	A	Revision of larynx	*11.99	7.21	7.21	0.79	19.99	19.99	090
31588	.....	A	Revision of larynx	*13.11	10.70	10.70	1.16	24.97	24.97	090
31590	.....	A	Reinnervate larynx	*6.97	5.76	5.76	0.62	13.35	13.35	090
31595	.....	A	Larynx nerve surgery	*8.34	6.84	6.84	0.74	15.92	15.92	090
31599	.....	C	Larynx surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
31600	.....	A	Incision of windpipe	3.62	#3.98	#3.98	0.65	8.25	8.25	000
31601	.....	A	Incision of windpipe	4.45	#4.90	#4.90	0.66	10.01	10.01	000
31603	.....	A	Incision of windpipe	4.15	4.23	4.23	0.66	9.04	9.04	000
31605	.....	A	Incision of windpipe	3.58	#3.94	#3.94	0.50	8.02	8.02	000
31610	.....	A	Incision of windpipe	*8.76	6.67	6.67	0.92	16.35	16.35	090
31611	.....	A	Surgery/speech prosthesis	*5.64	6.45	6.45	1.04	13.13	13.13	090
31612	.....	A	Puncture/clear windpipe	0.91	1.17	#1.00	0.12	2.20	2.03	000
31613	.....	A	Repair windpipe opening	*4.59	2.21	2.21	0.28	7.08	7.08	090
31614	.....	A	Repair windpipe opening	*7.12	6.74	6.74	0.73	14.59	14.59	090
31615	.....	A	Visualization of windpipe	2.09	1.95	1.95	0.22	4.26	4.26	000
31622	.....	A	Diagnostic bronchoscopy	2.80	#3.08	#3.08	0.34	6.22	6.22	000
31625	.....	A	Bronchoscopy with biopsy	3.37	#3.71	#3.71	0.35	7.43	7.43	000
31628	.....	A	Bronchoscopy with biopsy	3.81	#4.19	#4.19	0.38	8.38	8.38	000
31629	.....	A	Bronchoscopy with biopsy	3.37	#3.71	#3.71	0.34	7.42	7.42	000
31630	.....	A	Bronchoscopy with repair	3.82	3.72	3.72	0.50	8.04	8.04	000
31631	.....	A	Bronchoscopy with dilation	4.37	3.94	3.94	0.48	8.79	8.79	000
31635	.....	A	Remove foreign body, airway	3.68	#4.05	#4.05	0.53	8.26	8.26	000
31640	.....	A	Bronchoscopy & remove lesion	4.94	5.02	5.02	0.67	10.63	10.63	000
31641	.....	A	Bronchoscopy, treat blockage	5.03	#5.53	#5.53	0.85	11.41	11.41	000
31645	.....	A	Bronchoscopy, clear airways	3.16	#3.48	#3.48	0.30	6.94	6.94	000
31646	.....	A	Bronchoscopy, reclear airways	2.72	#2.99	#2.99	0.27	5.98	5.98	000
31656	.....	A	Bronchoscopy, inject for x-ray	2.17	#2.39	#2.39	0.31	4.87	4.87	000
31700	.....	A	Insertion of airway catheter	1.34	1.38	1.38	0.17	2.89	2.89	000
31708	.....	A	Instill airway contrast dye	1.41	0.77	0.77	0.09	2.27	2.27	000
31710	.....	A	Insertion of airway catheter	1.30	0.90	0.90	0.12	2.32	2.32	000
31715	.....	A	Injection for bronchus x-ray	1.11	0.48	0.48	0.04	1.63	1.63	000
31717	.....	A	Bronchial brush biopsy	2.12	0.73	0.73	0.06	2.91	2.91	000
31720	.....	A	Clearance of airways	1.06	0.74	0.74	0.09	1.89	1.89	000
31725	.....	A	Clearance of airways	1.96	1.41	1.41	0.15	3.52	3.52	000

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
31730	.....	A	Intro windpipe wire/tube	2.85	2.47	2.47	0.23	5.55	5.55	000
31750	.....	A	Repair of windpipe	*13.02	8.88	8.88	1.09	22.99	22.99	090
31755	.....	A	Repair of windpipe	*15.93	13.30	13.30	1.44	30.67	30.67	090
31760	.....	A	Repair of windpipe	*22.35	10.92	10.92	2.55	35.82	35.82	090
31766	.....	A	Reconstruction of windpipe	*30.43	18.40	18.40	1.12	49.95	49.95	090
31770	.....	A	Repair/graft of bronchus	*22.51	15.07	15.07	2.08	39.66	39.66	090
31775	.....	A	Reconstruct bronchus	*23.54	16.37	16.37	1.92	41.83	41.83	090
31780	.....	A	Reconstruct windpipe	*17.72	17.33	17.33	2.08	37.13	37.13	090
31781	.....	A	Reconstruct windpipe	*23.53	16.86	16.86	1.96	42.35	42.35	090
31785	.....	A	Remove windpipe lesion	*17.23	8.92	8.92	1.17	27.32	27.32	090
31786	.....	A	Remove windpipe lesion	*23.98	13.30	13.30	2.24	39.52	39.52	090
31800	.....	A	Repair of windpipe injury	*7.43	4.90	4.90	0.76	13.09	13.09	090
31805	.....	A	Repair of windpipe injury	*13.13	9.82	9.82	1.41	24.36	24.36	090
31820	.....	A	Closure of windpipe lesion	*4.49	3.58	3.58	0.46	8.53	8.53	090
31825	.....	A	Repair of windpipe defect	*6.81	5.00	5.00	0.58	12.39	12.39	090
31830	.....	A	Revise windpipe scar	*4.50	3.66	3.66	0.42	8.58	8.58	090
31899	.....	C	Airways surgical procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
32000	.....	A	Drainage of chest	1.54	0.90	0.90	0.08	2.52	2.52	000
32002	.....	A	Treatment of collapsed lung	2.19	1.34	1.34	0.22	3.75	3.75	000
32005	.....	A	Treat lung lining chemically	2.19	1.09	1.09	0.15	3.43	3.43	000
32020	.....	A	Insertion of chest tube	3.98	2.63	2.63	0.43	7.04	7.04	000
32035	.....	A	Exploration of chest	*8.67	6.76	6.76	1.25	16.68	16.68	090
32036	.....	A	Exploration of chest	*9.68	7.13	7.13	1.32	18.13	18.13	090
32095	.....	A	Biopsy through chest wall	*8.36	8.25	8.25	1.45	18.06	18.06	090
32100	.....	A	Exploration/biopsy of chest	*11.84	11.24	11.24	2.10	25.18	25.18	090
32110	.....	A	Explore/repair chest	*13.62	11.51	11.51	2.01	27.14	27.14	090
32120	.....	A	Re-exploration of chest	*11.54	9.45	9.45	1.72	22.71	22.71	090
32124	.....	A	Explore chest, free adhesions	*12.72	10.94	10.94	2.21	25.87	25.87	090
32140	.....	A	Removal of lung lesion(s)	*13.93	12.37	12.37	2.42	28.72	28.72	090
32141	.....	A	Remove/treat lung lesions	*14.00	13.42	13.42	2.53	29.95	29.95	090
32150	.....	A	Removal of lung lesion(s)	*14.15	10.34	10.34	2.01	26.50	26.50	090
32151	.....	A	Remove lung foreign body	*14.21	9.15	9.15	1.37	24.73	24.73	090
32160	.....	A	Open chest heart massage	*9.30	9.13	9.13	1.52	19.95	19.95	090
32200	.....	A	Open drainage, lung lesion	*15.29	6.89	6.89	0.93	23.11	23.11	090
32201	.....	A	Percut drainage, lung lesion	4.00	3.03	3.03	0.35	7.38	7.38	000
32215	.....	A	Treat chest lining	*11.33	7.62	7.62	1.28	20.23	20.23	090
32220	.....	A	Release of lung	*19.27	15.81	15.81	3.01	38.09	38.09	090
32225	.....	A	Partial release of lung	*13.96	11.84	11.84	2.28	28.08	28.08	090
32310	.....	A	Removal of chest lining	*13.44	11.64	11.64	2.10	27.18	27.18	090
32320	.....	A	Free/remove chest lining	*20.54	18.10	18.10	3.40	42.04	42.04	090
32400	.....	A	Needle biopsy chest lining	1.76	1.48	1.48	0.12	3.36	3.36	000
32402	.....	A	Open biopsy chest lining	*7.56	7.58	7.58	1.34	16.48	16.48	090
32405	.....	A	Biopsy, lung or mediastinum	1.93	2.12	2.12	0.18	4.23	4.23	000
32420	.....	A	Puncture/clear lung	2.18	1.50	1.50	0.13	3.81	3.81	000
32440	.....	A	Removal of lung	*21.02	18.56	18.56	3.55	43.13	43.13	090
32442	.....	A	Sleeve pneumonectomy	*26.24	17.94	17.94	3.50	47.68	47.68	090
32445	.....	A	Removal of lung	*25.09	20.46	20.46	3.88	49.43	49.43	090
32480	.....	A	Partial removal of lung	*18.32	17.15	17.15	3.23	38.70	38.70	090
32482	.....	A	Bilobectomy	*19.71	17.15	17.15	3.23	40.09	40.09	090
32484	.....	A	Segmentectomy	*20.69	17.15	17.15	3.23	41.07	41.07	090
32486	.....	A	Sleeve lobectomy	*23.92	16.54	16.54	3.23	43.69	43.69	090
32488	.....	A	Completion pneumonectomy	*25.71	17.74	17.74	3.46	46.91	46.91	090
32491	.....	R	Lung volume reduction	21.25	15.45	15.45	3.02	39.72	39.72	090
32500	.....	A	Partial removal of lung	*14.30	13.47	13.47	2.56	30.33	30.33	090
32501	.....	A	Repair bronchus (add-on)	4.69	4.31	4.31	0.70	9.70	9.70	ZZZ
32520	.....	A	Remove lung & revise chest	*21.68	20.67	20.67	3.93	46.28	46.28	090
32522	.....	A	Remove lung & revise chest	*24.20	21.90	21.90	4.19	50.29	50.29	090
32525	.....	A	Remove lung & revise chest	*26.50	23.50	23.50	4.61	54.61	54.61	090
32540	.....	A	Removal of lung lesion	*14.64	11.67	11.67	2.05	28.36	28.36	090
32601	.....	A	Thoracoscopy, diagnostic	5.46	3.47	3.47	0.57	9.50	9.50	000
32602	.....	A	Thoracoscopy, diagnostic	5.96	3.87	3.87	0.64	10.47	10.47	000
32603	.....	A	Thoracoscopy, diagnostic	7.81	3.47	3.47	0.57	11.85	11.85	000
32604	.....	A	Thoracoscopy, diagnostic	8.78	3.87	3.87	0.64	13.29	13.29	000
32605	.....	A	Thoracoscopy, diagnostic	6.93	3.47	3.47	0.57	10.97	10.97	000
32606	.....	A	Thoracoscopy, diagnostic	8.40	3.87	3.87	0.64	12.91	12.91	000
32650	.....	A	Thoracoscopy, surgical	*10.75	7.62	7.62	1.28	19.65	19.65	090
32651	.....	A	Thoracoscopy, surgical	*12.91	11.84	11.84	2.28	27.03	27.03	090
32652	.....	A	Thoracoscopy, surgical	*18.66	15.81	15.81	3.01	37.48	37.48	090
32653	.....	A	Thoracoscopy, surgical	*12.87	10.34	10.34	2.01	25.22	25.22	090
32654	.....	A	Thoracoscopy, surgical	*12.44	11.51	11.51	2.01	25.96	25.96	090
32655	.....	A	Thoracoscopy, surgical	*13.10	13.42	13.42	2.53	29.05	29.05	090
32656	.....	A	Thoracoscopy, surgical	*12.91	13.36	13.36	2.36	28.63	28.63	090
32657	.....	A	Thoracoscopy, surgical	*13.65	13.47	13.47	2.56	29.68	29.68	090
32658	.....	A	Thoracoscopy, surgical	*11.63	#12.79	#12.79	2.52	26.94	26.94	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
32659	.....	A	Thoracoscopy, surgical	*11.59	#12.75	#12.75	2.61	26.95	26.95	090
32660	.....	A	Thoracoscopy, surgical	*17.43	#19.17	#19.17	3.56	40.16	40.16	090
32661	.....	A	Thoracoscopy, surgical	*13.25	9.25	9.25	1.47	23.97	23.97	090
32662	.....	A	Thoracoscopy, surgical	*16.44	14.55	14.55	2.74	33.73	33.73	090
32663	.....	A	Thoracoscopy, surgical	*18.47	17.15	17.15	3.23	38.85	38.85	090
32664	.....	A	Thoracoscopy, surgical	*14.20	10.55	10.55	2.04	26.79	26.79	090
32665	.....	A	Thoracoscopy, surgical	*15.54	14.33	14.33	2.64	32.51	32.51	090
32800	.....	A	Repair lung hernia	*13.69	8.28	8.28	1.58	23.55	23.55	090
32810	.....	A	Close chest after drainage	*13.05	6.50	6.50	1.19	20.74	20.74	090
32815	.....	A	Close bronchial fistula	*23.15	15.22	15.22	2.62	40.99	40.99	090
32820	.....	A	Reconstruct injured chest	*21.48	19.01	19.01	3.24	43.73	43.73	090
32850	.....	X	Donor pneumonectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
32851	.....	A	Lung transplant, single	*38.63	25.55	25.55	4.99	69.17	69.17	090
32852	.....	A	Lung transplant w/bypass	*41.80	27.71	27.71	5.41	74.92	74.92	090
32853	.....	A	Lung transplant, double	*47.81	31.94	31.94	6.24	85.99	85.99	090
32854	.....	A	Lung transplant w/bypass	*50.98	34.10	34.10	6.67	91.75	91.75	090
32900	.....	A	Removal of rib(s)	*20.27	8.47	8.47	1.63	30.37	30.37	090
32905	.....	A	Revise & repair chest wall	*20.75	12.74	12.74	2.60	36.09	36.09	090
32906	.....	A	Revise & repair chest wall	*26.77	15.42	15.42	2.92	45.11	45.11	090
32940	.....	A	Revision of lung	*19.43	11.37	11.37	1.75	32.55	32.55	090
32960	.....	A	Therapeutic pneumothorax	1.84	0.93	0.93	0.13	2.90	2.90	000
32999	.....	C	Chest surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
33010	.....	A	Drainage of heart sac	2.24	1.54	1.54	0.14	3.92	3.92	000
33011	.....	A	Repeat drainage of heart sac	2.24	1.11	1.11	0.12	3.47	3.47	000
33015	.....	A	Incision of heart sac	*6.80	4.26	4.26	0.62	11.68	11.68	090
33020	.....	A	Incision of heart sac	*12.61	13.26	13.26	2.52	28.39	28.39	090
33025	.....	A	Incision of heart sac	*12.09	#13.30	#13.30	2.61	28.00	28.00	090
33030	.....	A	Partial removal of heart sac	*18.71	#20.58	#20.58	3.92	43.21	43.21	090
33031	.....	A	Partial removal of heart sac	*21.79	13.25	13.25	2.50	37.54	37.54	090
33050	.....	A	Removal of heart sac lesion	*14.36	9.25	9.25	1.47	25.08	25.08	090
33120	.....	A	Removal of heart lesion	*24.56	#27.02	#27.02	5.17	56.75	56.75	090
33130	.....	A	Removal of heart lesion	*21.39	13.50	13.50	2.22	37.11	37.11	090
33200	.....	A	Insertion of heart pacemaker	*12.48	12.27	12.27	1.90	26.65	26.65	090
33201	.....	A	Insertion of heart pacemaker	*10.18	11.19	11.19	1.67	23.04	23.04	090
33206	.....	A	Insertion of heart pacemaker	*6.67	#7.34	#7.34	1.34	15.35	15.35	090
33207	.....	A	Insertion of heart pacemaker	*8.04	#8.84	#8.84	1.33	18.21	18.21	090
33208	.....	A	Insertion of heart pacemaker	*8.13	#8.94	#8.94	1.54	18.61	18.61	090
33210	.....	A	Insertion of heart electrode	3.30	3.30	3.30	0.27	6.87	6.87	000
33211	.....	A	Insertion of heart electrode	3.40	3.30	3.30	0.27	6.97	6.97	000
33212	.....	A	Insertion of pulse generator	*5.52	5.38	5.38	0.88	11.78	11.78	090
33213	.....	A	Insertion of pulse generator	*6.37	5.38	5.38	0.88	12.63	12.63	090
33214	.....	A	Upgrade of pacemaker system	*7.75	5.40	5.40	1.06	14.21	14.21	090
33216	.....	A	Revision implanted electrode	*5.39	5.02	5.02	0.55	10.96	10.96	090
33217	.....	A	Insert/revise electrode	*5.75	5.02	5.02	0.55	11.32	11.32	090
33218	.....	A	Repair pacemaker electrodes	*5.44	4.59	4.59	0.62	10.65	10.65	090
33220	.....	A	Repair pacemaker electrode	*5.52	4.59	4.59	0.62	10.73	10.73	090
33222	.....	A	Pacemaker aicd pocket	*4.96	#5.46	#5.46	1.01	11.43	11.43	090
33223	.....	A	Pacemaker aicd pocket	*6.46	5.70	5.70	1.01	13.17	13.17	090
33233	.....	A	Removal of pacemaker system	*3.29	2.64	2.64	0.05	5.98	5.98	090
33234	.....	A	Removal of pacemaker system	*7.82	2.84	2.84	0.23	10.89	10.89	090
33235	.....	A	Removal pacemaker electrode	*9.40	3.14	3.14	0.33	12.87	12.87	090
33236	.....	A	Remove electrode/thoracotomy	*12.60	3.98	3.98	0.62	17.20	17.20	090
33237	.....	A	Remove electrode/thoracotomy	*13.71	9.60	9.60	1.13	24.44	24.44	090
33238	.....	A	Remove electrode/thoracotomy	*15.22	10.29	10.29	2.01	27.52	27.52	090
33240	.....	A	Insert/replace pulse gener	*7.60	5.38	5.38	0.88	13.86	13.86	090
33241	.....	A	Remove pulse generator only	*3.24	2.16	2.16	0.43	5.83	5.83	090
33242	.....	A	Repair pulse generator/leads	*6.17	#6.79	#6.79	1.54	14.50	14.50	090
33243	.....	A	Remove generator/thoracotomy	*22.64	9.02	9.02	1.54	33.20	33.20	090
33244	.....	A	Remove generator	*8.97	9.02	9.02	1.54	19.53	19.53	090
33245	.....	A	Implant heart defibrillator	*14.30	#15.73	#15.73	2.36	32.39	32.39	090
33246	.....	A	Implant heart defibrillator	*20.71	20.79	20.79	3.19	44.69	44.69	090
33247	.....	A	Insert/replace leads	*10.21	#11.23	#11.23	2.36	23.80	23.80	090
33249	.....	A	Insert/replace leads/gener	*13.28	#14.61	#14.61	3.19	31.08	31.08	090
33250	.....	A	Ablate heart dysrhythm focus	*21.85	11.56	11.56	0.86	34.27	34.27	090
33251	.....	A	Ablate heart dysrhythm focus	*24.88	16.41	16.41	3.21	44.50	44.50	090
33253	.....	A	Reconstruct atria	*31.06	21.81	21.81	4.26	57.13	57.13	090
33261	.....	A	Ablate heart dysrhythm focus	*24.88	13.96	13.96	2.73	41.57	41.57	090
33300	.....	A	Repair of heart wound	*17.92	14.36	14.36	2.60	34.88	34.88	090
33305	.....	A	Repair of heart wound	*21.44	17.40	17.40	3.07	41.91	41.91	090
33310	.....	A	Exploratory heart surgery	*18.51	11.28	11.28	1.93	31.72	31.72	090
33315	.....	A	Exploratory heart surgery	*22.37	14.48	14.48	2.57	39.42	39.42	090
33320	.....	A	Repair major blood vessel(s)	*16.79	14.14	14.14	2.51	33.44	33.44	090
33321	.....	A	Repair major vessel	*20.20	21.75	21.75	3.61	45.56	45.56	090
33322	.....	A	Repair major blood vessel(s)	*20.62	21.75	21.75	3.61	45.98	45.98	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
33330	.....	A	Insert major vessel graft	*21.43	12.67	12.67	1.93	36.03	36.03	090
33332	.....	A	Insert major vessel graft	*23.96	15.07	15.07	2.39	41.42	41.42	090
33335	.....	A	Insert major vessel graft	*30.01	15.07	15.07	2.39	47.47	47.47	090
33400	.....	A	Repair of aortic valve	*25.34	26.21	26.21	2.83	54.38	54.38	090
33401	.....	A	Valvuloplasty, open	*23.91	26.21	26.21	2.83	52.95	52.95	090
33403	.....	A	Valvuloplasty, w/cp bypass	*24.89	26.21	26.21	2.83	53.93	53.93	090
33404	.....	A	Prepare heart-aorta conduit	*28.54	31.25	31.25	5.59	65.38	65.38	090
33405	.....	A	Replacement of aortic valve	*30.61	30.48	30.48	5.33	66.42	66.42	090
33406	.....	A	Replacement, aortic valve	*32.30	#35.53	#35.53	7.45	75.28	75.28	090
33411	.....	A	Replacement of aortic valve	*32.47	#35.72	#35.72	7.45	75.64	75.64	090
33412	.....	A	Replacement of aortic valve	*34.79	#38.27	#38.27	7.45	80.51	80.51	090
33413	.....	A	Replacement, aortic valve	*35.24	#38.76	#38.76	7.23	81.23	81.23	090
33414	.....	A	Repair, aortic valve	*30.35	#33.39	#33.39	7.45	71.19	71.19	090
33415	.....	A	Revision, subvalvular tissue	*27.15	#29.87	#29.87	5.33	62.35	62.35	090
33416	.....	A	Revise ventricle muscle	*30.35	28.14	28.14	4.99	63.48	63.48	090
33417	.....	A	Repair of aortic valve	*28.53	#31.38	#31.38	6.18	66.09	66.09	090
33420	.....	A	Revision of mitral valve	*22.70	19.82	19.82	2.45	44.97	44.97	090
33422	.....	A	Revision of mitral valve	*25.94	#28.53	#28.53	6.45	60.92	60.92	090
33425	.....	A	Repair of mitral valve	*27.00	#29.70	#29.70	5.42	62.12	62.12	090
33426	.....	A	Repair of mitral valve	*31.03	31.96	31.96	5.80	68.79	68.79	090
33427	.....	A	Repair of mitral valve	*33.72	34.71	34.71	6.30	74.73	74.73	090
33430	.....	A	Replacement of mitral valve	*31.43	#34.57	#34.57	6.11	72.11	72.11	090
33460	.....	A	Revision of tricuspid valve	*23.60	#25.96	#25.96	4.73	54.29	54.29	090
33463	.....	A	Valvuloplasty, tricuspid	*25.62	#28.18	#28.18	5.95	59.75	59.75	090
33464	.....	A	Valvuloplasty, tricuspid	*27.33	#30.06	#30.06	5.95	63.34	63.34	090
33465	.....	A	Replace tricuspid valve	*28.79	#31.67	#31.67	5.95	66.41	66.41	090
33468	.....	A	Revision of tricuspid valve	*30.12	#33.13	#33.13	6.30	69.55	69.55	090
33470	.....	A	Revision of pulmonary valve	*20.81	19.82	19.82	2.45	43.08	43.08	090
33471	.....	A	Valvotomy, pulmonary valve	*22.25	#24.48	#24.48	2.83	49.56	49.56	090
33472	.....	A	Revision of pulmonary valve	*22.25	#24.48	#24.48	2.83	49.56	49.56	090
33474	.....	A	Revision of pulmonary valve	*23.04	#25.34	#25.34	2.83	51.21	51.21	090
33475	.....	A	Replacement, pulmonary valve	*28.41	#31.25	#31.25	6.11	65.77	65.77	090
33476	.....	A	Revision of heart chamber	*25.77	28.14	28.14	4.99	58.90	58.90	090
33478	.....	A	Revision of heart chamber	*26.74	#29.41	#29.41	5.42	61.57	61.57	090
33496	.....	A	Repair, prosth valve clot	*27.25	#29.98	#29.98	5.33	62.56	62.56	090
33500	.....	A	Repair heart vessel fistula	*25.55	#28.11	#28.11	5.20	58.86	58.86	090
33501	.....	A	Repair heart vessel fistula	*17.78	14.14	14.14	2.51	34.43	34.43	090
33502	.....	A	Coronary artery correction	*21.04	14.14	14.14	2.51	37.69	37.69	090
33503	.....	A	Coronary artery graft	*21.78	#23.96	#23.96	5.20	50.94	50.94	090
33504	.....	A	Coronary artery graft	*24.66	#27.13	#27.13	5.20	56.99	56.99	090
33505	.....	A	Repair artery w/tunnel	*26.84	#29.52	#29.52	6.03	62.39	62.39	090
33506	.....	A	Repair artery, translocation	*26.71	#29.38	#29.38	6.03	62.12	62.12	090
33510	.....	A	CABG, vein, single	*25.12	#27.63	#27.63	5.20	57.95	57.95	090
33511	.....	A	CABG, vein, two	*27.40	#30.14	#30.14	5.71	63.25	63.25	090
33512	.....	A	CABG, vein, three	*29.67	#32.64	#32.64	6.22	68.53	68.53	090
33513	.....	A	CABG, vein, four	*31.95	#35.15	#35.15	6.73	73.83	73.83	090
33514	.....	A	CABG, vein, five	*35.00	#38.50	#38.50	7.23	80.73	80.73	090
33516	.....	A	CABG, vein, six+	*37.40	#41.14	#41.14	7.74	86.28	86.28	090
33517	.....	A	CABG, artery-vein, single	*2.57	#2.83	#2.83	0.50	5.90	5.90	090
33518	.....	A	CABG, artery-vein, two	*4.85	#5.34	#5.34	1.02	11.21	11.21	090
33519	.....	A	CABG, artery-vein, three	*7.12	#7.83	#7.83	1.52	16.47	16.47	090
33521	.....	A	CABG, artery-vein, four	*9.40	#10.34	#10.34	2.03	21.77	21.77	090
33522	.....	A	CABG, artery-vein, five	*11.67	#12.84	#12.84	2.54	27.05	27.05	090
33523	.....	A	CABG, artery-vein, six+	*13.95	#15.35	#15.35	3.05	32.35	32.35	090
33530	.....	A	Coronary artery, bypass/reop	5.86	#6.45	#6.45	2.18	14.49	14.49	ZZZ
33533	.....	A	CABG, arterial, single	*25.83	#28.41	#28.41	5.36	59.60	59.60	090
33534	.....	A	CABG, arterial, two	*28.82	#31.70	#31.70	6.03	66.55	66.55	090
33535	.....	A	CABG, arterial, three	*31.81	#34.99	#34.99	6.70	73.50	73.50	090
33536	.....	A	CABG, arterial, four+	*34.79	#38.27	#38.27	7.37	80.43	80.43	090
33542	.....	A	Removal of heart lesion	*28.85	30.73	30.73	5.53	65.11	65.11	090
33545	.....	A	Repair of heart damage	*36.78	34.92	34.92	6.28	77.98	77.98	090
33572	.....	A	Open coronary endarterectomy	4.45	3.23	3.23	0.63	8.31	8.31	ZZZ
33600	.....	A	Closure of valve	*29.51	#32.46	#32.46	6.11	68.08	68.08	090
33602	.....	A	Closure of valve	*28.54	30.48	30.48	5.33	64.35	64.35	090
33606	.....	A	Anastomosis/artery-aorta	*30.74	#33.81	#33.81	7.45	72.00	72.00	090
33608	.....	A	Repair anomaly w/conduit	*31.09	#34.20	#34.20	7.45	72.74	72.74	090
33610	.....	A	Repair by enlargement	*30.61	#33.67	#33.67	7.45	71.73	71.73	090
33611	.....	A	Repair double ventricle	*32.30	#35.53	#35.53	7.45	75.28	75.28	090
33612	.....	A	Repair double ventricle	*33.26	#36.59	#36.59	7.45	77.30	77.30	090
33615	.....	A	Repair (simple fontan)	*32.06	#35.27	#35.27	7.45	74.78	74.78	090
33617	.....	A	Repair by modified fontan	*34.03	#37.43	#37.43	7.45	78.91	78.91	090
33619	.....	A	Repair single ventricle	*37.57	#41.33	#41.33	8.04	86.94	86.94	090
33641	.....	A	Repair heart septum defect	*21.39	#23.53	#23.53	4.87	49.79	49.79	090
33645	.....	A	Revision of heart veins	*24.82	#27.30	#27.30	4.87	56.99	56.99	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
33647	.....	A	Repair heart septum defects	*28.73	#31.60	#31.60	6.28	66.61	66.61	090
33660	.....	A	Repair of heart defects	*25.54	#28.09	#28.09	5.42	59.05	59.05	090
33665	.....	A	Repair of heart defects	*28.60	31.27	31.27	5.42	65.29	65.29	090
33670	.....	A	Repair of heart chambers	*32.73	#36.00	#36.00	7.45	76.18	76.18	090
33681	.....	A	Repair heart septum defect	*27.67	#30.44	#30.44	6.28	64.39	64.39	090
33684	.....	A	Repair heart septum defect	*29.65	#32.62	#32.62	6.28	68.55	68.55	090
33688	.....	A	Repair heart septum defect	*30.62	#33.68	#33.68	6.28	70.58	70.58	090
33690	.....	A	Reinforce pulmonary artery	*19.55	#21.51	#21.51	4.29	45.35	45.35	090
33692	.....	A	Repair of heart defects	*30.75	#33.83	#33.83	7.45	72.03	72.03	090
33694	.....	A	Repair of heart defects	*31.73	#34.90	#34.90	7.45	74.08	74.08	090
33697	.....	A	Repair of heart defects	*33.71	#37.08	#37.08	7.45	78.24	78.24	090
33702	.....	A	Repair of heart defects	*26.54	#29.19	#29.19	5.33	61.06	61.06	090
33710	.....	A	Repair of heart defects	*29.71	#32.68	#32.68	6.28	68.67	68.67	090
33720	.....	A	Repair of heart defect	*26.56	#29.22	#29.22	5.33	61.11	61.11	090
33722	.....	A	Repair of heart defect	*28.41	30.48	30.48	5.33	64.22	64.22	090
33730	.....	A	Repair heart-vein defect(s)	*31.67	#34.84	#34.84	7.45	73.96	73.96	090
33732	.....	A	Repair heart-vein defect	*28.16	#30.98	#30.98	5.42	64.56	64.56	090
33735	.....	A	Revision of heart chamber	*21.39	25.69	25.69	4.87	51.95	51.95	090
33736	.....	A	Revision of heart chamber	*23.52	25.69	25.69	4.87	54.08	54.08	090
33737	.....	A	Revision of heart chamber	*21.76	#23.94	#23.94	4.87	50.57	50.57	090
33750	.....	A	Major vessel shunt	*21.41	22.10	22.10	4.29	47.80	47.80	090
33755	.....	A	Major vessel shunt	*21.79	22.10	22.10	4.29	48.18	48.18	090
33762	.....	A	Major vessel shunt	*21.79	22.10	22.10	4.29	48.18	48.18	090
33764	.....	A	Major vessel shunt & graft	*21.79	22.10	22.10	4.29	48.18	48.18	090
33766	.....	A	Major vessel shunt	*22.76	22.10	22.10	4.29	49.15	49.15	090
33767	.....	A	Atrial septectomy/septostomy	*24.50	25.69	25.69	4.87	55.06	55.06	090
33770	.....	A	Repair great vessels defect	*33.29	#36.62	#36.62	7.45	77.36	77.36	090
33771	.....	A	Repair great vessels defect	*34.65	#38.12	#38.12	7.45	80.22	80.22	090
33774	.....	A	Repair great vessels defect	*30.98	31.27	31.27	5.42	67.67	67.67	090
33775	.....	A	Repair great vessels defect	*32.20	31.27	31.27	5.42	68.89	68.89	090
33776	.....	A	Repair great vessels defect	*34.04	34.92	34.92	6.28	75.24	75.24	090
33777	.....	A	Repair great vessels defect	*33.46	31.27	31.27	5.42	70.15	70.15	090
33778	.....	A	Repair great vessels defect	*35.82	#39.40	#39.40	7.37	82.59	82.59	090
33779	.....	A	Repair great vessels defect	*36.21	#39.83	#39.83	7.37	83.41	83.41	090
33780	.....	A	Repair great vessels defect	*36.94	#40.63	#40.63	7.37	84.94	84.94	090
33781	.....	A	Repair great vessels defect	*36.45	#40.10	#40.10	7.37	83.92	83.92	090
33786	.....	A	Repair arterial trunk	*34.84	#38.32	#38.32	7.45	80.61	80.61	090
33788	.....	A	Revision of pulmonary artery	*26.62	#29.28	#29.28	5.20	61.10	61.10	090
33800	.....	A	Aortic suspension	*16.24	14.14	14.14	2.51	32.89	32.89	090
33802	.....	A	Repair vessel defect	*17.66	#19.43	#19.43	4.29	41.38	41.38	090
33803	.....	A	Repair vessel defect	*19.60	#21.56	#21.56	4.29	45.45	45.45	090
33813	.....	A	Repair septal defect	*20.65	22.10	22.10	4.29	47.04	47.04	090
33814	.....	A	Repair septal defect	*25.77	#28.35	#28.35	5.33	59.45	59.45	090
33820	.....	A	Revise major vessel	*16.29	#17.92	#17.92	4.29	38.50	38.50	090
33822	.....	A	Revise major vessel	*17.32	#19.05	#19.05	4.29	40.66	40.66	090
33824	.....	A	Revise major vessel	*19.52	#21.47	#21.47	4.29	45.28	45.28	090
33840	.....	A	Remove aorta constriction	*20.63	#22.69	#22.69	5.59	48.91	48.91	090
33845	.....	A	Remove aorta constriction	*22.12	#24.33	#24.33	5.59	52.04	52.04	090
33851	.....	A	Remove aorta constriction	*21.27	#23.40	#23.40	5.59	50.26	50.26	090
33852	.....	A	Repair septal defect	*23.71	#26.08	#26.08	5.59	55.38	55.38	090
33853	.....	A	Repair septal defect	*31.72	#34.89	#34.89	7.45	74.06	74.06	090
33860	.....	A	Ascending aorta graft	*33.96	34.71	34.71	6.18	74.85	74.85	090
33861	.....	A	Ascending aorta graft	*34.52	34.71	34.71	6.18	75.41	75.41	090
33863	.....	A	Ascending aorta graft	*36.47	34.71	34.71	6.18	77.36	77.36	090
33870	.....	A	Transverse aortic arch graft	*40.31	44.30	44.30	8.04	92.65	92.65	090
33875	.....	A	Thoracic aorta graft	*33.06	31.25	31.25	5.59	69.90	69.90	090
33877	.....	A	Thoracoabdominal graft	*42.60	44.11	44.11	8.38	95.09	95.09	090
33910	.....	A	Remove lung artery emboli	*24.59	14.65	14.65	2.77	42.01	42.01	090
33915	.....	A	Remove lung artery emboli	*21.02	12.02	12.02	2.22	35.26	35.26	090
33916	.....	A	Surgery of great vessel	*25.83	17.57	17.57	3.43	46.83	46.83	090
33917	.....	A	Repair pulmonary artery	*24.50	#26.95	#26.95	6.30	57.75	57.75	090
33918	.....	A	Repair pulmonary atresia	*26.45	#29.10	#29.10	5.20	60.75	60.75	090
33919	.....	A	Repair pulmonary atresia	*32.67	#35.94	#35.94	7.45	76.06	76.06	090
33920	.....	A	Repair pulmonary atresia	*31.95	#35.15	#35.15	7.45	74.55	74.55	090
33922	.....	A	Transect pulmonary artery	*23.52	#25.87	#25.87	2.83	52.22	52.22	090
33924	.....	A	Remove pulmonary shunt	5.50	4.00	4.00	0.78	10.28	10.28	ZZZ
33930	.....	X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33935	.....	R	Transplantation, heart/lung	*60.96	#67.06	#67.06	13.54	141.56	141.56	090
33940	.....	X	Removal of donor heart	0.00	0.00	0.00	0.00	0.00	0.00	XXX
33945	.....	R	Transplantation of heart	*42.10	#46.31	#46.31	11.05	99.46	99.46	090
33960	.....	A	External circulation assist	19.36	7.01	7.01	0.94	27.31	27.31	XXX
33961	.....	A	External circulation assist	10.93	7.01	7.01	0.94	18.88	18.88	XXX
33970	.....	A	Aortic circulation assist	6.75	#7.43	#7.43	1.00	15.18	15.18	000
33971	.....	A	Aortic circulation assist	*9.69	5.16	5.16	0.91	15.76	15.76	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
33973	.....	A	Insert balloon device	9.76	7.54	7.54	1.00	18.30	18.30	000
33974	.....	A	Remove intra-aortic balloon	*14.41	5.56	5.56	0.91	20.88	20.88	090
33975	.....	A	Implant ventricular device	*21.60	14.19	14.19	2.77	38.56	38.56	090
33976	.....	A	Implant ventricular device	*29.10	19.33	19.33	3.78	52.21	52.21	090
33977	.....	A	Remove ventricular device	*19.29	12.41	12.41	2.43	34.13	34.13	090
33978	.....	A	Remove ventricular device	*21.73	14.19	14.19	2.77	38.69	38.69	090
33999	.....	C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
34001	.....	A	Removal of artery clot	*12.91	9.58	9.58	1.87	24.36	24.36	090
34051	.....	A	Removal of artery clot	*15.21	8.81	8.81	1.59	25.61	25.61	090
34101	.....	A	Removal of artery clot	*9.97	8.34	8.34	1.71	20.02	20.02	090
34111	.....	A	Removal of arm artery clot	*8.07	7.59	7.59	1.59	17.25	17.25	090
34151	.....	A	Removal of artery clot	*16.86	11.96	11.96	2.39	31.21	31.21	090
34201	.....	A	Removal of artery clot	*9.13	8.90	8.90	1.78	19.81	19.81	090
34203	.....	A	Removal of leg artery clot	*12.21	8.63	8.63	1.72	22.56	22.56	090
34401	.....	A	Removal of vein clot	*12.86	8.07	8.07	1.39	22.32	22.32	090
34421	.....	A	Removal of vein clot	*9.93	7.45	7.45	1.51	18.89	18.89	090
34451	.....	A	Removal of vein clot	*14.44	10.69	10.69	2.14	27.27	27.27	090
34471	.....	A	Removal of vein clot	*10.18	3.51	3.51	0.55	14.24	14.24	090
34490	.....	A	Removal of vein clot	*7.60	7.27	7.27	1.54	16.41	16.41	090
34501	.....	A	Repair valve, femoral vein	*10.93	7.35	7.35	0.86	19.14	19.14	090
34502	.....	A	Reconstruct, vena cava	*26.95	18.65	18.65	3.64	49.24	49.24	090
34510	.....	A	Transposition of vein valve	*13.25	8.89	8.89	1.04	23.18	23.18	090
34520	.....	A	Cross-over vein graft	*13.74	9.33	9.33	1.09	24.16	24.16	090
34530	.....	A	Leg vein fusion	*17.61	12.35	12.35	1.44	31.40	31.40	090
35001	.....	A	Repair defect of artery	*19.64	15.90	15.90	3.18	38.72	38.72	090
35002	.....	A	Repair artery rupture, neck	*21.00	12.64	12.64	2.41	36.05	36.05	090
35005	.....	A	Repair defect of artery	*18.12	10.28	10.28	2.19	30.59	30.59	090
35011	.....	A	Repair defect of artery	*11.65	#12.82	#12.82	2.76	27.23	27.23	090
35013	.....	A	Repair artery rupture, arm	*17.40	14.70	14.70	3.03	35.13	35.13	090
35021	.....	A	Repair defect of artery	*19.65	18.13	18.13	3.06	40.84	40.84	090
35022	.....	A	Repair artery rupture, chest	*23.18	14.78	14.78	2.80	40.76	40.76	090
35045	.....	A	Repair defect of arm artery	*11.26	12.35	12.35	2.50	26.11	26.11	090
35081	.....	A	Repair defect of artery	*28.01	21.45	21.45	4.18	53.64	53.64	090
35082	.....	A	Repair artery rupture, aorta	*36.35	22.91	22.91	4.59	63.85	63.85	090
35091	.....	A	Repair defect of artery	*35.40	22.67	22.67	4.25	62.32	62.32	090
35092	.....	A	Repair artery rupture, aorta	*38.39	26.27	26.27	5.21	69.87	69.87	090
35102	.....	A	Repair defect of artery	*30.76	22.15	22.15	4.32	57.23	57.23	090
35103	.....	A	Repair artery rupture, groin	*33.57	26.16	26.16	5.21	64.94	64.94	090
35111	.....	A	Repair defect of artery	*16.43	17.60	17.60	3.70	37.73	37.73	090
35112	.....	A	Repair artery rupture, spleen	*18.69	10.45	10.45	2.22	31.36	31.36	090
35121	.....	A	Repair defect of artery	*25.99	19.12	19.12	3.66	48.77	48.77	090
35122	.....	A	Repair artery rupture, belly	*33.45	17.92	17.92	3.96	55.33	55.33	090
35131	.....	A	Repair defect of artery	*18.55	15.88	15.88	3.15	37.58	37.58	090
35132	.....	A	Repair artery rupture, groin	*21.95	18.68	18.68	3.58	44.21	44.21	090
35141	.....	A	Repair defect of artery	*14.46	14.70	14.70	2.88	32.04	32.04	090
35142	.....	A	Repair artery rupture, thigh	*15.86	16.10	16.10	3.24	35.20	35.20	090
35151	.....	A	Repair defect of artery	*17.00	15.36	15.36	2.94	35.30	35.30	090
35152	.....	A	Repair artery rupture, knee	*16.70	9.27	9.27	1.95	27.92	27.92	090
35161	.....	A	Repair defect of artery	*18.76	15.88	15.88	3.15	37.79	37.79	090
35162	.....	A	Repair artery rupture	*19.78	18.68	18.68	3.58	42.04	42.04	090
35180	.....	A	Repair blood vessel lesion	*13.62	7.37	7.37	1.48	22.47	22.47	090
35182	.....	A	Repair blood vessel lesion	*17.74	10.65	10.65	1.61	30.00	30.00	090
35184	.....	A	Repair blood vessel lesion	*12.25	9.73	9.73	1.96	23.94	23.94	090
35188	.....	A	Repair blood vessel lesion	*14.28	8.11	8.11	1.59	23.98	23.98	090
35189	.....	A	Repair blood vessel lesion	*18.43	11.33	11.33	2.21	31.97	31.97	090
35190	.....	A	Repair blood vessel lesion	*12.75	10.34	10.34	2.14	25.23	25.23	090
35201	.....	A	Repair blood vessel lesion	*9.99	10.07	10.07	1.94	22.00	22.00	090
35206	.....	A	Repair blood vessel lesion	*9.25	10.15	10.15	2.03	21.43	21.43	090
35207	.....	A	Repair blood vessel lesion	*10.15	10.80	10.80	1.93	22.88	22.88	090
35211	.....	A	Repair blood vessel lesion	*22.12	13.38	13.38	2.59	38.09	38.09	090
35216	.....	A	Repair blood vessel lesion	*18.75	10.68	10.68	2.08	31.51	31.51	090
35221	.....	A	Repair blood vessel lesion	*16.42	11.09	11.09	2.20	29.71	29.71	090
35226	.....	A	Repair blood vessel lesion	*9.06	#9.97	#9.97	1.95	20.98	20.98	090
35231	.....	A	Repair blood vessel lesion	*12.00	#13.20	#13.20	2.91	28.11	28.11	090
35236	.....	A	Repair blood vessel lesion	*10.54	#11.59	#11.59	2.56	24.69	24.69	090
35241	.....	A	Repair blood vessel lesion	*23.12	13.49	13.49	2.60	39.21	39.21	090
35246	.....	A	Repair blood vessel lesion	*19.84	16.95	16.95	2.15	38.94	38.94	090
35251	.....	A	Repair blood vessel lesion	*17.49	9.59	9.59	1.88	28.96	28.96	090
35256	.....	A	Repair blood vessel lesion	*11.38	12.40	12.40	2.39	26.17	26.17	090
35261	.....	A	Repair blood vessel lesion	*11.63	#12.79	#12.79	2.66	27.08	27.08	090
35266	.....	A	Repair blood vessel lesion	*10.30	#11.33	#11.33	2.41	24.04	24.04	090
35271	.....	A	Repair blood vessel lesion	*22.12	12.53	12.53	2.56	37.21	37.21	090
35276	.....	A	Repair blood vessel lesion	*18.75	10.85	10.85	2.26	31.86	31.86	090
35281	.....	A	Repair blood vessel lesion	*16.48	17.28	17.28	3.37	37.13	37.13	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
35286	.....	A	Repair blood vessel lesion	*11.87	11.71	11.71	2.33	25.91	25.91	090
35301	.....	A	Rechanneling of artery	*18.70	14.46	14.46	2.81	35.97	35.97	090
35311	.....	A	Rechanneling of artery	*23.85	22.06	22.06	4.61	50.52	50.52	090
35321	.....	A	Rechanneling of artery	*11.97	12.96	12.96	2.69	27.62	27.62	090
35331	.....	A	Rechanneling of artery	*23.52	13.34	13.34	2.66	39.52	39.52	090
35341	.....	A	Rechanneling of artery	*25.11	17.37	17.37	3.53	46.01	46.01	090
35351	.....	A	Rechanneling of artery	*20.11	14.95	14.95	2.97	38.03	38.03	090
35355	.....	A	Rechanneling of artery	*16.09	15.42	15.42	2.99	34.50	34.50	090
35361	.....	A	Rechanneling of artery	*23.59	19.37	19.37	3.88	46.84	46.84	090
35363	.....	A	Rechanneling of artery	*24.66	22.77	22.77	4.40	51.83	51.83	090
35371	.....	A	Rechanneling of artery	*11.64	12.51	12.51	2.50	26.65	26.65	090
35372	.....	A	Rechanneling of artery	*13.56	11.20	11.20	2.28	27.04	27.04	090
35381	.....	A	Rechanneling of artery	*15.81	13.67	13.67	2.71	32.19	32.19	090
35390	.....	A	Reoperation, carotid	3.19	1.67	1.67	0.39	5.25	5.25	ZZZ
35400	.....	A	Angioscopy	3.00	2.27	2.27	0.27	5.54	5.54	ZZZ
35450	.....	A	Repair arterial blockage	10.07	#11.08	#11.08	1.38	22.53	22.53	000
35452	.....	A	Repair arterial blockage	6.91	4.35	4.35	0.61	11.87	11.87	000
35454	.....	A	Repair arterial blockage	6.04	#6.64	#6.64	1.53	14.21	14.21	000
35456	.....	A	Repair arterial blockage	7.35	#8.09	#8.09	1.69	17.13	17.13	000
35458	.....	A	Repair arterial blockage	9.49	10.13	10.13	1.83	21.45	21.45	000
35459	.....	A	Repair arterial blockage	8.63	#9.49	#9.49	1.69	19.81	19.81	000
35460	.....	A	Repair venous blockage	6.04	3.16	3.16	0.74	9.94	9.94	000
35470	.....	A	Repair arterial blockage	8.63	#9.49	#9.49	1.69	19.81	19.81	000
35471	.....	A	Repair arterial blockage	10.07	#11.08	#11.08	1.38	22.53	22.53	000
35472	.....	A	Repair arterial blockage	6.91	3.61	3.61	0.85	11.37	11.37	000
35473	.....	A	Repair arterial blockage	6.04	#6.64	#6.64	1.53	14.21	14.21	000
35474	.....	A	Repair arterial blockage	7.36	#8.10	#8.10	1.69	17.15	17.15	000
35475	.....	R	Repair arterial blockage	9.49	10.13	10.13	1.83	21.45	21.45	000
35476	.....	A	Repair venous blockage	6.04	3.16	3.16	0.74	9.94	9.94	000
35480	.....	A	Atherectomy, open	11.08	#12.19	#12.19	1.38	24.65	24.65	000
35481	.....	A	Atherectomy, open	7.61	4.35	4.35	0.61	12.57	12.57	000
35482	.....	A	Atherectomy, open	6.65	#7.32	#7.32	1.53	15.50	15.50	000
35483	.....	A	Atherectomy, open	8.10	#8.91	#8.91	1.69	18.70	18.70	000
35484	.....	A	Atherectomy, open	10.44	10.13	10.13	1.83	22.40	22.40	000
35485	.....	A	Atherectomy, open	9.49	4.52	4.52	1.06	15.07	15.07	000
35490	.....	A	Atherectomy, percutaneous	11.08	#12.19	#12.19	1.38	24.65	24.65	000
35491	.....	A	Atherectomy, percutaneous	7.61	4.35	4.35	0.61	12.57	12.57	000
35492	.....	A	Atherectomy, percutaneous	6.65	#7.32	#7.32	1.53	15.50	15.50	000
35493	.....	A	Atherectomy, percutaneous	8.10	#8.91	#8.91	1.69	18.70	18.70	000
35494	.....	A	Atherectomy, percutaneous	10.44	10.13	10.13	1.83	22.40	22.40	000
35495	.....	A	Atherectomy, percutaneous	9.49	4.52	4.52	1.06	15.07	15.07	000
35501	.....	A	Artery bypass graft	*19.19	19.35	19.35	3.49	42.03	42.03	090
35506	.....	A	Artery bypass graft	*19.67	19.17	19.17	3.64	42.48	42.48	090
35507	.....	A	Artery bypass graft	*19.67	17.92	17.92	3.61	41.20	41.20	090
35508	.....	A	Artery bypass graft	*18.65	18.11	18.11	3.43	40.19	40.19	090
35509	.....	A	Artery bypass graft	*18.07	18.90	18.90	3.92	40.89	40.89	090
35511	.....	A	Artery bypass graft	*16.83	10.40	10.40	1.92	29.15	29.15	090
35515	.....	A	Artery bypass graft	*18.65	11.25	11.25	2.01	31.91	31.91	090
35516	.....	A	Artery bypass graft	*16.32	17.37	17.37	3.54	37.23	37.23	090
35518	.....	A	Artery bypass graft	*15.42	#16.96	#16.96	3.38	35.76	35.76	090
35521	.....	A	Artery bypass graft	*16.17	17.53	17.53	3.34	37.04	37.04	090
35526	.....	A	Artery bypass graft	*20.00	12.95	12.95	2.44	35.39	35.39	090
35531	.....	A	Artery bypass graft	*25.61	20.25	20.25	3.90	49.76	49.76	090
35533	.....	A	Artery bypass graft	*20.52	21.04	21.04	4.43	45.99	45.99	090
35536	.....	A	Artery bypass graft	*23.11	21.37	21.37	4.17	48.65	48.65	090
35541	.....	A	Artery bypass graft	*25.80	19.55	19.55	3.65	49.00	49.00	090
35546	.....	A	Artery bypass graft	*25.54	21.39	21.39	4.26	51.19	51.19	090
35548	.....	A	Artery bypass graft	*21.57	19.55	19.55	3.65	44.77	44.77	090
35549	.....	A	Artery bypass graft	*23.35	21.39	21.39	4.26	49.00	49.00	090
35551	.....	A	Artery bypass graft	*26.67	19.25	19.25	3.87	49.79	49.79	090
35556	.....	A	Artery bypass graft	*21.76	18.71	18.71	3.71	44.18	44.18	090
35558	.....	A	Artery bypass graft	*14.04	#15.44	#15.44	3.23	32.71	32.71	090
35560	.....	A	Artery bypass graft	*23.56	20.22	20.22	3.93	47.71	47.71	090
35563	.....	A	Artery bypass graft	*15.14	8.32	8.32	1.70	25.16	25.16	090
35565	.....	A	Artery bypass graft	*15.14	#16.65	#16.65	3.51	35.30	35.30	090
35566	.....	A	Artery bypass graft	*26.92	20.62	20.62	4.08	51.62	51.62	090
35571	.....	A	Artery bypass graft	*18.58	19.36	19.36	3.87	41.81	41.81	090
35582	.....	A	Vein bypass graft	*27.13	23.74	23.74	4.89	55.76	55.76	090
35583	.....	A	Vein bypass graft	*22.37	20.44	20.44	4.13	46.94	46.94	090
35585	.....	A	Vein bypass graft	*28.39	22.95	22.95	4.63	55.97	55.97	090
35587	.....	A	Vein bypass graft	*19.05	#20.96	#20.96	4.13	44.14	44.14	090
35601	.....	A	Artery bypass graft	*17.50	18.83	18.83	3.33	39.66	39.66	090
35606	.....	A	Artery bypass graft	*18.71	17.55	17.55	3.51	39.77	39.77	090
35612	.....	A	Artery bypass graft	*15.76	16.75	16.75	3.30	35.81	35.81	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
35616	.....	A	Artery bypass graft	*15.70	16.79	16.79	3.42	35.91	35.91	090
35621	.....	A	Artery bypass graft	*14.54	#15.99	#15.99	3.80	34.33	34.33	090
35623	.....	A	Bypass graft, not vein	*16.62	8.06	8.06	1.88	26.56	26.56	090
35626	.....	A	Artery bypass graft	*23.63	20.51	20.51	4.08	48.22	48.22	090
35631	.....	A	Artery bypass graft	*24.60	17.87	17.87	3.57	46.04	46.04	090
35636	.....	A	Artery bypass graft	*22.46	13.50	13.50	2.45	38.41	38.41	090
35641	.....	A	Artery bypass graft	*24.57	20.56	20.56	4.08	49.21	49.21	090
35642	.....	A	Artery bypass graft	*17.98	10.33	10.33	2.20	30.51	30.51	090
35645	.....	A	Artery bypass graft	*17.47	11.15	11.15	2.05	30.67	30.67	090
35646	.....	A	Artery bypass graft	*25.81	23.78	23.78	4.73	54.32	54.32	090
35650	.....	A	Artery bypass graft	*14.36	#15.80	#15.80	3.56	33.72	33.72	090
35651	.....	A	Artery bypass graft	*25.04	24.09	24.09	4.69	53.82	53.82	090
35654	.....	A	Artery bypass graft	*18.61	#20.47	#20.47	4.42	43.50	43.50	090
35656	.....	A	Artery bypass graft	*19.53	17.73	17.73	3.60	40.86	40.86	090
35661	.....	A	Artery bypass graft	*13.18	#14.50	#14.50	3.30	30.98	30.98	090
35663	.....	A	Artery bypass graft	*14.17	#15.59	#15.59	3.80	33.56	33.56	090
35665	.....	A	Artery bypass graft	*15.40	#16.94	#16.94	3.57	35.91	35.91	090
35666	.....	A	Artery bypass graft	*19.19	20.06	20.06	4.00	43.25	43.25	090
35671	.....	A	Artery bypass graft	*14.80	15.60	15.60	4.08	34.48	34.48	090
35681	.....	A	Artery bypass graft	8.05	#8.86	#8.86	3.52	20.43	20.43	ZZZ
35691	.....	A	Arterial transposition	*18.05	19.62	19.62	3.81	41.48	41.48	090
35693	.....	A	Arterial transposition	*15.36	9.40	9.40	1.91	26.67	26.67	090
35694	.....	A	Arterial transposition	*19.16	9.33	9.33	2.17	30.66	30.66	090
35695	.....	A	Arterial transposition	*19.16	9.33	9.33	2.17	30.66	30.66	090
35700	.....	A	Reoperation, bypass graft	3.08	1.61	1.61	0.38	5.07	5.07	ZZZ
35701	.....	A	Exploration, carotid artery	*5.55	5.82	5.82	1.25	12.62	12.62	090
35721	.....	A	Exploration, femoral artery	*5.28	5.56	5.56	1.11	11.95	11.95	090
35741	.....	A	Exploration popliteal artery	*5.37	5.73	5.73	1.15	12.25	12.25	090
35761	.....	A	Exploration of artery/vein	*5.37	5.81	5.81	1.14	12.32	12.32	090
35800	.....	A	Explore neck vessels	*7.02	5.28	5.28	0.97	13.27	13.27	090
35820	.....	A	Explore chest vessels	*12.88	7.92	7.92	1.43	22.23	22.23	090
35840	.....	A	Explore abdominal vessels	*9.77	7.23	7.23	1.44	18.44	18.44	090
35860	.....	A	Explore limb vessels	*5.55	5.81	5.81	1.15	12.51	12.51	090
35870	.....	A	Repair vessel graft defect	*22.17	10.64	10.64	2.47	35.28	35.28	090
35875	.....	A	Removal of clot in graft	*10.01	8.21	8.21	1.65	19.87	19.87	090
35876	.....	A	Removal of clot in graft	*13.67	8.21	8.21	1.65	23.53	23.53	090
35901	.....	A	Excision, graft, neck	*8.19	7.18	7.18	1.46	16.83	16.83	090
35903	.....	A	Excision, graft, extremity	*9.39	7.18	7.18	1.46	18.03	18.03	090
35905	.....	A	Excision, graft, thorax	*18.19	7.18	7.18	1.46	26.83	26.83	090
35907	.....	A	Excision, graft, abdomen	*19.24	7.18	7.18	1.46	27.88	27.88	090
36000	.....	A	Place needle in vein	0.18	0.24	#0.20	0.04	0.46	0.42	XXX
36005	.....	A	Injection, venography	0.95	0.47	0.47	0.04	1.46	1.46	000
36010	.....	A	Place catheter in vein	2.43	2.11	2.11	0.31	4.85	4.85	XXX
36011	.....	A	Place catheter in vein	3.14	1.90	1.90	0.22	5.26	5.26	XXX
36012	.....	A	Place catheter in vein	3.52	2.67	2.67	0.32	6.51	6.51	XXX
36013	.....	A	Place catheter in artery	2.52	2.11	2.11	0.31	4.94	4.94	XXX
36014	.....	A	Place catheter in artery	3.02	2.28	2.28	0.27	5.57	5.57	XXX
36015	.....	A	Place catheter in artery	3.52	2.67	2.67	0.32	6.51	6.51	XXX
36100	.....	A	Establish access to artery	3.02	2.59	2.59	0.32	5.93	5.93	XXX
36120	.....	A	Establish access to artery	2.01	#2.21	#2.21	0.30	4.52	4.52	XXX
36140	.....	A	Establish access to artery	2.01	1.41	1.41	0.24	3.66	3.66	XXX
36145	.....	A	Artery to vein shunt	2.01	#2.21	#2.21	0.49	4.71	4.71	XXX
36160	.....	A	Establish access to aorta	2.52	2.32	2.32	0.35	5.19	5.19	XXX
36200	.....	A	Place catheter in aorta	3.02	2.73	2.73	0.28	6.03	6.03	XXX
36215	.....	A	Place catheter in artery	4.68	2.78	2.78	0.23	7.69	7.69	XXX
36216	.....	A	Place catheter in artery	5.28	3.29	3.29	0.27	8.84	8.84	XXX
36217	.....	A	Place catheter in artery	6.30	3.92	3.92	0.32	10.54	10.54	XXX
36218	.....	A	Place catheter in artery	1.01	0.62	0.62	0.05	1.68	1.68	XXX
36245	.....	A	Place catheter in artery	4.68	3.15	3.15	0.26	8.09	8.09	XXX
36246	.....	A	Place catheter in artery	5.28	3.29	3.29	0.27	8.84	8.84	XXX
36247	.....	A	Place catheter in artery	6.30	3.92	3.92	0.32	10.54	10.54	XXX
36248	.....	A	Place catheter in artery	1.01	0.62	0.62	0.05	1.68	1.68	XXX
36260	.....	A	Insertion of infusion pump	*9.71	6.74	6.74	1.41	17.86	17.86	090
36261	.....	A	Revision of infusion pump	*5.45	2.23	2.23	0.42	8.10	8.10	090
36262	.....	A	Removal of infusion pump	*4.02	1.93	1.93	0.40	6.35	6.35	090
36299	.....	C	Vessel injection procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
36400	.....	A	Drawing blood	0.18	0.09	0.09	0.01	0.28	0.28	XXX
36405	.....	A	Drawing blood	0.18	0.45	0.45	0.03	0.66	0.66	XXX
36406	.....	A	Drawing blood	0.18	0.16	0.16	0.01	0.35	0.35	XXX
36410	.....	A	Drawing blood	0.18	0.22	#0.20	0.02	0.42	0.40	XXX
36415	.....	I	Drawing blood	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36420	.....	A	Establish access to vein	1.01	0.51	0.51	0.05	1.57	1.57	XXX
36425	.....	A	Establish access to vein	0.76	0.08	0.08	0.01	0.85	0.85	XXX
36430	.....	A	Blood transfusion service	0.00	0.96	0.96	0.07	1.03	1.03	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
36440	.....	A	Blood transfusion service	1.03	0.94	0.94	0.07	2.04	2.04	XXX
36450	.....	A	Exchange transfusion service	2.23	1.88	1.88	0.18	4.29	4.29	XXX
36455	.....	A	Exchange transfusion service	2.43	2.27	2.27	0.22	4.92	4.92	XXX
36460	.....	A	Transfusion service, fetal	6.59	4.71	4.71	1.09	12.39	12.39	XXX
36468	.....	R	Injection(s); spider veins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36469	.....	R	Injection(s); spider veins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
36470	.....	A	Injection therapy of vein	*1.09	0.27	0.27	0.04	1.40	1.40	010
36471	.....	A	Injection therapy of veins	*1.57	0.39	0.39	0.05	2.01	2.01	010
36481	.....	A	Insertion of catheter, vein	6.99	5.30	5.30	0.61	12.90	12.90	000
36488	.....	A	Insertion of catheter, vein	1.35	0.97	0.97	0.14	2.46	2.46	000
36489	.....	A	Insertion of catheter, vein	1.22	1.12	1.12	0.17	2.51	2.51	000
36490	.....	A	Insertion of catheter, vein	1.67	1.38	1.38	0.20	3.25	3.25	000
36491	.....	A	Insertion of catheter, vein	1.43	#1.57	#1.57	0.32	3.32	3.32	000
36493	.....	A	Repositioning of cvc	1.21	0.63	0.63	0.16	2.00	2.00	000
36500	.....	A	Insertion of catheter, vein	3.52	0.08	0.08	0.01	3.61	3.61	000
36510	.....	A	Insertion of catheter, vein	1.09	0.34	0.34	0.02	1.45	1.45	000
36520	.....	A	Plasma and/or cell exchange	1.74	#1.91	#1.91	0.12	3.77	3.77	000
36522	.....	A	Photopheresis	1.67	2.48	#1.84	0.37	4.52	3.88	000
36530	.....	R	Insertion of infusion pump	*6.20	4.82	4.82	1.02	12.04	12.04	010
36531	.....	R	Revision of infusion pump	*4.87	4.37	4.37	0.27	9.51	9.51	010
36532	.....	R	Removal of infusion pump	*3.30	1.77	1.77	0.37	5.44	5.44	010
36533	.....	A	Insertion of access port	*5.32	4.29	4.29	0.85	10.46	10.46	010
36534	.....	A	Revision of access port	*2.80	#3.08	#3.08	0.21	6.09	6.09	010
36535	.....	A	Removal of access port	*2.27	1.81	1.81	0.38	4.46	4.46	010
36600	.....	A	Withdrawal of arterial blood	0.32	0.28	0.28	0.02	0.62	0.62	XXX
36620	.....	A	Insertion catheter, artery	1.15	0.66	0.66	0.14	1.95	1.95	000
36625	.....	A	Insertion catheter, artery	2.11	0.86	0.86	0.18	3.15	3.15	000
36640	.....	A	Insertion catheter, artery	2.10	#2.31	#2.31	0.40	4.81	4.81	000
36660	.....	A	Insertion catheter, artery	1.40	0.49	0.49	0.04	1.93	1.93	000
36680	.....	A	Insert needle, bone cavity	1.20	1.24	1.24	0.10	2.54	2.54	000
36800	.....	A	Insertion of cannula	2.43	2.22	2.22	0.28	4.93	4.93	000
36810	.....	A	Insertion of cannula	3.97	#4.37	#4.37	0.74	9.08	9.08	000
36815	.....	A	Insertion of cannula	2.62	#2.88	#2.88	0.70	6.20	6.20	000
36821	.....	A	Artery-vein fusion	*8.93	7.24	7.24	1.46	17.63	17.63	090
36822	.....	A	Insertion of cannula(s)	*5.42	5.60	5.60	0.77	11.79	11.79	090
36825	.....	A	Artery-vein graft	*9.84	#10.82	#10.82	2.21	22.87	22.87	090
36830	.....	A	Artery-vein graft	*12.00	9.96	9.96	2.36	24.32	24.32	090
36832	.....	A	Revise artery-vein fistula	*6.45	#7.10	#7.10	2.38	15.93	15.93	090
36834	.....	A	Repair A–V aneurysm	*9.93	7.80	7.80	1.66	19.39	19.39	090
36835	.....	A	Artery to vein shunt	*7.15	3.42	3.42	0.79	11.36	11.36	090
36860	.....	A	Cannula declotting	2.01	2.57	#2.21	0.43	5.01	4.65	000
36861	.....	A	Cannula declotting	2.52	#2.77	#2.77	1.01	6.30	6.30	000
37140	.....	A	Revision of circulation	*23.60	16.29	16.29	3.34	43.23	43.23	090
37145	.....	A	Revision of circulation	*24.61	17.13	17.13	1.72	43.46	43.46	090
37160	.....	A	Revision of circulation	*21.60	17.74	17.74	3.79	43.13	43.13	090
37180	.....	A	Revision of circulation	*24.61	14.19	14.19	2.76	41.56	41.56	090
37181	.....	A	Splice spleen/kidney veins	*26.68	16.41	16.41	3.52	46.61	46.61	090
37195	.....	A	Thrombolytic therapy, stroke	0.00	7.68	7.68	0.54	8.22	8.22	XXX
37200	.....	A	Transcatheter biopsy	4.56	1.59	1.59	0.13	6.28	6.28	000
37201	.....	A	Transcatheter therapy infuse	5.00	5.50	5.50	0.64	11.14	11.14	000
37202	.....	A	Transcatheter therapy infuse	5.68	4.30	4.30	0.50	10.48	10.48	000
37203	.....	A	Transcatheter retrieval	5.03	3.82	3.82	0.45	9.30	9.30	000
37204	.....	A	Transcatheter occlusion	18.14	13.76	13.76	1.60	33.50	33.50	000
37205	.....	A	Transcatheter stent	8.28	5.16	5.16	0.42	13.86	13.86	000
37206	.....	A	Transcatheter stent	4.13	2.58	2.58	0.21	6.92	6.92	ZZZ
37207	.....	A	Transcatheter stent	8.28	5.16	5.16	0.42	13.86	13.86	000
37208	.....	A	Transcatheter stent	4.13	2.58	2.58	0.21	6.92	6.92	ZZZ
37209	.....	A	Exchange arterial catheter	2.27	1.41	1.41	0.11	3.79	3.79	000
37250	.....	A	Intravascular us	2.10	1.14	1.14	0.13	3.37	3.37	ZZZ
37251	.....	A	Intravascular us	1.60	0.87	0.87	0.10	2.57	2.57	ZZZ
37565	.....	A	Ligation of neck vein	*4.44	3.79	3.79	0.74	8.97	8.97	090
37600	.....	A	Ligation of neck artery	*4.57	4.98	4.98	0.80	10.35	10.35	090
37605	.....	A	Ligation of neck artery	*6.19	5.56	5.56	1.04	12.79	12.79	090
37606	.....	A	Ligation of neck artery	*6.28	5.92	5.92	0.72	12.92	12.92	090
37607	.....	A	Ligation of fistula	*6.16	3.06	3.06	0.71	9.93	9.93	090
37609	.....	A	Temporal artery procedure	*2.30	2.22	2.22	0.38	4.90	4.90	010
37615	.....	A	Ligation of neck artery	*5.73	5.62	5.62	1.11	12.46	12.46	090
37616	.....	A	Ligation of chest artery	*16.49	4.21	4.21	0.83	21.53	21.53	090
37617	.....	A	Ligation of abdomen artery	*15.95	8.00	8.00	1.54	25.49	25.49	090
37618	.....	A	Ligation of extremity artery	*4.84	4.98	4.98	1.06	10.88	10.88	090
37620	.....	A	Revision of major vein	*10.56	8.81	8.81	1.48	20.85	20.85	090
37650	.....	A	Revision of major vein	*5.13	4.02	4.02	0.52	9.67	9.67	090
37660	.....	A	Revision of major vein	*10.61	5.75	5.75	1.07	17.43	17.43	090
37700	.....	A	Revise leg vein	*3.73	3.64	3.64	0.73	8.10	8.10	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
37720	.....	A	Removal of leg vein	*5.66	5.11	5.11	1.04	11.81	11.81	090
37730	.....	A	Removal of leg veins	*7.33	6.95	6.95	1.40	15.68	15.68	090
37735	.....	A	Removal of leg veins/lesion	*10.53	8.34	8.34	1.68	20.55	20.55	090
37760	.....	A	Revision of leg veins	*10.47	7.48	7.48	1.52	19.47	19.47	090
37780	.....	A	Revision of leg vein	*3.84	1.89	1.89	0.35	6.08	6.08	090
37785	.....	A	Revise secondary varicosity	*3.88	0.98	0.98	0.18	5.04	5.04	090
37788	.....	A	Revascularization, penis	*22.01	15.14	15.14	1.48	38.63	38.63	090
37790	.....	A	Penile venous occlusion	*8.34	5.70	5.70	0.55	14.59	14.59	090
37799	.....	C	Vascular surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
38100	.....	A	Removal of spleen, total	*13.01	8.55	8.55	1.81	23.37	23.37	090
38101	.....	A	Removal of spleen, partial	*13.74	6.99	6.99	1.51	22.24	22.24	090
38102	.....	A	Removal of spleen, total	4.80	2.51	2.51	0.58	7.89	7.89	ZZZ
38115	.....	A	Repair of ruptured spleen	*14.19	7.64	7.64	1.49	23.32	23.32	090
38200	.....	A	Injection for spleen x-ray	2.64	1.71	1.71	0.15	4.50	4.50	000
38230	.....	R	Bone marrow collection	*4.54	2.78	2.78	0.21	7.53	7.53	010
38231	.....	R	Stem cell collection	1.50	1.37	1.37	0.08	2.95	2.95	000
38240	.....	R	Bone marrow/stem transplant	2.24	2.08	2.08	0.14	4.46	4.46	XXX
38241	.....	R	Bone marrow/stem transplant	2.24	2.04	2.04	0.13	4.41	4.41	XXX
38300	.....	A	Drainage lymph node lesion	*1.53	0.58	0.58	0.10	2.21	2.21	010
38305	.....	A	Drainage lymph node lesion	*4.61	1.96	1.96	0.36	6.93	6.93	090
38308	.....	A	Incision of lymph channels	*4.95	3.37	3.37	0.45	8.77	8.77	090
38380	.....	A	Thoracic duct procedure	*7.46	4.44	4.44	0.76	12.66	12.66	090
38381	.....	A	Thoracic duct procedure	*12.88	7.56	7.56	1.50	21.94	21.94	090
38382	.....	A	Thoracic duct procedure	*10.08	4.84	4.84	1.13	16.05	16.05	090
38500	.....	A	Biopsy/removal, lymph node(s)	*2.88	1.59	1.59	0.31	4.78	4.78	010
38505	.....	A	Needle biopsy, lymph node(s)	1.14	1.12	1.12	0.17	2.43	2.43	000
38510	.....	A	Biopsy/removal, lymph node(s)	*4.14	2.54	2.54	0.45	7.13	7.13	090
38520	.....	A	Biopsy/removal, lymph node(s)	*5.12	2.99	2.99	0.56	8.67	8.67	090
38525	.....	A	Biopsy/removal, lymph node(s)	*4.66	2.59	2.59	0.53	7.78	7.78	090
38530	.....	A	Biopsy/removal, lymph node(s)	*6.13	3.17	3.17	0.65	9.95	9.95	090
38542	.....	A	Explore deep node(s), neck	*5.91	4.26	4.26	0.59	10.76	10.76	090
38550	.....	A	Removal neck/armpit lesion	*6.73	3.23	3.23	0.63	10.59	10.59	090
38555	.....	A	Removal neck/armpit lesion	*14.27	7.27	7.27	1.38	22.92	22.92	090
38562	.....	A	Removal, pelvic lymph nodes	*10.49	6.88	6.88	1.20	18.57	18.57	090
38564	.....	A	Removal, abdomen lymph nodes	*10.83	7.39	7.39	1.51	19.73	19.73	090
38700	.....	A	Removal of lymph nodes, neck	*8.24	#9.06	#9.06	1.31	18.61	18.61	090
38720	.....	A	Removal of lymph nodes, neck	*13.61	#14.97	#14.97	2.04	30.62	30.62	090
38724	.....	A	Removal of lymph nodes, neck	*14.54	14.36	14.36	2.00	30.90	30.90	090
38740	.....	A	Remove armpit lymph nodes	*6.77	4.72	4.72	1.00	12.49	12.49	090
38745	.....	A	Remove armpits lymph nodes	*8.84	8.28	8.28	1.76	18.88	18.88	090
38746	.....	A	Remove thoracic lymph nodes	4.39	2.29	2.29	0.53	7.21	7.21	ZZZ
38747	.....	A	Remove abdominal lymph nodes	4.89	2.56	2.56	0.59	8.04	8.04	ZZZ
38760	.....	A	Remove groin lymph nodes	*8.74	6.63	6.63	1.35	16.72	16.72	090
38765	.....	A	Remove groin lymph nodes	*16.06	12.67	12.67	2.42	31.15	31.15	090
38770	.....	A	Remove pelvis lymph nodes	*13.23	#14.55	#14.55	1.73	29.51	29.51	090
38780	.....	A	Remove abdomen lymph nodes	*16.59	16.06	16.06	3.13	35.78	35.78	090
38790	.....	A	Injection for lymphatic x-ray	1.29	1.64	#1.42	0.19	3.12	2.90	000
38794	.....	A	Access thoracic lymph duct	*4.45	2.84	2.84	0.38	7.67	7.67	090
38999	.....	C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39000	.....	A	Exploration of chest	*6.10	6.05	6.05	1.08	13.23	13.23	090
39010	.....	A	Exploration of chest	*11.79	11.46	11.46	2.08	25.33	25.33	090
39200	.....	A	Removal chest lesion	*13.62	11.58	11.58	2.14	27.34	27.34	090
39220	.....	A	Removal chest lesion	*17.42	14.94	14.94	2.83	35.19	35.19	090
39400	.....	A	Visualization of chest	*5.61	5.12	5.12	0.95	11.68	11.68	010
39499	.....	C	Chest procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
39501	.....	A	Repair diaphragm laceration	*13.19	10.66	10.66	2.10	25.95	25.95	090
39502	.....	A	Repair paraesophageal hernia	*16.33	11.93	11.93	2.45	30.71	30.71	090
39503	.....	A	Repair of diaphragm hernia	*34.85	25.18	25.18	2.94	62.97	62.97	090
39520	.....	A	Repair of diaphragm hernia	*16.10	12.53	12.53	2.46	31.09	31.09	090
39530	.....	A	Repair of diaphragm hernia	*15.41	14.06	14.06	2.71	32.18	32.18	090
39531	.....	A	Repair of diaphragm hernia	*16.42	10.00	10.00	1.80	28.22	28.22	090
39540	.....	A	Repair of diaphragm hernia	*13.32	11.98	11.98	2.51	27.81	27.81	090
39541	.....	A	Repair of diaphragm hernia	*14.41	12.16	12.16	2.37	28.94	28.94	090
39545	.....	A	Revision of diaphragm	*13.37	7.90	7.90	1.31	22.58	22.58	090
39599	.....	C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40490	.....	A	Biopsy of lip	1.22	0.74	0.74	0.07	2.03	2.03	000
40500	.....	A	Partial excision of lip	*4.28	#4.71	#4.71	0.94	9.93	9.93	090
40510	.....	A	Partial excision of lip	*4.70	#5.17	#5.17	0.83	10.70	10.70	090
40520	.....	A	Partial excision of lip	*4.67	4.50	4.50	0.68	9.85	9.85	090
40525	.....	A	Reconstruct lip with flap	*7.55	#8.31	#8.31	1.43	17.29	17.29	090
40527	.....	A	Reconstruct lip with flap	*9.13	#10.04	#10.04	1.65	20.82	20.82	090
40530	.....	A	Partial removal of lip	*5.40	5.10	5.10	0.74	11.24	11.24	090
40650	.....	A	Repair lip	*3.64	#4.00	#4.00	0.65	8.29	8.29	090
40652	.....	A	Repair lip	*4.26	#4.69	#4.69	0.79	9.74	9.74	090

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[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
40654	.....	A	Repair lip	*5.31	#5.84	#5.84	1.00	12.15	12.15	090
40700	.....	A	Repair cleft lip/nasal	*12.79	8.46	8.46	1.28	22.53	22.53	090
40701	.....	A	Repair cleft lip/nasal	*15.85	19.33	19.33	1.62	36.80	36.80	090
40702	.....	A	Repair cleft lip/nasal	*13.04	9.37	9.37	1.10	23.51	23.51	090
40720	.....	A	Repair cleft lip/nasal	*13.55	9.59	9.59	1.79	24.93	24.93	090
40761	.....	A	Repair cleft lip/nasal	*14.72	10.84	10.84	1.74	27.30	27.30	090
40799	.....	C	Lip surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
40800	.....	A	Drainage of mouth lesion	*1.17	0.74	0.74	0.07	1.98	1.98	010
40801	.....	A	Drainage of mouth lesion	*2.53	1.70	1.70	0.16	4.39	4.39	010
40804	.....	A	Removal foreign body, mouth	*1.24	0.58	0.58	0.06	1.88	1.88	010
40805	.....	A	Removal foreign body, mouth	*2.69	2.50	2.50	0.30	5.49	5.49	010
40806	.....	A	Incision of lip fold	0.31	0.36	0.36	0.03	0.70	0.70	000
40808	.....	A	Biopsy of mouth lesion	*0.96	0.76	0.76	0.08	1.80	1.80	010
40810	.....	A	Excision of mouth lesion	*1.31	1.18	1.18	0.11	2.60	2.60	010
40812	.....	A	Excise/repair mouth lesion	*2.31	1.50	1.50	0.14	3.95	3.95	010
40814	.....	A	Excise/repair mouth lesion	*3.42	3.23	3.23	0.32	6.97	6.97	090
40816	.....	A	Excision of mouth lesion	*3.67	3.22	3.22	0.33	7.22	7.22	090
40818	.....	A	Excise oral mucosa for graft	*2.41	2.25	2.25	0.20	4.86	4.86	090
40819	.....	A	Excise lip or cheek fold	*2.41	1.23	1.23	0.14	3.78	3.78	090
40820	.....	A	Treatment of mouth lesion	*1.28	0.53	0.53	0.06	1.87	1.87	010
40830	.....	A	Repair mouth laceration	*1.76	0.67	0.67	0.07	2.50	2.50	010
40831	.....	A	Repair mouth laceration	*2.46	1.94	1.94	0.21	4.61	4.61	010
40840	.....	R	Reconstruction of mouth	*8.73	6.28	6.28	0.73	15.74	15.74	090
40842	.....	R	Reconstruction of mouth	*8.73	6.28	6.28	0.73	15.74	15.74	090
40843	.....	R	Reconstruction of mouth	*12.10	8.80	8.80	1.03	21.93	21.93	090
40844	.....	R	Reconstruction of mouth	*16.01	11.63	11.63	1.36	29.00	29.00	090
40845	.....	R	Reconstruction of mouth	*18.58	#20.44	#20.44	1.93	40.95	40.95	090
40899	.....	C	Mouth surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41000	.....	A	Drainage of mouth lesion	*1.30	0.76	0.76	0.08	2.14	2.14	010
41005	.....	A	Drainage of mouth lesion	*1.26	0.62	0.62	0.07	1.95	1.95	010
41006	.....	A	Drainage of mouth lesion	*3.24	1.01	1.01	0.11	4.36	4.36	090
41007	.....	A	Drainage of mouth lesion	*3.10	2.90	2.90	0.30	6.30	6.30	090
41008	.....	A	Drainage of mouth lesion	*3.37	1.06	1.06	0.11	4.54	4.54	090
41009	.....	A	Drainage of mouth lesion	*3.59	3.31	3.31	0.34	7.24	7.24	090
41010	.....	A	Incision of tongue fold	*1.06	0.37	0.37	0.04	1.47	1.47	010
41015	.....	A	Drainage of mouth lesion	*3.96	0.87	0.87	0.10	4.93	4.93	090
41016	.....	A	Drainage of mouth lesion	*4.07	3.69	3.69	0.38	8.14	8.14	090
41017	.....	A	Drainage of mouth lesion	*4.07	1.40	1.40	0.14	5.61	5.61	090
41018	.....	A	Drainage of mouth lesion	*5.10	3.93	3.93	0.38	9.41	9.41	090
41100	.....	A	Biopsy of tongue	*1.63	0.80	0.80	0.08	2.51	2.51	010
41105	.....	A	Biopsy of tongue	*1.42	1.03	1.03	0.12	2.57	2.57	010
41108	.....	A	Biopsy of floor of mouth	*1.05	0.85	0.85	0.09	1.99	1.99	010
41110	.....	A	Excision of tongue lesion	*1.51	1.30	1.30	0.15	2.96	2.96	010
41112	.....	A	Excision of tongue lesion	*2.73	2.39	2.39	0.23	5.35	5.35	090
41113	.....	A	Excision of tongue lesion	*3.19	3.41	3.41	0.37	6.97	6.97	090
41114	.....	A	Excision of tongue lesion	*8.47	6.39	6.39	0.73	15.59	15.59	090
41115	.....	A	Excision of tongue fold	*1.74	1.78	1.78	0.17	3.69	3.69	010
41116	.....	A	Excision of mouth lesion	*2.44	2.49	2.49	0.27	5.20	5.20	090
41120	.....	A	Partial removal of tongue	*9.77	7.28	7.28	0.88	17.93	17.93	090
41130	.....	A	Partial removal of tongue	*11.15	9.06	9.06	1.14	21.35	21.35	090
41135	.....	A	Tongue and neck surgery	*23.09	18.30	18.30	2.64	44.03	44.03	090
41140	.....	A	Removal of tongue	*25.50	18.89	18.89	2.45	46.84	46.84	090
41145	.....	A	Tongue removal; neck surgery	*30.06	22.79	22.79	2.95	55.80	55.80	090
41150	.....	A	Tongue, mouth, jaw surgery	*23.04	18.96	18.96	2.46	44.46	44.46	090
41153	.....	A	Tongue, mouth, neck surgery	*23.77	25.00	25.00	3.03	51.80	51.80	090
41155	.....	A	Tongue, jaw, & neck surgery	*27.72	29.95	29.95	3.75	61.42	61.42	090
41250	.....	A	Repair tongue laceration	*1.91	1.07	1.07	0.11	3.09	3.09	010
41251	.....	A	Repair tongue laceration	*2.27	2.07	2.07	0.21	4.55	4.55	010
41252	.....	A	Repair tongue laceration	*2.97	2.35	2.35	0.26	5.58	5.58	010
41500	.....	A	Fixation of tongue	*3.71	3.29	3.29	0.26	7.26	7.26	090
41510	.....	A	Tongue to lip surgery	*3.42	2.53	2.53	0.45	6.40	6.40	090
41520	.....	A	Reconstruction, tongue fold	*2.73	2.88	2.88	0.28	5.89	5.89	090
41599	.....	C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
41800	.....	A	Drainage of gum lesion	*1.17	0.69	0.69	0.07	1.93	1.93	010
41805	.....	A	Removal foreign body, gum	*1.24	0.84	0.84	0.08	2.16	2.16	010
41806	.....	A	Removal foreign body, jawbone	*2.69	1.64	1.64	0.15	4.48	4.48	010
41820	.....	R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41821	.....	R	Excision of gum flap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41822	.....	R	Excision of gum lesion	*2.31	3.03	3.03	0.25	5.59	5.59	010
41823	.....	R	Excision of gum lesion	*3.30	#3.63	#3.63	0.34	7.27	7.27	090
41825	.....	A	Excision of gum lesion	*1.31	1.49	1.49	0.14	2.94	2.94	010
41826	.....	A	Excision of gum lesion	*2.31	2.07	2.07	0.18	4.56	4.56	010
41827	.....	A	Excision of gum lesion	*3.42	#3.76	#3.76	0.38	7.56	7.56	090
41828	.....	R	Excision of gum lesion	*3.09	4.07	4.07	0.33	7.49	7.49	010

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
41830	.....	R	Removal of gum tissue	*3.35	#3.69	#3.69	0.36	7.40	7.40	010
41850	.....	R	Treatment of gum lesion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41870	.....	R	Gum graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
41872	.....	R	Repair gum	*2.59	#2.85	#2.85	0.27	5.71	5.71	090
41874	.....	R	Repair tooth socket	*3.09	#3.40	#3.40	0.32	6.81	6.81	090
41899	.....	C	Dental surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42000	.....	A	Drainage mouth roof lesion	*1.23	0.62	0.62	0.06	1.91	1.91	010
42100	.....	A	Biopsy roof of mouth	*1.31	0.79	0.79	0.08	2.18	2.18	010
42104	.....	A	Excision lesion, mouth roof	*1.64	1.62	1.62	0.17	3.43	3.43	010
42106	.....	A	Excision lesion, mouth roof	*2.10	2.22	2.22	0.21	4.53	4.53	010
42107	.....	A	Excision lesion, mouth roof	*4.44	#4.88	#4.88	0.50	9.82	9.82	090
42120	.....	A	Remove palate/lesion	*6.17	#6.79	#6.79	1.01	13.97	13.97	090
42140	.....	A	Excision of uvula	*1.62	1.35	1.35	0.15	3.12	3.12	090
42145	.....	A	Repair, palate, pharynx/uvula	*8.05	#8.86	#8.86	1.45	18.36	18.36	090
42160	.....	A	Treatment mouth roof lesion	*1.80	1.53	1.53	0.16	3.49	3.49	010
42180	.....	A	Repair palate	*2.50	2.24	2.24	0.26	5.00	5.00	010
42182	.....	A	Repair palate	*3.83	3.47	3.47	0.38	7.68	7.68	010
42200	.....	A	Reconstruct cleft palate	*12.00	7.19	7.19	0.85	20.04	20.04	090
42205	.....	A	Reconstruct cleft palate	*9.59	#10.55	#10.55	0.79	20.93	20.93	090
42210	.....	A	Reconstruct cleft palate	*14.50	12.51	12.51	0.95	27.96	27.96	090
42215	.....	A	Reconstruct cleft palate	*8.82	7.68	7.68	0.86	17.36	17.36	090
42220	.....	A	Reconstruct cleft palate	*7.02	5.40	5.40	0.81	13.23	13.23	090
42225	.....	A	Reconstruct cleft palate	*9.54	6.90	6.90	1.08	17.52	17.52	090
42226	.....	A	Lengthening of palate	*10.01	7.89	7.89	0.86	18.76	18.76	090
42227	.....	A	Lengthening of palate	*9.52	7.41	7.41	0.38	17.31	17.31	090
42235	.....	A	Repair palate	*7.87	5.55	5.55	0.49	13.91	13.91	090
42260	.....	A	Repair nose to lip fistula	*9.80	3.98	3.98	0.44	14.22	14.22	090
42280	.....	A	Preparation, palate mold	*1.54	1.99	1.99	0.17	3.70	3.70	010
42281	.....	A	Insertion, palate prosthesis	*1.93	1.47	1.47	0.15	3.55	3.55	010
42299	.....	C	Palate/uvula surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42300	.....	A	Drainage of salivary gland	*1.93	0.96	0.96	0.12	3.01	3.01	010
42305	.....	A	Drainage of salivary gland	*6.07	2.18	2.18	0.27	8.52	8.52	090
42310	.....	A	Drainage of salivary gland	*1.56	1.03	1.03	0.12	2.71	2.71	010
42320	.....	A	Drainage of salivary gland	*2.35	1.83	1.83	0.22	4.40	4.40	010
42325	.....	A	Create salivary cyst drain	*2.75	2.12	2.12	0.20	5.07	5.07	090
42326	.....	A	Create salivary cyst drain	*3.78	#4.16	#4.16	0.33	8.27	8.27	090
42330	.....	A	Removal of salivary stone	*2.21	1.10	1.10	0.12	3.43	3.43	010
42335	.....	A	Removal of salivary stone	*3.31	2.47	2.47	0.27	6.05	6.05	090
42340	.....	A	Removal of salivary stone	*4.60	4.25	4.25	0.45	9.30	9.30	090
42400	.....	A	Biopsy of salivary gland	0.78	0.79	0.79	0.10	1.67	1.67	000
42405	.....	A	Biopsy of salivary gland	*3.29	1.54	1.54	0.19	5.02	5.02	010
42408	.....	A	Excision of salivary cyst	*4.54	3.24	3.24	0.38	8.16	8.16	090
42409	.....	A	Drainage of salivary cyst	*2.81	2.81	2.81	0.30	5.92	5.92	090
42410	.....	A	Excise parotid gland/lesion	*9.34	5.94	5.94	0.92	16.20	16.20	090
42415	.....	A	Excise parotid gland/lesion	*16.89	12.68	12.68	1.68	31.25	31.25	090
42420	.....	A	Excise parotid gland/lesion	*19.59	14.82	14.82	1.87	36.28	36.28	090
42425	.....	A	Excise parotid gland/lesion	*13.02	11.10	11.10	1.43	25.55	25.55	090
42426	.....	A	Excise parotid gland/lesion	*21.26	#23.39	#23.39	3.21	47.86	47.86	090
42440	.....	A	Excision submaxillary gland	*6.97	#7.67	#7.67	0.99	15.63	15.63	090
42450	.....	A	Excision sublingual gland	*4.62	3.42	3.42	0.35	8.39	8.39	090
42500	.....	A	Repair salivary duct	*4.30	4.61	4.61	0.50	9.41	9.41	090
42505	.....	A	Repair salivary duct	*6.18	#6.80	#6.80	0.86	13.84	13.84	090
42507	.....	A	Parotid duct diversion	*6.11	4.65	4.65	0.67	11.43	11.43	090
42508	.....	A	Parotid duct diversion	*9.10	7.61	7.61	0.94	17.65	17.65	090
42509	.....	A	Parotid duct diversion	*11.54	7.31	7.31	1.23	20.08	20.08	090
42510	.....	A	Parotid duct diversion	*8.15	7.65	7.65	0.84	16.64	16.64	090
42550	.....	A	Injection for salivary x-ray	1.25	0.44	0.44	0.04	1.73	1.73	000
42600	.....	A	Closure of salivary fistula	*4.82	3.89	3.89	0.46	9.17	9.17	090
42650	.....	A	Dilation of salivary duct	0.77	0.39	0.39	0.04	1.20	1.20	000
42660	.....	A	Dilation of salivary duct	1.13	0.50	0.50	0.06	1.69	1.69	000
42665	.....	A	Ligation of salivary duct	*2.53	2.04	2.04	0.25	4.82	4.82	090
42699	.....	C	Salivary surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
42700	.....	A	Drainage of tonsil abscess	*1.62	0.85	0.85	0.10	2.57	2.57	010
42720	.....	A	Drainage of throat abscess	*5.42	1.89	1.89	0.22	7.53	7.53	010
42725	.....	A	Drainage of throat abscess	*10.72	4.45	4.45	0.53	15.70	15.70	090
42800	.....	A	Biopsy of throat	*1.39	0.74	0.74	0.08	2.21	2.21	010
42802	.....	A	Biopsy of throat	*1.54	1.02	1.02	0.12	2.68	2.68	010
42804	.....	A	Biopsy of upper nose/throat	*1.24	1.09	1.09	0.13	2.46	2.46	010
42806	.....	A	Biopsy of upper nose/throat	*1.58	1.40	1.40	0.16	3.14	3.14	010
42808	.....	A	Excise pharynx lesion	*2.30	2.52	2.52	0.29	5.11	5.11	010
42809	.....	A	Remove pharynx foreign body	*1.81	0.82	0.82	0.08	2.71	2.71	010
42810	.....	A	Excision of neck cyst	*3.33	3.14	3.14	0.47	6.94	6.94	090
42815	.....	A	Excision of neck cyst	*7.23	#7.95	#7.95	1.12	16.30	16.30	090
42820	.....	A	Remove tonsils and adenoids	*3.91	3.15	3.15	0.32	7.38	7.38	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
42821	.....	A	Remove tonsils and adenoids	*4.29	3.93	3.93	0.46	8.68	8.68	090
42825	.....	A	Removal of tonsils	*3.42	2.64	2.64	0.33	6.39	6.39	090
42826	.....	A	Removal of tonsils	*3.38	#3.72	#3.72	0.43	7.53	7.53	090
42830	.....	A	Removal of adenoids	*2.57	1.86	1.86	0.27	4.70	4.70	090
42831	.....	A	Removal of adenoids	*2.71	2.36	2.36	0.25	5.32	5.32	090
42835	.....	A	Removal of adenoids	*2.30	1.86	1.86	0.10	4.26	4.26	090
42836	.....	A	Removal of adenoids	*3.18	2.79	2.79	0.31	6.28	6.28	090
42842	.....	A	Extensive surgery of throat	*8.76	6.69	6.69	0.73	16.18	16.18	090
42844	.....	A	Extensive surgery of throat	*14.31	10.85	10.85	1.27	26.43	26.43	090
42845	.....	A	Extensive surgery of throat	*24.29	18.62	18.62	2.22	45.13	45.13	090
42860	.....	A	Excision of tonsil tags	*2.22	1.89	1.89	0.21	4.32	4.32	090
42870	.....	A	Excision of lingual tonsil	*5.40	2.32	2.32	0.26	7.98	7.98	090
42890	.....	A	Partial removal of pharynx	*12.94	8.99	8.99	1.03	22.96	22.96	090
42892	.....	A	Revision of pharyngeal walls	*15.83	10.92	10.92	1.27	28.02	28.02	090
42894	.....	A	Revision of pharyngeal walls	*22.88	16.06	16.06	1.83	40.77	40.77	090
42900	.....	A	Repair throat wound	*5.25	4.26	4.26	0.48	9.99	9.99	010
42950	.....	A	Reconstruction of throat	*8.10	#8.91	#8.91	1.10	18.11	18.11	090
42953	.....	A	Repair throat, esophagus	*8.96	6.34	6.34	0.93	16.23	16.23	090
42955	.....	A	Surgical opening of throat	*7.39	3.32	3.32	0.43	11.14	11.14	090
42960	.....	A	Control throat bleeding	*2.33	1.08	1.08	0.12	3.53	3.53	010
42961	.....	A	Control throat bleeding	*5.59	1.75	1.75	0.19	7.53	7.53	090
42962	.....	A	Control throat bleeding	*7.14	5.98	5.98	0.68	13.80	13.80	090
42970	.....	A	Control nose/throat bleeding	*5.43	1.03	1.03	0.10	6.56	6.56	090
42971	.....	A	Control nose/throat bleeding	*6.21	2.90	2.90	0.34	9.45	9.45	090
42972	.....	A	Control nose/throat bleeding	*7.20	4.55	4.55	0.73	12.48	12.48	090
42999	.....	C	Throat surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43020	.....	A	Incision of esophagus	*8.09	6.58	6.58	0.71	15.38	15.38	090
43030	.....	A	Throat muscle surgery	*7.69	#8.46	#8.46	1.21	17.36	17.36	090
43045	.....	A	Incision of esophagus	*20.12	12.45	12.45	2.36	34.93	34.93	090
43100	.....	A	Excision of esophagus lesion	*9.19	6.19	6.19	0.95	16.33	16.33	090
43101	.....	A	Excision of esophagus lesion	*16.24	9.48	9.48	1.88	27.60	27.60	090
43107	.....	A	Removal of esophagus	*28.79	22.50	22.50	4.42	55.71	55.71	090
43108	.....	A	Removal of esophagus	*34.19	25.27	25.27	4.77	64.23	64.23	090
43112	.....	A	Removal of esophagus	*31.22	21.65	21.65	4.22	57.09	57.09	090
43113	.....	A	Removal of esophagus	*35.27	25.27	25.27	4.77	65.31	65.31	090
43116	.....	A	Partial removal of esophagus	*31.22	25.27	25.27	4.77	61.26	61.26	090
43117	.....	A	Partial removal of esophagus	*30.02	25.27	25.27	4.77	60.06	60.06	090
43118	.....	A	Partial removal of esophagus	*33.20	25.27	25.27	4.77	63.24	63.24	090
43121	.....	A	Partial removal of esophagus	*29.19	21.36	21.36	4.19	54.74	54.74	090
43122	.....	A	Parital removal of esophagus	*29.11	21.36	21.36	4.19	54.66	54.66	090
43123	.....	A	Partial removal of esophagus	*33.20	25.27	25.27	4.77	63.24	63.24	090
43124	.....	A	Removal of esophagus	*27.32	22.50	22.50	4.42	54.24	54.24	090
43130	.....	A	Removal of esophagus pouch	*11.75	10.51	10.51	1.60	23.86	23.86	090
43135	.....	A	Removal of esophagus pouch	*16.10	11.72	11.72	2.17	29.99	29.99	090
43200	.....	A	Esophagus endoscopy	1.59	2.04	#1.75	0.26	3.89	3.60	000
43202	.....	A	Esophagus endoscopy, biopsy	1.89	2.41	#2.08	0.31	4.61	4.28	000
43204	.....	A	Esophagus endoscopy & inject	3.77	#4.15	#4.15	0.36	8.28	8.28	000
43205	.....	A	Esophagus endoscopy/ligation	3.79	2.70	2.70	0.18	6.67	6.67	000
43215	.....	A	Esophagus endoscopy	2.60	#2.86	#2.86	0.46	5.92	5.92	000
43216	.....	A	Esophagus endoscopy/lesion	2.40	#2.64	#2.64	0.37	5.41	5.41	000
43217	.....	A	Esophagus endoscopy	2.90	#3.19	#3.19	0.37	6.46	6.46	000
43219	.....	A	Esophagus endoscopy	2.80	#3.08	#3.08	0.34	6.22	6.22	000
43220	.....	A	Esophagus endoscopy, dilation	2.10	#2.31	#2.31	0.27	4.68	4.68	000
43226	.....	A	Esophagus endoscopy, dilation	2.34	#2.57	#2.57	0.26	5.17	5.17	000
43227	.....	A	Esophagus endoscopy, repair	3.60	#3.96	#3.96	0.34	7.90	7.90	000
43228	.....	A	Esophagus endoscopy, ablation	3.77	#4.15	#4.15	0.38	8.30	8.30	000
43234	.....	A	Upper GI endoscopy, exam	2.01	2.57	#2.21	0.30	4.88	4.52	000
43235	.....	A	Upper gi endoscopy, diagnosis	2.39	3.07	#2.63	0.29	5.75	5.31	000
43239	.....	A	Upper GI endoscopy, biopsy	2.69	3.44	#2.96	0.33	6.46	5.98	000
43241	.....	A	Upper GI endoscopy with tube	2.59	#2.85	#2.85	0.38	5.82	5.82	000
43243	.....	A	Upper GI endoscopy & inject.	4.57	#5.03	#5.03	0.39	9.99	9.99	000
43244	.....	A	Upper GI endoscopy/ligation	4.59	3.47	3.47	0.41	8.47	8.47	000
43245	.....	A	Operative upper GI endoscopy	3.39	#3.73	#3.73	0.40	7.52	7.52	000
43246	.....	A	Place gastrostomy tube	4.33	#4.76	#4.76	0.51	9.60	9.60	000
43247	.....	A	Operative upper GI endoscopy	3.39	#3.73	#3.73	0.38	7.50	7.50	000
43248	.....	A	Upper GI endoscopy/guidewire	3.15	#3.47	#3.47	0.35	6.97	6.97	000
43249	.....	A	Esophagus endoscopy, dilation	2.90	#3.19	#3.19	0.30	6.39	6.39	000
43250	.....	A	Upper GI endoscopy/tumor	3.20	#3.52	#3.52	0.43	7.15	7.15	000
43251	.....	A	Operative upper GI endoscopy	3.70	#4.07	#4.07	0.43	8.20	8.20	000
43255	.....	A	Operative upper GI endoscopy	4.40	#4.84	#4.84	0.38	9.62	9.62	000
43258	.....	A	Operative upper GI endoscopy	4.55	#5.01	#5.01	0.38	9.94	9.94	000
43259	.....	A	Endoscopic ultrasound exam	4.89	4.02	4.02	0.35	9.26	9.26	000
43260	.....	A	Endoscopy, bile duct/pancreas	5.96	5.98	5.98	0.39	12.33	12.33	000
43261	.....	A	Endoscopy, bile duct/pancreas	6.27	5.98	5.98	0.39	12.64	12.64	000

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
43262	.....	A	Endoscopy, bile duct/pancreas	7.39	#8.13	#8.13	0.58	16.10	16.10	000
43263	.....	A	Endoscopy, bile duct/pancreas	6.19	5.83	5.83	0.38	12.40	12.40	000
43264	.....	A	Endoscopy, bile duct/pancreas	8.90	8.92	8.92	0.61	18.43	18.43	000
43265	.....	A	Endoscopy, bile duct/pancreas	8.90	6.82	6.82	0.49	16.21	16.21	000
43267	.....	A	Endoscopy, bile duct/pancreas	7.39	7.41	7.41	0.48	15.28	15.28	000
43268	.....	A	Endoscopy, bile duct/pancreas	7.39	#8.13	#8.13	0.56	16.08	16.08	000
43269	.....	A	Endoscopy, bile duct/pancreas	6.04	#6.64	#6.64	0.51	13.19	13.19	000
43271	.....	A	Endoscopy, bile duct/pancreas	7.39	7.63	7.63	0.50	15.52	15.52	000
43272	.....	A	Endoscopy, bile duct/pancreas	7.39	5.60	5.60	0.42	13.41	13.41	000
43300	.....	A	Repair of esophagus	*9.14	#10.05	#10.05	1.70	20.89	20.89	090
43305	.....	A	Repair esophagus and fistula	*17.15	13.71	13.71	1.78	32.64	32.64	090
43310	.....	A	Repair of esophagus	*25.39	16.99	16.99	3.23	45.61	45.61	090
43312	.....	A	Repair esophagus and fistula	*28.42	13.72	13.72	2.30	44.44	44.44	090
43320	.....	A	Fuse esophagus & stomach	*16.07	11.68	11.68	2.05	29.80	29.80	090
43324	.....	A	Revise esophagus & stomach	*16.58	11.88	11.88	2.53	30.99	30.99	090
43325	.....	A	Revise esophagus & stomach	*16.17	11.61	11.61	2.29	30.07	30.07	090
43326	.....	A	Revise esophagus & stomach	*15.91	7.52	7.52	1.75	25.18	25.18	090
43330	.....	A	Repair of esophagus	*15.94	11.36	11.36	2.39	29.69	29.69	090
43331	.....	A	Repair of esophagus	*16.23	14.33	14.33	2.64	33.20	33.20	090
43340	.....	A	Fuse esophagus & intestine	*15.81	12.44	12.44	2.52	30.77	30.77	090
43341	.....	A	Fuse esophagus & intestine	*16.81	9.90	9.90	1.56	28.27	28.27	090
43350	.....	A	Surgical opening, esophagus	*12.72	7.88	7.88	1.15	21.75	21.75	090
43351	.....	A	Surgical opening, esophagus	*14.79	8.77	8.77	1.53	25.09	25.09	090
43352	.....	A	Surgical opening, esophagus	*12.30	8.86	8.86	1.47	22.63	22.63	090
43360	.....	A	Gastrointestinal repair	*28.78	21.36	21.36	4.19	54.33	54.33	090
43361	.....	A	Gastrointestinal repair	*32.65	25.27	25.27	4.77	62.69	62.69	090
43400	.....	A	Ligate esophagus veins	*17.09	10.82	10.82	1.63	29.54	29.54	090
43401	.....	A	Esophagus surgery for veins	*17.81	9.59	9.59	1.93	29.33	29.33	090
43405	.....	A	Ligate/staple esophagus	*16.13	14.33	14.33	2.64	33.10	33.10	090
43410	.....	A	Repair esophagus wound	*10.86	8.90	8.90	1.54	21.30	21.30	090
43415	.....	A	Repair esophagus wound	*17.06	12.74	12.74	2.52	32.32	32.32	090
43420	.....	A	Repair esophagus opening	*11.57	5.88	5.88	0.78	18.23	18.23	090
43425	.....	A	Repair esophagus opening	*16.95	9.94	9.94	1.71	28.60	28.60	090
43450	.....	A	Dilate esophagus	1.38	0.68	0.68	0.05	2.11	2.11	000
43453	.....	A	Dilate esophagus	1.51	1.51	1.51	0.11	3.13	3.13	000
43456	.....	A	Dilate esophagus	2.57	2.47	2.47	0.24	5.28	5.28	000
43458	.....	A	Dilation of esophagus	3.06	1.52	1.52	0.27	4.85	4.85	000
43460	.....	A	Pressure treatment esophagus	3.80	1.67	1.67	0.15	5.62	5.62	000
43496	.....	C	Free jejunum flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	090
43499	.....	C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
43500	.....	A	Surgical opening of stomach	*8.44	6.13	6.13	1.20	15.77	15.77	090
43501	.....	A	Surgical repair of stomach	*15.31	8.58	8.58	1.83	25.72	25.72	090
43502	.....	A	Surgical repair of stomach	*17.67	8.58	8.58	1.83	28.08	28.08	090
43510	.....	A	Surgical opening of stomach	*9.99	8.29	8.29	0.94	19.22	19.22	090
43520	.....	A	Incision of pyloric muscle	*7.63	4.48	4.48	0.87	12.98	12.98	090
43600	.....	A	Biopsy of stomach	1.91	0.50	0.50	0.05	2.46	2.46	000
43605	.....	A	Biopsy of stomach	*9.15	5.91	5.91	1.29	16.35	16.35	090
43610	.....	A	Excision of stomach lesion	*11.15	8.17	8.17	1.71	21.03	21.03	090
43611	.....	A	Excision of stomach lesion	*13.63	8.17	8.17	1.71	23.51	23.51	090
43620	.....	A	Removal of stomach	*22.54	15.38	15.38	3.19	41.11	41.11	090
43621	.....	A	Removal of stomach	*23.06	15.38	15.38	3.19	41.63	41.63	090
43622	.....	A	Removal of stomach	*24.41	15.38	15.38	3.19	42.98	42.98	090
43631	.....	A	Removal of stomach, partial	*19.66	12.42	12.42	2.66	34.74	34.74	090
43632	.....	A	Removal stomach, partial	*19.66	12.42	12.42	2.66	34.74	34.74	090
43633	.....	A	Removal stomach, partial	*20.10	12.42	12.42	2.66	35.18	35.18	090
43634	.....	A	Removal stomach, partial	*21.86	20.83	20.83	4.57	47.26	47.26	090
43635	.....	A	Partial removal of stomach	2.06	1.08	1.08	0.26	3.40	3.40	ZZZ
43638	.....	A	Partial removal of stomach	*21.76	12.75	12.75	2.73	37.24	37.24	090
43639	.....	A	Removal stomach, partial	*22.25	12.75	12.75	2.73	37.73	37.73	090
43640	.....	A	Vagotomy & pylorus repair	*14.81	10.34	10.34	2.19	27.34	27.34	090
43641	.....	A	Vagotomy & pylorus repair	*15.03	10.34	10.34	2.18	27.55	27.55	090
43750	.....	A	Place gastrostomy tube	*4.49	4.35	4.35	0.56	9.40	9.40	010
43760	.....	A	Change gastrostomy tube	1.10	0.69	0.69	0.09	1.88	1.88	000
43761	.....	A	Reposition gastrostomy tube	2.01	1.06	1.06	0.25	3.32	3.32	000
43800	.....	A	Reconstruction of pylorus	*10.46	6.85	6.85	1.47	18.78	18.78	090
43810	.....	A	Fusion of stomach and bowel	*11.19	7.64	7.64	1.53	20.36	20.36	090
43820	.....	A	Fusion of stomach and bowel	*11.74	8.29	8.29	1.75	21.78	21.78	090
43825	.....	A	Fusion of stomach and bowel	*14.68	11.08	11.08	2.30	28.06	28.06	090
43830	.....	A	Place gastrostomy tube	*7.28	6.19	6.19	1.19	14.66	14.66	090
43831	.....	A	Place gastrostomy tube	*7.33	5.20	5.20	0.93	13.46	13.46	090
43832	.....	A	Place gastrostomy tube	*11.92	7.95	7.95	1.36	21.23	21.23	090
43840	.....	A	Repair of stomach lesion	*11.89	7.84	7.84	1.66	21.39	21.39	090
43842	.....	A	Gastroplasty for obesity	*14.71	13.72	13.72	2.93	31.36	31.36	090
43843	.....	A	Gastroplasty for obesity	*14.85	13.72	13.72	2.93	31.50	31.50	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
43846	.....	A	Gastric bypass for obesity	*19.15	14.80	14.80	3.30	37.25	37.25	090
43847	.....	A	Gastric bypass for obesity	*21.44	14.80	14.80	3.30	39.54	39.54	090
43848	.....	A	Revision gastroplasty	*23.41	14.80	14.80	3.30	41.51	41.51	090
43850	.....	A	Revise stomach-bowel fusion	*19.69	11.64	11.64	2.25	33.58	33.58	090
43855	.....	A	Revise stomach-bowel fusion	*20.83	10.44	10.44	2.28	33.55	33.55	090
43860	.....	A	Revise stomach-bowel fusion	*19.91	11.46	11.46	2.51	33.88	33.88	090
43865	.....	A	Revise stomach-bowel fusion	*21.12	13.39	13.39	2.98	37.49	37.49	090
43870	.....	A	Repair stomach opening	*7.40	5.77	5.77	1.14	14.31	14.31	090
43880	.....	A	Repair stomach-bowel fistula	*19.63	8.25	8.25	1.76	29.64	29.64	090
43999	.....	C	Stomach surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44005	.....	A	Freeing of bowel adhesion	*13.84	8.28	8.28	1.75	23.87	23.87	090
44010	.....	A	Incision of small bowel	*10.68	6.91	6.91	1.42	19.01	19.01	090
44015	.....	A	Insert needle catheter, bowel	2.62	#2.88	#2.88	0.45	5.95	5.95	ZZZ
44020	.....	A	Exploration of small bowel	*11.93	7.81	7.81	1.65	21.39	21.39	090
44021	.....	A	Decompress small bowel	*12.01	7.00	7.00	1.48	20.49	20.49	090
44025	.....	A	Incision of large bowel	*12.18	7.74	7.74	1.61	21.53	21.53	090
44050	.....	A	Reduce bowel obstruction	*11.40	7.77	7.77	1.64	20.81	20.81	090
44055	.....	A	Correct malrotation of bowel	*13.14	7.66	7.66	1.60	22.40	22.40	090
44100	.....	A	Biopsy of bowel	2.01	1.38	1.38	0.13	3.52	3.52	000
44110	.....	A	Excision of bowel lesion(s)	*10.07	7.67	7.67	1.58	19.32	19.32	090
44111	.....	A	Excision of bowel lesion(s)	*12.19	9.67	9.67	2.14	24.00	24.00	090
44120	.....	A	Removal of small intestine	*14.50	9.46	9.46	2.02	25.98	25.98	090
44121	.....	A	Removal of small intestine	4.45	2.32	2.32	0.54	7.31	7.31	ZZZ
44125	.....	A	Removal of small intestine	*14.96	10.75	10.75	2.28	27.99	27.99	090
44130	.....	A	Bowel to bowel fusion	*12.36	8.67	8.67	1.86	22.89	22.89	090
44139	.....	A	Mobilization of colon	2.23	1.17	1.17	0.27	3.67	3.67	ZZZ
44140	.....	A	Partial removal of colon	*18.35	11.37	11.37	2.40	32.12	32.12	090
44141	.....	A	Partial removal of colon	*19.51	11.86	11.86	2.55	33.92	33.92	090
44143	.....	A	Partial removal of colon	*20.17	12.26	12.26	2.62	35.05	35.05	090
44144	.....	A	Partial removal of colon	*18.89	12.06	12.06	2.53	33.48	33.48	090
44145	.....	A	Partial removal of colon	*23.18	13.25	13.25	2.78	39.21	39.21	090
44146	.....	A	Partial removal of colon	*24.16	14.98	14.98	3.14	42.28	42.28	090
44147	.....	A	Partial removal of colon	*18.17	15.34	15.34	3.30	36.81	36.81	090
44150	.....	A	Removal of colon	*21.01	14.84	14.84	3.17	39.02	39.02	090
44151	.....	A	Removal of colon/ileostomy	*20.04	10.21	10.21	2.22	32.47	32.47	090
44152	.....	A	Removal of colon/ileostomy	*24.41	15.44	15.44	3.36	43.21	43.21	090
44153	.....	A	Removal of colon/ileostomy	*26.83	19.35	19.35	3.63	49.81	49.81	090
44155	.....	A	Removal of colon	*24.44	16.65	16.65	3.50	44.59	44.59	090
44156	.....	A	Removal of colon/ileostomy	*23.01	11.40	11.40	2.52	36.93	36.93	090
44160	.....	A	Removal of colon	*15.88	12.44	12.44	2.68	31.00	31.00	090
44300	.....	A	Open bowel to skin	*8.88	6.03	6.03	1.29	16.20	16.20	090
44310	.....	A	Ileostomy/jejunostomy	*11.70	7.88	7.88	1.66	21.24	21.24	090
44312	.....	A	Revision of ileostomy	*5.88	3.08	3.08	0.45	9.41	9.41	090
44314	.....	A	Revision of ileostomy	*11.04	6.68	6.68	1.21	18.93	18.93	090
44316	.....	A	Devise bowel pouch	*15.47	9.64	9.64	1.43	26.54	26.54	090
44320	.....	A	Colostomy	*12.94	7.46	7.46	1.57	21.97	21.97	090
44322	.....	A	Colostomy with biopsies	*11.98	9.07	9.07	1.88	22.93	22.93	090
44340	.....	A	Revision of colostomy	*5.66	1.68	1.68	0.35	7.69	7.69	090
44345	.....	A	Revision of colostomy	*11.32	4.84	4.84	1.03	17.19	17.19	090
44346	.....	A	Revision of colostomy	*12.46	6.65	6.65	1.38	20.49	20.49	090
44360	.....	A	Small bowel endoscopy	2.92	#3.21	#3.21	0.32	6.45	6.45	000
44361	.....	A	Small bowel endoscopy, biopsy	3.23	#3.55	#3.55	0.34	7.12	7.12	000
44363	.....	A	Small bowel endoscopy	3.94	2.99	2.99	0.36	7.29	7.29	000
44364	.....	A	Small bowel endoscopy	4.22	#4.64	#4.64	0.72	9.58	9.58	000
44365	.....	A	Small bowel endoscopy	3.73	#4.10	#4.10	0.72	8.55	8.55	000
44366	.....	A	Small bowel endoscopy	4.97	#5.47	#5.47	0.45	10.89	10.89	000
44369	.....	A	Small bowel endoscopy	5.09	#5.60	#5.60	0.50	11.19	11.19	000
44372	.....	A	Small bowel endoscopy	4.97	#5.47	#5.47	0.67	11.11	11.11	000
44373	.....	A	Small bowel endoscopy	3.94	#4.33	#4.33	0.50	8.77	8.77	000
44376	.....	A	Small bowel endoscopy	5.69	4.05	4.05	0.26	10.00	10.00	000
44377	.....	A	Small bowel endoscopy	5.98	4.26	4.26	0.28	10.52	10.52	000
44378	.....	A	Small bowel endoscopy	7.71	5.27	5.27	0.35	13.33	13.33	000
44380	.....	A	Small bowel endoscopy	1.51	#1.66	#1.66	0.22	3.39	3.39	000
44382	.....	A	Small bowel endoscopy	1.82	#2.00	#2.00	0.29	4.11	4.11	000
44385	.....	A	Endoscopy of bowel pouch	1.82	2.33	#2.00	0.34	4.49	4.16	000
44386	.....	A	Endoscopy, bowel pouch, biopsy	2.12	1.54	1.54	0.15	3.81	3.81	000
44388	.....	A	Colon endoscopy	2.82	3.61	#3.10	0.50	6.93	6.42	000
44389	.....	A	Colonoscopy with biopsy	3.13	4.00	#3.44	0.45	7.58	7.02	000
44390	.....	A	Colonoscopy for foreign body	3.83	2.63	2.63	0.28	6.74	6.74	000
44391	.....	A	Colonoscopy for bleeding	4.32	5.26	#4.75	0.53	10.11	9.60	000
44392	.....	A	Colonoscopy & polypectomy	3.82	5.16	#4.20	0.70	9.68	8.72	000
44393	.....	A	Colonoscopy, lesion removal	4.84	5.41	#5.32	0.70	10.95	10.86	000
44394	.....	A	Colonoscopy w/snare	4.43	5.16	#4.87	0.70	10.29	10.00	000
44500	.....	A	Intro, gastrointestinal tube	0.49	0.36	0.36	0.02	0.87	0.87	000

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
44602	.....	A	Suture, small intestine	*10.61	7.65	7.65	1.62	19.88	19.88	090
44603	.....	A	Suture, small intestine	*14.00	9.09	9.09	1.96	25.05	25.05	090
44604	.....	A	Suture, large intestine	*14.28	7.87	7.87	1.67	23.82	23.82	090
44605	.....	A	Repair of bowel lesion	*15.37	9.37	9.37	2.02	26.76	26.76	090
44615	.....	A	Intestinal stricturoplasty	*14.19	6.74	6.74	1.57	22.50	22.50	090
44620	.....	A	Repair bowel opening	*10.87	5.97	5.97	1.26	18.10	18.10	090
44625	.....	A	Repair bowel opening	*13.41	9.58	9.58	2.03	25.02	25.02	090
44626	.....	A	Repair bowel opening	*22.59	11.37	11.37	2.40	36.36	36.36	090
44640	.....	A	Repair bowel-skin fistula	*14.83	6.54	6.54	1.35	22.72	22.72	090
44650	.....	A	Repair bowel fistula	*15.25	7.33	7.33	1.46	24.04	24.04	090
44660	.....	A	Repair bowel-bladder fistula	*14.63	8.34	8.34	1.21	24.18	24.18	090
44661	.....	A	Repair bowel-bladder fistula	*16.99	13.94	13.94	2.52	33.45	33.45	090
44680	.....	A	Surgical revision, intestine	*13.72	9.71	9.71	2.14	25.57	25.57	090
44700	.....	A	Suspend bowel w/prosthesis	*14.35	11.37	11.37	2.40	28.12	28.12	090
44799	.....	C	Intestine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44800	.....	A	Excision of bowel pouch	*11.23	5.24	5.24	1.08	17.55	17.55	090
44820	.....	A	Excision of mesentery lesion	*10.31	5.80	5.80	1.21	17.32	17.32	090
44850	.....	A	Repair of mesentery	*9.57	5.60	5.60	1.18	16.35	16.35	090
44899	.....	C	Bowel surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
44900	.....	A	Drain, app abscess, open	*8.82	4.28	4.28	0.88	13.98	13.98	090
44901	.....	A	Drain, app abscess, perc	3.38	2.56	2.56	0.30	6.24	6.24	000
44950	.....	A	Appendectomy	*8.70	4.89	4.89	1.01	14.60	14.60	090
44955	.....	A	Appendectomy	1.53	#1.68	#1.68	0.60	3.81	3.81	ZZZ
44960	.....	A	Appendectomy	*10.74	5.89	5.89	1.24	17.87	17.87	090
45000	.....	A	Drainage of pelvic abscess	*4.52	1.59	1.59	0.24	6.35	6.35	090
45005	.....	A	Drainage of rectal abscess	*1.99	1.29	1.29	0.21	3.49	3.49	010
45020	.....	A	Drainage of rectal abscess	*4.72	2.61	2.61	0.51	7.84	7.84	090
45100	.....	A	Biopsy of rectum	*3.68	1.88	1.88	0.35	5.91	5.91	090
45108	.....	A	Removal of anorectal lesion	*4.76	2.66	2.66	0.53	7.95	7.95	090
45110	.....	A	Removal of rectum	*23.80	16.32	16.32	3.43	43.55	43.55	090
45111	.....	A	Partial removal of rectum	*16.48	11.77	11.77	2.49	30.74	30.74	090
45112	.....	A	Removal of rectum	*25.96	16.06	16.06	3.36	45.38	45.38	090
45113	.....	A	Partial proctectomy	*25.99	16.06	16.06	3.36	45.41	45.41	090
45114	.....	A	Partial removal of rectum	*23.22	15.39	15.39	3.24	41.85	41.85	090
45116	.....	A	Partial removal of rectum	*20.89	10.77	10.77	2.34	34.00	34.00	090
45119	.....	A	Remove, rectum w/reservoir	*26.21	16.06	16.06	3.36	45.63	45.63	090
45120	.....	A	Removal of rectum	*24.60	16.39	16.39	3.54	44.53	44.53	090
45121	.....	A	Removal of rectum and colon	*27.04	10.79	10.79	2.01	39.84	39.84	090
45123	.....	A	Partial proctectomy	*14.20	11.77	11.77	2.49	28.46	28.46	090
45130	.....	A	Excision of rectal prolapse	*13.97	8.92	8.92	1.79	24.68	24.68	090
45135	.....	A	Excision of rectal prolapse	*16.39	15.95	15.95	3.50	35.84	35.84	090
45150	.....	A	Excision of rectal stricture	*5.67	3.38	3.38	0.63	9.68	9.68	090
45160	.....	A	Excision of rectal lesion	*13.02	7.46	7.46	1.56	22.04	22.04	090
45170	.....	A	Excision of rectal lesion	*9.77	4.62	4.62	0.96	15.35	15.35	090
45190	.....	A	Destruction, rectal tumor	*8.28	5.09	5.09	1.06	14.43	14.43	090
45300	.....	A	Proctosigmoidoscopy	0.70	0.55	0.55	0.07	1.32	1.32	000
45303	.....	A	Proctosigmoidoscopy	0.80	0.64	0.64	0.12	1.56	1.56	000
45305	.....	A	Proctosigmoidoscopy; biopsy	1.01	0.84	0.84	0.14	1.99	1.99	000
45307	.....	A	Proctosigmoidoscopy	1.71	1.27	1.27	0.18	3.16	3.16	000
45308	.....	A	Proctosigmoidoscopy	1.51	1.13	1.13	0.20	2.84	2.84	000
45309	.....	A	Proctosigmoidoscopy	2.01	1.13	1.13	0.20	3.34	3.34	000
45315	.....	A	Proctosigmoidoscopy	2.54	1.19	1.19	0.18	3.91	3.91	000
45317	.....	A	Proctosigmoidoscopy	2.73	1.26	1.26	0.19	4.18	4.18	000
45320	.....	A	Proctosigmoidoscopy	2.88	1.87	1.87	0.34	5.09	5.09	000
45321	.....	A	Proctosigmoidoscopy	2.12	1.47	1.47	0.27	3.86	3.86	000
45330	.....	A	Sigmoidoscopy, diagnostic	0.96	1.23	#1.06	0.12	2.31	2.14	000
45331	.....	A	Sigmoidoscopy and biopsy	1.26	1.61	#1.39	0.15	3.02	2.80	000
45332	.....	A	Sigmoidoscopy	1.96	1.76	1.76	0.16	3.88	3.88	000
45333	.....	A	Sigmoidoscopy & polypectomy	1.96	2.24	#2.16	0.26	4.46	4.38	000
45334	.....	A	Sigmoidoscopy for bleeding	2.99	2.71	2.71	0.23	5.93	5.93	000
45337	.....	A	Sigmoidoscopy, decompression	2.36	#2.60	#2.60	0.38	5.34	5.34	000
45338	.....	A	Sigmoidoscopy	2.57	2.24	2.24	0.26	5.07	5.07	000
45339	.....	A	Sigmoidoscopy	3.14	3.24	3.24	0.31	6.69	6.69	000
45355	.....	A	Surgical colonoscopy	3.52	1.17	1.17	0.10	4.79	4.79	000
45378	.....	A	Diagnostic colonoscopy	3.70	4.13	#4.07	0.39	8.22	8.16	000
45378	53	A	Diagnostic colonoscopy	0.96	1.23	#1.06	0.12	2.31	2.14	000
45379	.....	A	Colonoscopy	4.72	5.33	#5.19	0.45	10.50	10.36	000
45380	.....	A	Colonoscopy and biopsy	4.01	4.79	#4.41	0.40	9.20	8.82	000
45382	.....	A	Colonoscopy, control bleeding	5.73	5.87	5.87	0.41	12.01	12.01	000
45383	.....	A	Colonoscopy, lesion removal	5.87	5.92	5.92	0.50	12.29	12.29	000
45384	.....	A	Colonoscopy	4.70	#5.17	#5.17	0.58	10.45	10.45	000
45385	.....	A	Colonoscopy, lesion removal	5.31	6.65	#5.84	0.58	12.54	11.73	000
45500	.....	A	Repair of rectum	*7.29	5.95	5.95	1.21	14.45	14.45	090
45505	.....	A	Repair of rectum	*6.02	6.29	6.29	1.23	13.54	13.54	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
45520	.....	A	Treatment of rectal prolapse	0.55	0.61	0.61	0.10	1.26	1.26	000
45540	.....	A	Correct rectal prolapse	*12.92	9.89	9.89	2.10	24.91	24.91	090
45541	.....	A	Correct rectal prolapse	*10.64	10.17	10.17	2.04	22.85	22.85	090
45550	.....	A	Repair rectum; remove sigmoid	*18.26	11.49	11.49	2.38	32.13	32.13	090
45560	.....	A	Repair of rectocele	*8.40	4.79	4.79	0.98	14.17	14.17	090
45562	.....	A	Exploration/repair of rectum	*12.21	8.09	8.09	1.58	21.88	21.88	090
45563	.....	A	Exploration/repair of rectum	*18.63	12.77	12.77	2.49	33.89	33.89	090
45800	.....	A	Repair rectumbladder fistula	*14.11	9.82	9.82	1.45	25.38	25.38	090
45805	.....	A	Repair fistula; colostomy	*16.50	12.32	12.32	2.39	31.21	31.21	090
45820	.....	A	Repair rectourethral fistula	*14.67	8.98	8.98	1.23	24.88	24.88	090
45825	.....	A	Repair fistula; colostomy	*16.87	9.87	9.87	1.66	28.40	28.40	090
45900	.....	A	Reduction of rectal prolapse	*1.83	0.58	0.58	0.11	2.52	2.52	010
45905	.....	A	Dilation of anal sphincter	*1.61	0.71	0.71	0.12	2.44	2.44	010
45910	.....	A	Dilation of rectal narrowing	*1.96	0.87	0.87	0.13	2.96	2.96	010
45915	.....	A	Remove rectal obstruction	*2.20	0.78	0.78	0.09	3.07	3.07	010
45999	.....	C	Rectum surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
46030	.....	A	Removal of rectal marker	*1.23	0.40	0.40	0.07	1.70	1.70	010
46040	.....	A	Incision of rectal abscess	*4.96	1.69	1.69	0.34	6.99	6.99	090
46045	.....	A	Incision of rectal abscess	*4.32	1.85	1.85	0.38	6.55	6.55	090
46050	.....	A	Incision of anal abscess	*1.19	0.60	0.60	0.11	1.90	1.90	010
46060	.....	A	Incision of rectal abscess	*5.69	5.35	5.35	1.12	12.16	12.16	090
46070	.....	A	Incision of anal septum	*2.71	1.37	1.37	0.33	4.41	4.41	090
46080	.....	A	Incision of anal sphincter	*2.49	2.13	2.13	0.43	5.05	5.05	010
46083	.....	A	Incise external hemorrhoid	*1.40	0.63	0.63	0.08	2.11	2.11	010
46200	.....	A	Removal of anal fissure	*3.42	3.29	3.29	0.66	7.37	7.37	090
46210	.....	A	Removal of anal crypt	*2.67	0.77	0.77	0.14	3.58	3.58	090
46211	.....	A	Removal of anal crypts	*4.25	1.90	1.90	0.38	6.53	6.53	090
46220	.....	A	Removal of anal tab	*1.56	0.63	0.63	0.12	2.31	2.31	010
46221	.....	A	Ligation of hemorrhoid(s)	*1.43	0.66	0.66	0.14	2.23	2.23	010
46230	.....	A	Removal of anal tabs	*2.57	0.83	0.83	0.12	3.52	3.52	010
46250	.....	A	Hemorrhoidectomy	*4.53	2.84	2.84	0.52	7.89	7.89	090
46255	.....	A	Hemorrhoidectomy	*5.36	4.72	4.72	0.85	10.93	10.93	090
46257	.....	A	Remove hemorrhoids & fissure	*6.28	5.23	5.23	1.08	12.59	12.59	090
46258	.....	A	Remove hemorrhoids & fistula	*6.67	5.87	5.87	1.22	13.76	13.76	090
46260	.....	A	Hemorrhoidectomy	*7.42	6.07	6.07	1.25	14.74	14.74	090
46261	.....	A	Remove hemorrhoids & fissure	*8.24	6.62	6.62	1.34	16.20	16.20	090
46262	.....	A	Remove hemorrhoids & fistula	*8.73	6.72	6.72	1.39	16.84	16.84	090
46270	.....	A	Removal of anal fistula	*3.72	1.87	1.87	0.37	5.96	5.96	090
46275	.....	A	Removal of anal fistula	*4.56	#5.02	#5.02	1.13	10.71	10.71	090
46280	.....	A	Removal of anal fistula	*5.98	6.08	6.08	1.24	13.30	13.30	090
46285	.....	A	Removal of anal fistula	*4.09	2.28	2.28	0.43	6.80	6.80	090
46288	.....	A	Repair anal fistula	*7.13	3.57	3.57	0.83	11.53	11.53	090
46320	.....	A	Removal of hemorrhoid clot	*1.61	0.70	0.70	0.11	2.42	2.42	010
46500	.....	A	Injection into hemorrhoids	*1.61	0.32	0.32	0.06	1.99	1.99	010
46600	.....	A	Diagnostic anoscopy	0.50	0.28	0.28	0.03	0.81	0.81	000
46604	.....	A	Anoscopy and dilation	1.31	0.38	0.38	0.06	1.75	1.75	000
46606	.....	A	Anoscopy and biopsy	0.81	0.36	0.36	0.06	1.23	1.23	000
46608	.....	A	Anoscopy; remove foreign body	1.51	1.07	1.07	0.12	2.70	2.70	000
46610	.....	A	Anoscopy; remove lesion	1.32	0.85	0.85	0.15	2.32	2.32	000
46611	.....	A	Anoscopy	1.81	0.85	0.85	0.15	2.81	2.81	000
46612	.....	A	Anoscopy; remove lesions	2.34	1.39	1.39	0.20	3.93	3.93	000
46614	.....	A	Anoscopy; control bleeding	2.01	1.55	1.55	0.25	3.81	3.81	000
46615	.....	A	Anoscopy	2.68	1.55	1.55	0.25	4.48	4.48	000
46700	.....	A	Repair of anal stricture	*7.25	6.14	6.14	1.24	14.63	14.63	090
46705	.....	A	Repair of anal stricture	*7.17	3.60	3.60	0.77	11.54	11.54	090
46715	.....	A	Repair of anovaginal fistula	*7.46	3.51	3.51	0.82	11.79	11.79	090
46716	.....	A	Repair of anovaginal fistula	*12.15	6.05	6.05	1.40	19.60	19.60	090
46730	.....	A	Construction of absent anus	*21.57	10.74	10.74	2.50	34.81	34.81	090
46735	.....	A	Construction of absent anus	*25.94	13.04	13.04	3.04	42.02	42.02	090
46740	.....	A	Construction of absent anus	*23.11	11.55	11.55	2.68	37.34	37.34	090
46742	.....	A	Repair, imperforated anus	*29.67	19.75	19.75	1.93	51.35	51.35	090
46744	.....	A	Repair, cloacal anomaly	*33.21	22.17	22.17	2.17	57.55	57.55	090
46746	.....	A	Repair, cloacal anomaly	*36.74	24.26	24.26	2.37	63.37	63.37	090
46748	.....	A	Repair, cloacal anomaly	*40.52	27.03	27.03	2.64	70.19	70.19	090
46750	.....	A	Repair of anal sphincter	*8.14	6.00	6.00	1.22	15.36	15.36	090
46751	.....	A	Repair of anal sphincter	*8.56	4.07	4.07	0.95	13.58	13.58	090
46753	.....	A	Reconstruction of anus	*6.58	4.89	4.89	1.02	12.49	12.49	090
46754	.....	A	Removal of suture from anus	*1.54	1.48	1.48	0.30	3.32	3.32	010
46760	.....	A	Repair of anal sphincter	*11.46	6.80	6.80	1.41	19.67	19.67	090
46761	.....	A	Repair of anal sphincter	*10.99	6.83	6.83	1.35	19.17	19.17	090
46762	.....	A	Implant artificial sphincter	*10.09	5.72	5.72	1.21	17.02	17.02	090
46900	.....	A	Destruction, anal lesion(s)	*1.91	0.39	0.39	0.06	2.36	2.36	010
46910	.....	A	Destruction, anal lesion(s)	*1.86	0.64	0.64	0.08	2.58	2.58	010
46916	.....	A	Cryosurgery, anal lesion(s)	*1.86	0.67	0.67	0.06	2.59	2.59	010

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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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
46917	.....	A	Laser surgery, anal lesion(s)	*1.86	1.94	1.94	0.31	4.11	4.11	010
46922	.....	A	Excision of anal lesion(s)	*1.86	1.28	1.28	0.23	3.37	3.37	010
46924	.....	A	Destruction, anal lesion(s)	*2.76	2.56	2.56	0.46	5.78	5.78	010
46934	.....	A	Destruction of hemorrhoids	*4.08	1.19	1.19	0.17	5.44	5.44	090
46935	.....	A	Destruction of hemorrhoids	*2.43	1.62	1.62	0.22	4.27	4.27	010
46936	.....	A	Destruction of hemorrhoids	*4.30	2.29	2.29	0.24	6.83	6.83	090
46937	.....	A	Cryotherapy of rectal lesion	*2.69	2.35	2.35	0.45	5.49	5.49	010
46938	.....	A	Cryotherapy of rectal lesion	*4.66	2.50	2.50	0.52	7.68	7.68	090
46940	.....	A	Treatment of anal fissure	*2.32	0.51	0.51	0.09	2.92	2.92	010
46942	.....	A	Treatment of anal fissure	*2.04	0.46	0.46	0.08	2.58	2.58	010
46945	.....	A	Ligation of hemorrhoids	*2.14	0.63	0.63	0.12	2.89	2.89	090
46946	.....	A	Ligation of hemorrhoids	*3.00	0.94	0.94	0.17	4.11	4.11	090
46999	.....	C	Anus surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47000	.....	A	Needle biopsy of liver	1.90	1.40	1.40	0.13	3.43	3.43	000
47001	.....	A	Needle biopsy, liver	1.90	1.40	1.40	0.13	3.43	3.43	ZZZ
47010	.....	A	Open drainage, liver lesion	*10.28	6.75	6.75	1.13	18.16	18.16	090
47011	.....	A	Percut drain, liver lesion	3.70	2.80	2.80	0.33	6.83	6.83	000
47015	.....	A	Inject/aspirate liver cyst	*9.70	6.75	6.75	1.13	17.58	17.58	090
47100	.....	A	Wedge biopsy of liver	*7.49	3.29	3.29	0.67	11.45	11.45	090
47120	.....	A	Partial removal of liver	*22.79	12.00	12.00	2.48	37.27	37.27	090
47122	.....	A	Extensive removal of liver	*35.39	17.58	17.58	3.59	56.56	56.56	090
47125	.....	A	Partial removal of liver	*31.58	17.43	17.43	3.61	52.62	52.62	090
47130	.....	A	Partial removal of liver	*34.25	19.19	19.19	3.89	57.33	57.33	090
47133	.....	X	Removal of donor liver	0.00	0.00	0.00	0.00	0.00	0.00	XXX
47134	.....	R	Partial removal, donor liver	39.15	20.48	20.48	4.77	64.40	64.40	XXX
47135	.....	R	Transplantation of liver	*81.52	54.48	54.48	8.49	144.49	144.49	090
47136	.....	R	Transplantation of liver	*68.60	33.50	33.50	7.79	109.89	109.89	090
47300	.....	A	Surgery for liver lesion	*9.68	7.67	7.67	1.59	18.94	18.94	090
47350	.....	A	Repair liver wound	*12.56	7.46	7.46	1.49	21.51	21.51	090
47360	.....	A	Repair liver wound	*17.28	10.93	10.93	2.18	30.39	30.39	090
47361	.....	A	Repair liver wound	*30.25	14.64	14.64	3.41	48.30	48.30	090
47362	.....	A	Repair liver wound	*11.88	5.23	5.23	1.22	18.33	18.33	090
47399	.....	C	Liver surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
47400	.....	A	Incision of liver duct	*20.86	8.53	8.53	1.36	30.75	30.75	090
47420	.....	A	Incision of bile duct	*16.72	9.48	9.48	1.99	28.19	28.19	090
47425	.....	A	Incision of bile duct	*16.68	11.71	11.71	2.45	30.84	30.84	090
47460	.....	A	Incise bile duct sphincter	*15.17	15.54	15.54	1.82	32.53	32.53	090
47480	.....	A	Incision of gallbladder	*9.10	7.60	7.60	1.59	18.29	18.29	090
47490	.....	A	Incision of gallbladder	*7.23	3.57	3.57	0.38	11.18	11.18	090
47500	.....	A	Injection for liver x-rays	1.96	1.51	1.51	0.14	3.61	3.61	000
47505	.....	A	Injection for liver x-rays	0.76	0.98	#0.84	0.14	1.88	1.74	000
47510	.....	A	Insert catheter, bile duct	*7.83	2.87	2.87	0.25	10.95	10.95	090
47511	.....	A	Insert bile duct drain	*10.50	2.87	2.87	0.25	13.62	13.62	090
47525	.....	A	Change bile duct catheter	*5.55	1.59	1.59	0.16	7.30	7.30	010
47530	.....	A	Revise, reinsert bile tube	*5.85	1.51	1.51	0.19	7.55	7.55	090
47550	.....	A	Bile duct endoscopy	3.02	1.56	1.56	0.35	4.93	4.93	000
47552	.....	A	Biliary endoscopy, thru skin	6.04	1.36	1.36	0.21	7.61	7.61	000
47553	.....	A	Biliary endoscopy, thru skin	6.35	3.80	3.80	0.62	10.77	10.77	000
47554	.....	A	Biliary endoscopy, thru skin	9.06	3.93	3.93	0.67	13.66	13.66	000
47555	.....	A	Biliary endoscopy, thru skin	7.56	2.63	2.63	0.30	10.49	10.49	000
47556	.....	A	Biliary endoscopy, thru skin	8.56	2.63	2.63	0.30	11.49	11.49	000
47600	.....	A	Removal of gallbladder	*11.42	7.53	7.53	1.58	20.53	20.53	090
47605	.....	A	Removal of gallbladder	*12.36	8.14	8.14	1.75	22.25	22.25	090
47610	.....	A	Removal of gallbladder	*15.83	9.37	9.37	2.00	27.20	27.20	090
47612	.....	A	Removal of gallbladder	*15.80	14.23	14.23	3.05	33.08	33.08	090
47620	.....	A	Removal of gallbladder	*17.36	11.23	11.23	2.36	30.95	30.95	090
47630	.....	A	Remove bile duct stone	*9.11	3.75	3.75	0.40	13.26	13.26	090
47700	.....	A	Exploration of bile ducts	*14.93	7.63	7.63	1.58	24.14	24.14	090
47701	.....	A	Bile duct revision	*27.81	8.21	8.21	1.90	37.92	37.92	090
47711	.....	A	Excision of bile duct tumor	*19.37	12.06	12.06	2.46	33.89	33.89	090
47712	.....	A	Excision of bile duct tumor	*25.44	12.06	12.06	2.46	39.96	39.96	090
47715	.....	A	Excision of bile duct cyst	*15.81	8.22	8.22	1.71	25.74	25.74	090
47716	.....	A	Fusion of bile duct cyst	*13.83	6.56	6.56	1.53	21.92	21.92	090
47720	.....	A	Fuse gallbladder & bowel	*13.38	9.16	9.16	1.93	24.47	24.47	090
47721	.....	A	Fuse upper gi structures	*16.08	11.42	11.42	2.47	29.97	29.97	090
47740	.....	A	Fuse gallbladder & bowel	*15.54	10.21	10.21	2.14	27.89	27.89	090
47741	.....	A	Fuse gallbladder & bowel	*17.95	14.35	14.35	3.02	35.32	35.32	090
47760	.....	A	Fuse bile ducts and bowel	*21.74	11.61	11.61	2.53	35.88	35.88	090
47765	.....	A	Fuse liver ducts & bowel	*20.93	14.61	14.61	2.97	38.51	38.51	090
47780	.....	A	Fuse bile ducts and bowel	*22.29	13.07	13.07	2.73	38.09	38.09	090
47785	.....	A	Fuse bile ducts and bowel	*26.23	13.07	13.07	2.73	42.03	42.03	090
47800	.....	A	Reconstruction of bile ducts	*19.60	13.22	13.22	2.43	35.25	35.25	090
47801	.....	A	Placement, bile duct support	*12.76	5.48	5.48	0.81	19.05	19.05	090
47802	.....	A	Fuse liver duct & intestine	*18.13	10.27	10.27	1.75	30.15	30.15	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
47900	.....	A	Suture bile duct injury	*16.74	13.22	13.22	2.43	32.39	32.39	090
47999	.....	C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
48000	.....	A	Drainage of abdomen	*14.91	7.05	7.05	1.40	23.36	23.36	090
48001	.....	A	Placement of drain, pancreas	*18.83	8.13	8.13	1.89	28.85	28.85	090
48005	.....	A	Resect/debride pancreas	*22.40	9.19	9.19	2.14	33.73	33.73	090
48020	.....	A	Removal of pancreatic stone	*14.22	6.78	6.78	1.57	22.57	22.57	090
48100	.....	A	Biopsy of pancreas	*11.08	4.21	4.21	0.79	16.08	16.08	090
48102	.....	A	Needle biopsy, pancreas	*4.68	2.41	2.41	0.25	7.34	7.34	010
48120	.....	A	Removal of pancreas lesion	*14.36	9.72	9.72	2.07	26.15	26.15	090
48140	.....	A	Partial removal of pancreas	*20.78	13.29	13.29	2.83	36.90	36.90	090
48145	.....	A	Partial removal of pancreas	*21.76	15.71	15.71	3.16	40.63	40.63	090
48146	.....	A	Pancreatectomy	*23.91	16.49	16.49	1.92	42.32	42.32	090
48148	.....	A	Removal of pancreatic duct	*15.71	8.23	8.23	1.68	25.62	25.62	090
48150	.....	A	Partial removal of pancreas	*43.48	22.54	22.54	4.75	70.77	70.77	090
48152	.....	A	Pancreatectomy	*39.63	22.54	22.54	4.75	66.92	66.92	090
48153	.....	A	Pancreatectomy	*43.38	22.54	22.54	4.75	70.67	70.67	090
48154	.....	A	Pancreatectomy	*39.95	22.54	22.54	4.75	67.24	67.24	090
48155	.....	A	Removal of pancreas	*22.32	20.40	20.40	4.26	46.98	46.98	090
48160	.....	N	Pancreas removal, transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48180	.....	A	Fuse pancreas and bowel	*22.39	12.60	12.60	2.63	37.62	37.62	090
48400	.....	A	Injection, intraoperative	1.95	1.03	1.03	0.24	3.22	3.22	ZZZ
48500	.....	A	Surgery of pancreas cyst	*13.84	8.53	8.53	1.66	24.03	24.03	090
48510	.....	A	Drain pancreatic pseudocyst	*12.96	7.54	7.54	1.44	21.94	21.94	090
48511	.....	A	Drain pancreatic pseudocyst	4.00	3.03	3.03	0.35	7.38	7.38	000
48520	.....	A	Fuse pancreas cyst and bowel	*14.12	11.30	11.30	2.43	27.85	27.85	090
48540	.....	A	Fuse pancreas cyst and bowel	*17.86	12.66	12.66	2.65	33.17	33.17	090
48545	.....	A	Pancreatorrhaphy	*16.47	7.66	7.66	1.79	25.92	25.92	090
48547	.....	A	Duodenal exclusion	*23.40	11.08	11.08	2.58	37.06	37.06	090
48550	.....	N	Donor pancreatectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
48554	.....	N	Transplantallograft pancreas	+34.17	17.87	17.87	4.16	56.20	56.20	XXX
48556	.....	A	Removal, allograft pancreas	*15.71	7.26	7.26	1.69	24.66	24.66	090
48999	.....	C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
49000	.....	A	Exploration of abdomen	*11.68	6.79	6.79	1.40	19.87	19.87	090
49002	.....	A	Reopening of abdomen	*10.49	6.05	6.05	1.21	17.75	17.75	090
49010	.....	A	Exploration behind abdomen	*12.28	6.95	6.95	1.31	20.54	20.54	090
49020	.....	A	Drain abdominal abscess	*16.79	4.82	4.82	0.91	22.52	22.52	090
49021	.....	A	Drain abdominal abscess	*3.38	#3.72	#3.72	0.91	8.01	8.01	000
49040	.....	A	Open drainage abdom abscess	*9.94	6.54	6.54	1.27	17.75	17.75	090
49041	.....	A	Percut drain abdom abscess	4.00	3.03	3.03	0.35	7.38	7.38	000
49060	.....	A	Open drain retroper abscess	*11.66	5.54	5.54	1.01	18.21	18.21	090
49061	.....	A	Percutdrain retroper abscess	3.70	2.80	2.80	0.33	6.83	6.83	000
49062	.....	A	Drain to peritoneal cavity	*11.36	8.07	8.07	0.79	20.22	20.22	090
49080	.....	A	Puncture, peritoneal cavity	1.35	0.87	0.87	0.08	2.30	2.30	000
49081	.....	A	Removal of abdominal fluid	1.26	0.75	0.75	0.07	2.08	2.08	000
49085	.....	A	Remove abdomen foreign body	*8.93	3.46	3.46	0.67	13.06	13.06	090
49180	.....	A	Biopsy, abdominal mass	1.73	1.82	1.82	0.20	3.75	3.75	000
49200	.....	A	Removal of abdominal lesion	*10.25	8.38	8.38	1.70	20.33	20.33	090
49201	.....	A	Removal of abdominal lesion	*14.84	12.10	12.10	2.50	29.44	29.44	090
49215	.....	A	Excise sacral spine tumor	*22.36	8.50	8.50	1.59	32.45	32.45	090
49220	.....	A	Multiple surgery, abdomen	*14.88	12.30	12.30	2.53	29.71	29.71	090
49250	.....	A	Excision of umbilicus	*8.35	4.52	4.52	0.96	13.83	13.83	090
49255	.....	A	Removal of omentum	*11.14	5.16	5.16	1.15	17.45	17.45	090
49400	.....	A	Air injection into abdomen	1.88	1.12	1.12	0.17	3.17	3.17	000
49420	.....	A	Insert abdominal drain	2.22	1.58	1.58	0.20	4.00	4.00	000
49421	.....	A	Insert abdominal drain	*5.54	4.14	4.14	0.81	10.49	10.49	090
49422	.....	A	Remove perm cannula/catheter	*6.25	4.14	4.14	0.81	11.20	11.20	010
49423	.....	A	Exchange drainage cath	1.46	1.10	1.10	0.13	2.69	2.69	000
49424	.....	A	Assess cyst, contrast inj	0.76	0.57	0.57	0.07	1.40	1.40	000
49425	.....	A	Insert abdomen-venous drain	*11.37	8.48	8.48	1.78	21.63	21.63	090
49426	.....	A	Revise abdomen-venous shunt	*9.63	5.39	5.39	1.07	16.09	16.09	090
49427	.....	A	Injection, abdominal shunt	0.89	0.49	0.49	0.03	1.41	1.41	000
49428	.....	A	Ligation of shunt	*2.38	1.04	1.04	0.24	3.66	3.66	010
49429	.....	A	Removal of shunt	*7.40	3.32	3.32	0.77	11.49	11.49	010
49495	.....	A	Repair inguinal hernia, init	*5.89	4.98	4.98	0.95	11.82	11.82	090
49496	.....	A	Repair inguinal hernia, init	*8.79	5.04	5.04	1.08	14.91	14.91	090
49500	.....	A	Repair inguinal hernia	*4.68	4.98	4.98	0.95	10.61	10.61	090
49501	.....	A	Repair inguinal hernia, init	*7.58	5.04	5.04	1.08	13.70	13.70	090
49505	.....	A	Repair inguinal hernia	*6.49	4.51	4.51	0.94	11.94	11.94	090
49507	.....	A	Repair, inguinal hernia	*8.17	5.04	5.04	1.08	14.29	14.29	090
49520	.....	A	Rerepair inguinal hernia	*8.22	5.22	5.22	1.11	14.55	14.55	090
49521	.....	A	Repair inguinal hernia, rec	*10.22	5.04	5.04	1.08	16.34	16.34	090
49525	.....	A	Repair inguinal hernia	*7.32	5.55	5.55	1.16	14.03	14.03	090
49540	.....	A	Repair lumbar hernia	*8.87	5.20	5.20	1.12	15.19	15.19	090
49550	.....	A	Repair femoral hernia	*7.37	4.61	4.61	0.97	12.95	12.95	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
49553	.....	A	Repair femoral hernia, init	*8.06	4.61	4.61	0.97	13.64	13.64	090
49555	.....	A	Repair femoral hernia	*7.71	6.07	6.07	1.26	15.04	15.04	090
49557	.....	A	Repair femoral hernia, recur	*9.52	6.07	6.07	1.26	16.85	16.85	090
49560	.....	A	Repair abdominal hernia	*9.88	5.65	5.65	1.19	16.72	16.72	090
49561	.....	A	Repair incisional hernia	*12.17	5.65	5.65	1.19	19.01	19.01	090
49565	.....	A	Rerepair abdominal hernia	*9.88	6.41	6.41	1.35	17.64	17.64	090
49566	.....	A	Repair incisional hernia	*12.30	6.41	6.41	1.35	20.06	20.06	090
49568	.....	A	Hernia repair w/mesh	4.89	2.56	2.56	0.59	8.04	8.04	ZZZ
49570	.....	A	Repair epigastric hernia	*4.86	4.38	4.38	0.91	10.15	10.15	090
49572	.....	A	Repair, epigastric hernia	*5.75	5.60	5.60	1.18	12.53	12.53	090
49580	.....	A	Repair umbilical hernia	*3.51	#3.86	#3.86	0.94	8.31	8.31	090
49582	.....	A	Repair umbilical hernia	*5.68	4.61	4.61	0.94	11.23	11.23	090
49585	.....	A	Repair umbilical hernia	*5.32	4.41	4.41	0.91	10.64	10.64	090
49587	.....	A	Repair umbilical hernia	*6.46	4.41	4.41	0.91	11.78	11.78	090
49590	.....	A	Repair abdominal hernia	*7.29	5.63	5.63	1.22	14.14	14.14	090
49600	.....	A	Repair umbilical lesion	*10.35	5.26	5.26	0.77	16.38	16.38	090
49605	.....	A	Repair umbilical lesion	*22.66	8.57	8.57	1.77	33.00	33.00	090
49606	.....	A	Repair umbilical lesion	*18.60	8.31	8.31	0.96	27.87	27.87	090
49610	.....	A	Repair umbilical lesion	*10.50	5.48	5.48	1.27	17.25	17.25	090
49611	.....	A	Repair umbilical lesion	*8.92	9.00	9.00	0.58	18.50	18.50	090
49900	.....	A	Repair of abdominal wall	*12.28	3.66	3.66	0.75	16.69	16.69	090
49905	.....	A	Omental flap	6.55	3.42	3.42	0.80	10.77	10.77	ZZZ
49906	.....	C	Free omental flap, microvasc	0.00	0.00	0.00	0.00	0.00	0.00	090
49999	.....	C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
50010	.....	A	Exploration of kidney	*10.98	9.55	9.55	1.13	21.66	21.66	090
50020	.....	A	Open drain renal abscess	*14.66	6.80	6.80	0.85	22.31	22.31	090
50021	.....	A	Percut drain renal abscess	3.38	2.56	2.56	0.30	6.24	6.24	000
50040	.....	A	Drainage of kidney	*14.94	7.18	7.18	0.62	22.74	22.74	090
50045	.....	A	Exploration of kidney	*15.46	9.81	9.81	0.89	26.16	26.16	090
50060	.....	A	Removal of kidney stone	*19.30	12.25	12.25	1.21	32.76	32.76	090
50065	.....	A	Incision of kidney	*20.79	13.93	13.93	1.35	36.07	36.07	090
50070	.....	A	Incision of kidney	*20.32	12.87	12.87	1.35	34.54	34.54	090
50075	.....	A	Removal of kidney stone	*25.34	16.87	16.87	1.62	43.83	43.83	090
50080	.....	A	Removal of kidney stone	*14.71	12.20	12.20	1.15	28.06	28.06	090
50081	.....	A	Removal of kidney stone	*21.80	14.96	14.96	1.44	38.20	38.20	090
50100	.....	A	Revise kidney blood vessels	*16.09	10.34	10.34	1.35	27.78	27.78	090
50120	.....	A	Exploration of kidney	*15.91	10.91	10.91	1.24	28.06	28.06	090
50125	.....	A	Explore and drain kidney	*16.52	10.95	10.95	1.06	28.53	28.53	090
50130	.....	A	Removal of kidney stone	*17.29	12.80	12.80	1.26	31.35	31.35	090
50135	.....	A	Exploration of kidney	*19.18	17.05	17.05	1.63	37.86	37.86	090
50200	.....	A	Biopsy of kidney	2.63	2.61	2.61	0.22	5.46	5.46	000
50205	.....	A	Biopsy of kidney	*11.31	5.64	5.64	0.69	17.64	17.64	090
50220	.....	A	Removal of kidney	*17.15	13.31	13.31	1.43	31.89	31.89	090
50225	.....	A	Removal of kidney	*20.23	16.52	16.52	1.70	38.45	38.45	090
50230	.....	A	Removal of kidney	*22.07	18.40	18.40	1.84	42.31	42.31	090
50234	.....	A	Removal of kidney & ureter	*22.40	16.65	16.65	1.65	40.70	40.70	090
50236	.....	A	Removal of kidney & ureter	*24.86	17.74	17.74	1.74	44.34	44.34	090
50240	.....	A	Partial removal of kidney	*22.00	16.00	16.00	1.70	39.70	39.70	090
50280	.....	A	Removal of kidney lesion	*15.67	10.86	10.86	1.16	27.69	27.69	090
50290	.....	A	Removal of kidney lesion	*14.73	8.87	8.87	1.19	24.79	24.79	090
50300	.....	X	Removal of donor kidney	0.00	0.00	0.00	0.00	0.00	0.00	XXX
50320	.....	A	Removal of donor kidney	*22.21	16.49	16.49	2.40	41.10	41.10	090
50340	.....	A	Removal of kidney	*12.15	12.49	12.49	2.24	26.88	26.88	090
50360	.....	A	Transplantation of kidney	*31.53	24.45	24.45	4.24	60.22	60.22	090
50365	.....	A	Transplantation of kidney	*36.81	30.71	30.71	3.89	71.41	71.41	090
50370	.....	A	Remove transplanted kidney	*13.72	11.08	11.08	1.92	26.72	26.72	090
50380	.....	A	Reimplantation of kidney	*20.76	10.12	10.12	1.71	32.59	32.59	090
50390	.....	A	Drainage of kidney lesion	1.96	1.69	1.69	0.15	3.80	3.80	000
50392	.....	A	Insert kidney drain	3.38	2.36	2.36	0.20	5.94	5.94	000
50393	.....	A	Insert ureteral tube	4.16	3.01	3.01	0.26	7.43	7.43	000
50394	.....	A	Injection for kidney x-ray	0.76	0.55	0.55	0.05	1.36	1.36	000
50395	.....	A	Create passage to kidney	3.38	3.33	3.33	0.29	7.00	7.00	000
50396	.....	A	Measure kidney pressure	2.09	0.50	0.50	0.05	2.64	2.64	000
50398	.....	A	Change kidney tube	1.46	0.53	0.53	0.05	2.04	2.04	000
50400	.....	A	Revision of kidney/ureter	*19.50	13.66	13.66	1.36	34.52	34.52	090
50405	.....	A	Revision of kidney/ureter	*23.93	17.29	17.29	1.74	42.96	42.96	090
50500	.....	A	Repair of kidney wound	*19.57	12.46	12.46	1.64	33.67	33.67	090
50520	.....	A	Close kidney-skin fistula	*17.23	10.34	10.34	1.50	29.07	29.07	090
50525	.....	A	Repair renal-abdomen fistula	*22.27	12.61	12.61	1.99	36.87	36.87	090
50526	.....	A	Repair renal-abdomen fistula	*24.02	7.39	7.39	2.32	33.73	33.73	090
50540	.....	A	Revision of horseshoe kidney	*19.93	13.41	13.41	1.54	34.88	34.88	090
50551	.....	A	Kidney endoscopy	5.60	2.19	2.19	0.21	8.00	8.00	000
50553	.....	A	Kidney endoscopy	5.99	1.66	1.66	0.17	7.82	7.82	000
50555	.....	A	Kidney endoscopy & biopsy	6.53	4.70	4.70	0.45	11.68	11.68	000

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[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
50557	.....	A	Kidney endoscopy & treatment	6.62	4.71	4.71	0.49	11.82	11.82	000
50559	.....	A	Renal endoscopy; radiotracer	6.78	1.34	1.34	0.14	8.26	8.26	000
50561	.....	A	Kidney endoscopy & treatment	7.59	5.12	5.12	0.49	13.20	13.20	000
50570	.....	A	Kidney endoscopy	9.54	1.45	1.45	0.14	11.13	11.13	000
50572	.....	A	Kidney endoscopy	10.35	7.25	7.25	0.75	18.35	18.35	000
50574	.....	A	Kidney endoscopy & biopsy	11.02	7.08	7.08	0.64	18.74	18.74	000
50575	.....	A	Kidney endoscopy	13.98	9.93	9.93	0.97	24.88	24.88	000
50576	.....	A	Kidney endoscopy & treatment	10.99	8.69	8.69	0.77	20.45	20.45	000
50578	.....	A	Renal endoscopy; radiotracer	11.35	3.79	3.79	1.19	16.33	16.33	000
50580	.....	A	Kidney endoscopy & treatment	11.86	3.58	3.58	0.35	15.79	15.79	000
50590	.....	A	Fragmenting of kidney stone	*9.09	#10.00	#10.00	0.97	20.06	20.06	090
50600	.....	A	Exploration of ureter	*15.84	9.69	9.69	1.01	26.54	26.54	090
50605	.....	A	Insert ureteral support	*15.46	6.11	6.11	0.60	22.17	22.17	090
50610	.....	A	Removal of ureter stone	*15.92	11.77	11.77	1.17	28.86	28.86	090
50620	.....	A	Removal of ureter stone	*15.16	11.49	11.49	1.16	27.81	27.81	090
50630	.....	A	Removal of ureter stone	*14.94	12.71	12.71	1.25	28.90	28.90	090
50650	.....	A	Removal of ureter	*17.41	12.07	12.07	1.21	30.69	30.69	090
50660	.....	A	Removal of ureter	*19.55	12.49	12.49	1.53	33.57	33.57	090
50684	.....	A	Injection for ureter x-ray	0.76	0.49	0.49	0.05	1.30	1.30	000
50686	.....	A	Measure ureter pressure	1.51	0.37	0.37	0.04	1.92	1.92	000
50688	.....	A	Change of ureter tube	*1.17	0.39	0.39	0.04	1.60	1.60	010
50690	.....	A	Injection for ureter x-ray	1.16	0.32	0.32	0.03	1.51	1.51	000
50700	.....	A	Revision of ureter	*15.21	12.57	12.57	1.29	29.07	29.07	090
50715	.....	A	Release of ureter	*18.90	11.24	11.24	1.49	31.63	31.63	090
50722	.....	A	Release of ureter	*16.35	10.32	10.32	1.97	28.64	28.64	090
50725	.....	A	Release/revise ureter	*18.49	12.05	12.05	1.75	32.29	32.29	090
50727	.....	A	Revise ureter	*8.18	5.37	5.37	0.51	14.06	14.06	090
50728	.....	A	Revise ureter	*12.02	7.90	7.90	0.77	20.69	20.69	090
50740	.....	A	Fusion of ureter & kidney	*18.42	13.03	13.03	1.88	33.33	33.33	090
50750	.....	A	Fusion of ureter & kidney	*19.51	14.04	14.04	1.26	34.81	34.81	090
50760	.....	A	Fusion of ureters	*18.42	13.47	13.47	1.48	33.37	33.37	090
50770	.....	A	Splicing of ureters	*19.51	15.23	15.23	1.53	36.27	36.27	090
50780	.....	A	Reimplant ureter in bladder	*18.36	13.78	13.78	1.46	33.60	33.60	090
50782	.....	A	Reimplant ureter in bladder	*19.54	13.78	13.78	1.46	34.78	34.78	090
50783	.....	A	Reimplant ureter in bladder	*20.55	13.78	13.78	1.46	35.79	35.79	090
50785	.....	A	Reimplant ureter in bladder	*20.52	15.42	15.42	1.80	37.74	37.74	090
50800	.....	A	Implant ureter in bowel	*14.52	14.67	14.67	1.51	30.70	30.70	090
50810	.....	A	Fusion of ureter & bowel	*20.05	12.57	12.57	1.75	34.37	34.37	090
50815	.....	A	Urine shunt to bowel	*19.93	19.76	19.76	2.75	42.44	42.44	090
50820	.....	A	Construct bowel bladder	*21.89	18.97	18.97	2.50	43.36	43.36	090
50825	.....	A	Construct bowel bladder	*28.18	30.54	30.54	3.33	62.05	62.05	090
50830	.....	A	Revise urine flow	*31.28	20.93	20.93	2.27	54.48	54.48	090
50840	.....	A	Replace ureter by bowel	*20.00	13.32	13.32	1.35	34.67	34.67	090
50845	.....	A	Appendico-vesicostomy	*20.89	13.87	13.87	1.35	36.11	36.11	090
50860	.....	A	Transplant ureter to skin	*15.36	10.92	10.92	1.16	27.44	27.44	090
50900	.....	A	Repair of ureter	*13.62	9.98	9.98	1.15	24.75	24.75	090
50920	.....	A	Closure ureter/skin fistula	*14.33	9.52	9.52	0.99	24.84	24.84	090
50930	.....	A	Closure ureter/bowel fistula	*18.72	12.50	12.50	1.22	32.44	32.44	090
50940	.....	A	Release of ureter	*14.51	9.90	9.90	0.95	25.36	25.36	090
50951	.....	A	Endoscopy of ureter	5.84	1.67	1.67	0.17	7.68	7.68	000
50953	.....	A	Endoscopy of ureter	6.24	1.66	1.66	0.16	8.06	8.06	000
50955	.....	A	Ureter endoscopy & biopsy	6.75	2.55	2.55	0.25	9.55	9.55	000
50957	.....	A	Ureter endoscopy & treatment	6.79	2.50	2.50	0.25	9.54	9.54	000
50959	.....	A	Ureter endoscopy & tracer	4.40	3.38	3.38	0.29	8.07	8.07	000
50961	.....	A	Ureter endoscopy & treatment	6.05	2.62	2.62	0.26	8.93	8.93	000
50970	.....	A	Ureter endoscopy	7.14	5.17	5.17	0.52	12.83	12.83	000
50972	.....	A	Ureter endoscopy & catheter	6.89	1.54	1.54	0.16	8.59	8.59	000
50974	.....	A	Ureter endoscopy & biopsy	9.17	7.01	7.01	0.65	16.83	16.83	000
50976	.....	A	Ureter endoscopy & treatment	9.04	6.41	6.41	0.62	16.07	16.07	000
50978	.....	A	Ureter endoscopy & tracer	5.10	4.05	4.05	0.48	9.63	9.63	000
50980	.....	A	Ureter endoscopy & treatment	6.85	3.13	3.13	0.30	10.28	10.28	000
51000	.....	A	Drainage of bladder	0.78	0.48	0.48	0.05	1.31	1.31	000
51005	.....	A	Drainage of bladder	1.02	0.46	0.46	0.04	1.52	1.52	000
51010	.....	A	Drainage of bladder	*3.53	0.97	0.97	0.11	4.61	4.61	010
51020	.....	A	Incise & treat bladder	*6.71	6.85	6.85	0.71	14.27	14.27	090
51030	.....	A	Incise & treat bladder	*6.77	4.53	4.53	0.43	11.73	11.73	090
51040	.....	A	Incise & drain bladder	*4.40	#4.84	#4.84	0.75	9.99	9.99	090
51045	.....	A	Incise bladder, drain ureter	*6.77	4.96	4.96	0.50	12.23	12.23	090
51050	.....	A	Removal of bladder stone	*6.92	7.12	7.12	0.70	14.74	14.74	090
51060	.....	A	Removal of ureter stone	*8.85	#9.74	#9.74	1.19	19.78	19.78	090
51065	.....	A	Removal of ureter stone	*8.85	7.08	7.08	0.71	16.64	16.64	090
51080	.....	A	Drainage of bladder abscess	*5.96	5.18	5.18	0.57	11.71	11.71	090
51500	.....	A	Removal of bladder cyst	*10.14	6.86	6.86	1.21	18.21	18.21	090
51520	.....	A	Removal of bladder lesion	*9.29	8.53	8.53	0.87	18.69	18.69	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
51525	.....	A	Removal of bladder lesion	*13.97	10.67	10.67	1.06	25.70	25.70	090
51530	.....	A	Removal of bladder lesion	*12.38	9.25	9.25	1.02	22.65	22.65	090
51535	.....	A	Repair of ureter lesion	*12.57	7.68	7.68	1.14	21.39	21.39	090
51550	.....	A	Partial removal of bladder	*15.66	10.71	10.71	1.17	27.54	27.54	090
51555	.....	A	Partial removal of bladder	*21.23	12.26	12.26	1.31	34.80	34.80	090
51565	.....	A	Revise bladder & ureter(s)	*21.62	15.84	15.84	1.67	39.13	39.13	090
51570	.....	A	Removal of bladder	*24.24	15.66	15.66	1.62	41.52	41.52	090
51575	.....	A	Removal of bladder & nodes	*30.45	22.87	22.87	2.25	55.57	55.57	090
51580	.....	A	Remove bladder; revise tract	*31.08	19.95	19.95	2.04	53.07	53.07	090
51585	.....	A	Removal of bladder & nodes	*35.23	25.12	25.12	2.42	62.77	62.77	090
51590	.....	A	Remove bladder; revise tract	*32.66	24.52	24.52	2.56	59.74	59.74	090
51595	.....	A	Remove bladder; revise tract	*37.14	33.80	33.80	3.34	74.28	74.28	090
51596	.....	A	Remove bladder, create pouch	*39.52	34.89	34.89	3.45	77.86	77.86	090
51597	.....	A	Removal of pelvic structures	*38.35	30.63	30.63	4.31	73.29	73.29	090
51600	.....	A	Injection for bladder x-ray	0.88	0.28	0.28	0.03	1.19	1.19	000
51605	.....	A	Preparation for bladder x-ray	0.64	0.30	0.30	0.03	0.97	0.97	000
51610	.....	A	Injection for bladder x-ray	1.05	0.27	0.27	0.02	1.34	1.34	000
51700	.....	A	Irrigation of bladder	0.88	0.22	0.22	0.02	1.12	1.12	000
51705	.....	A	Change of bladder tube	*1.02	0.38	0.38	0.04	1.44	1.44	010
51710	.....	A	Change of bladder tube	*1.49	0.57	0.57	0.06	2.12	2.12	010
51715	.....	A	Endoscopic injection/implant	3.74	2.65	2.65	0.27	6.66	6.66	000
51720	.....	A	Treatment of bladder lesion	1.96	0.45	0.45	0.05	2.46	2.46	000
51725	.....	A	Simple cystometrogram	1.51	1.01	1.01	0.11	2.63	2.63	000
51725	TC	A	Simple cystometrogram	0.00	0.38	0.38	0.04	0.42	0.42	000
51725	26	A	Simple cystometrogram	1.51	0.63	0.63	0.07	2.21	2.21	000
51726	.....	A	Complex cystometrogram	1.71	1.29	1.29	0.13	3.13	3.13	000
51726	TC	A	Complex cystometrogram	0.00	0.48	0.48	0.05	0.53	0.53	000
51726	26	A	Complex cystometrogram	1.71	0.81	0.81	0.08	2.60	2.60	000
51736	.....	A	Urine flow measurement	0.61	0.41	0.41	0.04	1.06	1.06	000
51736	TC	A	Urine flow measurement	0.00	0.15	0.15	0.01	0.16	0.16	000
51736	26	A	Urine flow measurement	0.61	0.26	0.26	0.03	0.90	0.90	000
51741	.....	A	Electro-uroflowmetry, first	1.14	0.56	0.56	0.06	1.76	1.76	000
51741	TC	A	Electro-uroflowmetry, first	0.00	0.21	0.21	0.02	0.23	0.23	000
51741	26	A	Electro-uroflowmetry, first	1.14	0.35	0.35	0.04	1.53	1.53	000
51772	.....	A	Urethra pressure profile	1.61	0.94	0.94	0.11	2.66	2.66	000
51772	TC	A	Urethra pressure profile	0.00	0.42	0.42	0.05	0.47	0.47	000
51772	26	A	Urethra pressure profile	1.61	0.52	0.52	0.06	2.19	2.19	000
51784	.....	A	Anal/urinary muscle study	1.53	1.04	1.04	0.11	2.68	2.68	000
51784	TC	A	Anal/urinary muscle study	0.00	0.39	0.39	0.04	0.43	0.43	000
51784	26	A	Anal/urinary muscle study	1.53	0.65	0.65	0.07	2.25	2.25	000
51785	.....	A	Anal/urinary muscle study	1.53	1.04	1.04	0.11	2.68	2.68	000
51785	TC	A	Anal/urinary muscle study	0.00	0.39	0.39	0.04	0.43	0.43	000
51785	26	A	Anal/urinary muscle study	1.53	0.65	0.65	0.07	2.25	2.25	000
51792	.....	A	Urinary reflex study	1.10	1.93	1.93	0.20	3.23	3.23	000
51792	TC	A	Urinary reflex study	0.00	1.34	1.34	0.14	1.48	1.48	000
51792	26	A	Urinary reflex study	1.10	0.59	0.59	0.06	1.75	1.75	000
51795	.....	A	Urine voiding pressure study	1.53	1.44	1.44	0.16	3.13	3.13	000
51795	TC	A	Urine voiding pressure study	0.00	0.87	0.87	0.10	0.97	0.97	000
51795	26	A	Urine voiding pressure study	1.53	0.57	0.57	0.06	2.16	2.16	000
51797	.....	A	Intraabdominal pressure test	1.60	0.96	0.96	0.10	2.66	2.66	000
51797	TC	A	Intraabdominal pressure test	0.00	0.45	0.45	0.05	0.50	0.50	000
51797	26	A	Intraabdominal pressure test	1.60	0.51	0.51	0.05	2.16	2.16	000
51800	.....	A	Revision of bladder/urethra	*17.42	12.02	12.02	1.47	30.91	30.91	090
51820	.....	A	Revision of urinary tract	*17.89	7.39	7.39	1.32	26.60	26.60	090
51840	.....	A	Attach bladder/urethra	*10.71	9.22	9.22	1.26	21.19	21.19	090
51841	.....	A	Attach bladder/urethra	*13.03	11.01	11.01	1.48	25.52	25.52	090
51845	.....	A	Repair bladder neck	*9.73	#10.70	#10.70	1.09	21.52	21.52	090
51860	.....	A	Repair of bladder wound	*12.02	7.62	7.62	0.91	20.55	20.55	090
51865	.....	A	Repair of bladder wound	*15.04	10.96	10.96	1.27	27.27	27.27	090
51880	.....	A	Repair of bladder opening	*7.66	4.96	4.96	0.52	13.14	13.14	090
51900	.....	A	Repair bladder/vagina lesion	*12.97	11.65	11.65	1.41	26.03	26.03	090
51920	.....	A	Close bladder-uterus fistula	*11.81	7.51	7.51	0.73	20.05	20.05	090
51925	.....	A	Hysterectomy/bladder repair	*15.58	10.07	10.07	2.33	27.98	27.98	090
51940	.....	A	Correction of bladder defect	*26.81	18.95	18.95	2.22	47.98	47.98	090
51960	.....	A	Revision of bladder & bowel	*23.01	21.40	21.40	2.27	46.68	46.68	090
51980	.....	A	Construct bladder opening	*11.36	7.46	7.46	0.75	19.57	19.57	090
52000	.....	A	Cystoscopy	2.01	1.33	1.33	0.14	3.48	3.48	000
52005	.....	A	Cystoscopy & ureter catheter	2.37	2.20	2.20	0.22	4.79	4.79	000
52007	.....	A	Cystoscopy and biopsy	3.02	2.82	2.82	0.28	6.12	6.12	000
52010	.....	A	Cystoscopy & duct catheter	3.02	1.90	1.90	0.20	5.12	5.12	000
52204	.....	A	Cystoscopy	2.37	2.38	2.38	0.24	4.99	4.99	000
52214	.....	A	Cystoscopy and treatment	3.71	2.80	2.80	0.28	6.79	6.79	000
52224	.....	A	Cystoscopy and treatment	3.14	2.90	2.90	0.29	6.33	6.33	000
52234	.....	A	Cystoscopy and treatment	4.63	4.71	4.71	0.45	9.79	9.79	000

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
52235	.....	A	Cystoscopy and treatment	5.45	#6.00	#6.00	0.81	12.26	12.26	000
52240	.....	A	Cystoscopy and treatment	9.72	10.65	10.65	1.04	21.41	21.41	000
52250	.....	A	Cystoscopy & radiotracer	4.50	2.86	2.86	0.29	7.65	7.65	000
52260	.....	A	Cystoscopy & treatment	3.92	2.11	2.11	0.22	6.25	6.25	000
52265	.....	A	Cystoscopy & treatment	2.94	1.35	1.35	0.14	4.43	4.43	000
52270	.....	A	Cystoscopy & revise urethra	3.37	3.47	3.47	0.35	7.19	7.19	000
52275	.....	A	Cystoscopy & revise urethra	4.70	3.42	3.42	0.34	8.46	8.46	000
52276	.....	A	Cystoscopy and treatment	5.00	4.58	4.58	0.45	10.03	10.03	000
52277	.....	A	Cystoscopy and treatment	6.17	4.82	4.82	0.47	11.46	11.46	000
52281	.....	A	Cystoscopy and treatment	2.80	2.31	2.31	0.23	5.34	5.34	000
52282	.....	A	Cystoscopy, implant stent	6.40	4.58	4.58	0.45	11.43	11.43	000
52283	.....	A	Cystoscopy and treatment	3.74	1.51	1.51	0.15	5.40	5.40	000
52285	.....	A	Cystoscopy and treatment	3.61	2.94	2.94	0.30	6.85	6.85	000
52290	.....	A	Cystoscopy and treatment	4.59	2.34	2.34	0.24	7.17	7.17	000
52300	.....	A	Cystoscopy and treatment	5.31	3.47	3.47	0.36	9.14	9.14	000
52301	.....	A	Cystoscopy and treatment	5.51	3.47	3.47	0.36	9.34	9.34	000
52305	.....	A	Cystoscopy and treatment	5.31	3.50	3.50	0.35	9.16	9.16	000
52310	.....	A	Cystoscopy and treatment	2.81	2.99	2.99	0.30	6.10	6.10	000
52315	.....	A	Cystoscopy and treatment	5.21	4.07	4.07	0.40	9.68	9.68	000
52317	.....	A	Remove bladder stone	6.72	6.19	6.19	0.59	13.50	13.50	000
52318	.....	A	Remove bladder stone	9.19	7.88	7.88	0.77	17.84	17.84	000
52320	.....	A	Cystoscopy and treatment	4.70	4.86	4.86	0.47	10.03	10.03	000
52325	.....	A	Cystoscopy, stone removal	6.16	#6.78	#6.78	0.68	13.62	13.62	000
52327	.....	A	Cystoscopy, inject material	5.19	3.69	3.69	0.36	9.24	9.24	000
52330	.....	A	Cystoscopy and treatment	5.04	3.47	3.47	0.35	8.86	8.86	000
52332	.....	A	Cystoscopy and treatment	2.83	3.21	#3.11	0.32	6.36	6.26	000
52334	.....	A	Create passage to kidney	4.83	3.33	3.33	0.34	8.50	8.50	000
52335	.....	A	Endoscopy of urinary tract	5.86	4.69	4.69	0.45	11.00	11.00	000
52336	.....	A	Cystoscopy, stone removal	6.88	#7.57	#7.57	0.99	15.44	15.44	000
52337	.....	A	Cystoscopy, stone removal	7.97	#8.77	#8.77	1.08	17.82	17.82	000
52338	.....	A	Cystoscopy and treatment	7.34	5.92	5.92	0.57	13.83	13.83	000
52339	.....	A	Cystoscopy and treatment	8.82	5.92	5.92	0.57	15.31	15.31	000
52340	.....	A	Cystoscopy and treatment	*9.68	5.15	5.15	0.50	15.33	15.33	090
52450	.....	A	Incision of prostate	*7.64	4.99	4.99	0.49	13.12	13.12	090
52500	.....	A	Revision of bladder neck	*8.47	7.44	7.44	0.72	16.63	16.63	090
52510	.....	A	Dilation prostatic urethra	*6.72	#7.39	#7.39	0.74	14.85	14.85	090
52601	.....	A	Prostatectomy (TURP)	*12.37	11.87	11.87	1.16	25.40	25.40	090
52606	.....	A	Control postop bleeding	*8.13	3.32	3.32	0.33	11.78	11.78	090
52612	.....	A	Prostatectomy, first stage	*7.98	#8.78	#8.78	0.99	17.75	17.75	090
52614	.....	A	Prostatectomy, second stage	*6.84	7.09	7.09	0.68	14.61	14.61	090
52620	.....	A	Remove residual prostate	*6.61	5.33	5.33	0.51	12.45	12.45	090
52630	.....	A	Remove prostate regrowth	*7.26	#7.99	#7.99	1.13	16.38	16.38	090
52640	.....	A	Relieve bladder contracture	*6.62	6.43	6.43	0.62	13.67	13.67	090
52647	.....	A	Laser surgery of prostate	*10.36	#11.40	#11.40	1.16	22.92	22.92	090
52648	.....	A	Laser surgery of prostate	*11.21	11.87	11.87	1.16	24.24	24.24	090
52700	.....	A	Drainage of prostate abscess	*6.80	3.30	3.30	0.34	10.44	10.44	090
53000	.....	A	Incision of urethra	*2.28	1.76	1.76	0.17	4.21	4.21	010
53010	.....	A	Incision of urethra	*3.64	3.52	3.52	0.37	7.53	7.53	090
53020	.....	A	Incision of urethra	1.77	0.82	0.82	0.09	2.68	2.68	000
53025	.....	A	Incision of urethra	1.13	0.80	0.80	0.08	2.01	2.01	000
53040	.....	A	Drainage of urethra abscess	*6.40	1.85	1.85	0.19	8.44	8.44	090
53060	.....	A	Drainage of urethra abscess	*2.63	0.51	0.51	0.07	3.21	3.21	010
53080	.....	A	Drainage of urinary leakage	*6.29	3.98	3.98	0.45	10.72	10.72	090
53085	.....	A	Drainage of urinary leakage	*10.27	6.75	6.75	0.70	17.72	17.72	090
53200	.....	A	Biopsy of urethra	2.59	1.10	1.10	0.12	3.81	3.81	000
53210	.....	A	Removal of urethra	*12.57	6.64	6.64	0.67	19.88	19.88	090
53215	.....	A	Removal of urethra	*15.58	10.00	10.00	0.96	26.54	26.54	090
53220	.....	A	Treatment of urethra lesion	*7.00	4.77	4.77	0.49	12.26	12.26	090
53230	.....	A	Removal of urethra lesion	*9.58	7.93	7.93	0.79	18.30	18.30	090
53235	.....	A	Removal of urethra lesion	*10.14	5.02	5.02	0.49	15.65	15.65	090
53240	.....	A	Surgery for urethra pouch	*6.45	4.33	4.33	0.45	11.23	11.23	090
53250	.....	A	Removal of urethra gland	*5.89	4.05	4.05	0.40	10.34	10.34	090
53260	.....	A	Treatment of urethra lesion	*2.98	1.12	1.12	0.16	4.26	4.26	010
53265	.....	A	Treatment of urethra lesion	*3.12	1.88	1.88	0.22	5.22	5.22	010
53270	.....	A	Removal of urethra gland	*3.09	0.84	0.84	0.18	4.11	4.11	010
53275	.....	A	Repair of urethra defect	*4.53	2.37	2.37	0.25	7.15	7.15	010
53400	.....	A	Revise urethra, 1st stage	*12.77	7.47	7.47	0.76	21.00	21.00	090
53405	.....	A	Revise urethra, 2nd stage	*14.48	10.38	10.38	1.21	26.07	26.07	090
53410	.....	A	Reconstruction of urethra	*16.44	8.56	8.56	0.84	25.84	25.84	090
53415	.....	A	Reconstruction of urethra	*19.41	11.87	11.87	1.15	32.43	32.43	090
53420	.....	A	Reconstruct urethra, stage 1	*14.08	10.88	10.88	1.05	26.01	26.01	090
53425	.....	A	Reconstruct urethra, stage 2	*15.98	9.25	9.25	0.88	26.11	26.11	090
53430	.....	A	Reconstruction of urethra	*16.34	7.16	7.16	0.76	24.26	24.26	090
53440	.....	A	Correct bladder function	*12.34	13.14	13.14	1.39	26.87	26.87	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
53442	.....	A	Remove perineal prosthesis	*8.27	5.84	5.84	0.67	14.78	14.78	090
53443	.....	A	Reconstruction of urethra	*19.89	10.03	10.03	1.07	30.99	30.99	090
53445	.....	A	Correct urine flow control	*14.06	#15.47	#15.47	2.03	31.56	31.56	090
53447	.....	A	Remove artificial sphincter	*13.17	9.16	9.16	0.89	23.22	23.22	090
53449	.....	A	Correct artificial sphincter	*9.70	8.41	8.41	0.82	18.93	18.93	090
53450	.....	A	Revision of urethra	*6.14	2.74	2.74	0.27	9.15	9.15	090
53460	.....	A	Revision of urethra	*7.12	2.44	2.44	0.25	9.81	9.81	090
53502	.....	A	Repair of urethra injury	*7.63	4.97	4.97	0.56	13.16	13.16	090
53505	.....	A	Repair of urethra injury	*7.63	5.18	5.18	0.51	13.32	13.32	090
53510	.....	A	Repair of urethra injury	*10.11	6.98	6.98	0.66	17.75	17.75	090
53515	.....	A	Repair of urethra injury	*13.31	9.03	9.03	0.88	23.22	23.22	090
53520	.....	A	Repair of urethra defect	*8.68	5.89	5.89	0.56	15.13	15.13	090
53600	.....	A	Dilate urethra stricture	1.21	0.33	0.33	0.03	1.57	1.57	000
53601	.....	A	Dilate urethra stricture	0.98	0.29	0.29	0.03	1.30	1.30	000
53605	.....	A	Dilate urethra stricture	1.28	0.46	0.46	0.05	1.79	1.79	000
53620	.....	A	Dilate urethra stricture	1.62	0.47	0.47	0.05	2.14	2.14	000
53621	.....	A	Dilate urethra stricture	1.35	0.38	0.38	0.04	1.77	1.77	000
53660	.....	A	Dilation of urethra	0.71	0.28	0.28	0.03	1.02	1.02	000
53661	.....	A	Dilation of urethra	0.72	0.25	0.25	0.03	1.00	1.00	000
53665	.....	A	Dilation of urethra	0.76	0.36	0.36	0.04	1.16	1.16	000
53670	.....	A	Insert urinary catheter	0.50	0.22	0.22	0.02	0.74	0.74	000
53675	.....	A	Insert urinary catheter	1.47	0.47	0.47	0.05	1.99	1.99	000
53850	.....	A	Prostatic microwave thermotx	*9.45	6.71	6.71	0.66	16.82	16.82	090
53852	.....	A	Prostatic rf thermotx	*9.88	7.01	7.01	0.69	17.58	17.58	090
53899	.....	C	Urology surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
54000	.....	A	Slitting of prepuce	*1.54	0.63	0.63	0.07	2.24	2.24	010
54001	.....	A	Slitting of prepuce	*2.19	0.84	0.84	0.09	3.12	3.12	010
54015	.....	A	Drain penis lesion	*5.32	0.83	0.83	0.09	6.24	6.24	010
54050	.....	A	Destruction, penis lesion(s)	*1.24	0.38	0.38	0.03	1.65	1.65	010
54055	.....	A	Destruction, penis lesion(s)	*1.22	0.61	0.61	0.06	1.89	1.89	010
54056	.....	A	Cryosurgery, penis lesion(s)	*1.24	0.53	0.53	0.04	1.81	1.81	010
54057	.....	A	Laser surg, penis lesion(s)	*1.24	1.52	#1.36	0.21	2.97	2.81	010
54060	.....	A	Excision of penis lesion(s)	*1.93	1.17	1.17	0.12	3.22	3.22	010
54065	.....	A	Destruction, penis lesion(s)	*2.42	2.47	2.47	0.25	5.14	5.14	010
54100	.....	A	Biopsy of penis	1.90	0.65	0.65	0.07	2.62	2.62	000
54105	.....	A	Biopsy of penis	*3.50	1.01	1.01	0.11	4.62	4.62	010
54110	.....	A	Treatment of penis lesion	*10.13	6.03	6.03	0.61	16.77	16.77	090
54111	.....	A	Treat penis lesion, graft	*13.57	9.18	9.18	0.97	23.72	23.72	090
54112	.....	A	Treat penis lesion, graft	*15.86	10.84	10.84	1.14	27.84	27.84	090
54115	.....	A	Treatment of penis lesion	*6.15	4.18	4.18	0.44	10.77	10.77	090
54120	.....	A	Partial removal of penis	*9.97	6.47	6.47	0.62	17.06	17.06	090
54125	.....	A	Removal of penis	*13.53	11.56	11.56	1.17	26.26	26.26	090
54130	.....	A	Remove penis & nodes	*20.14	14.66	14.66	1.32	36.12	36.12	090
54135	.....	A	Remove penis & nodes	*26.36	17.75	17.75	1.74	45.85	45.85	090
54150	.....	A	Circumcision	*1.81	0.54	0.54	0.05	2.40	2.40	010
54152	.....	A	Circumcision	*2.31	1.82	1.82	0.20	4.33	4.33	010
54160	.....	A	Circumcision	*2.48	1.66	1.66	0.21	4.35	4.35	010
54161	.....	A	Circumcision	*3.27	2.17	2.17	0.23	5.67	5.67	010
54200	.....	A	Treatment of penis lesion	*1.06	0.32	0.32	0.03	1.41	1.41	010
54205	.....	A	Treatment of penis lesion	*7.93	5.11	5.11	0.50	13.54	13.54	090
54220	.....	A	Treatment of penis lesion	2.42	1.58	1.58	0.17	4.17	4.17	000
54230	.....	A	Prepare penis study	1.34	1.34	1.34	0.13	2.81	2.81	000
54231	.....	A	Dynamic cavernosometry	2.04	1.44	1.44	0.14	3.62	3.62	000
54235	.....	A	Penile injection	1.19	0.43	0.43	0.04	1.66	1.66	000
54240	.....	A	Penis study	1.31	0.99	0.99	0.12	2.42	2.42	000
54240	TC	A	Penis study	0.00	0.48	0.48	0.06	0.54	0.54	000
54240	26	A	Penis study	1.31	0.51	0.51	0.06	1.88	1.88	000
54250	.....	A	Penis study	2.22	0.80	0.80	0.08	3.10	3.10	000
54250	TC	A	Penis study	0.00	0.30	0.30	0.03	0.33	0.33	000
54250	26	A	Penis study	2.22	0.50	0.50	0.05	2.77	2.77	000
54300	.....	A	Revision of penis	*10.41	6.88	6.88	0.87	18.16	18.16	090
54304	.....	A	Revision of penis	*12.49	8.66	8.66	0.90	22.05	22.05	090
54308	.....	A	Reconstruction of urethra	*11.83	5.84	5.84	0.74	18.41	18.41	090
54312	.....	A	Reconstruction of urethra	*13.57	9.37	9.37	0.91	23.85	23.85	090
54316	.....	A	Reconstruction of urethra	*16.82	11.34	11.34	1.12	29.28	29.28	090
54318	.....	A	Reconstruction of urethra	*11.25	7.53	7.53	1.11	19.89	19.89	090
54322	.....	A	Reconstruction of urethra	*13.01	7.61	7.61	0.74	21.36	21.36	090
54324	.....	A	Reconstruction of urethra	*16.31	10.98	10.98	1.08	28.37	28.37	090
54326	.....	A	Reconstruction of urethra	*15.72	10.51	10.51	1.03	27.26	27.26	090
54328	.....	A	Revise penis, urethra	*15.65	10.72	10.72	1.24	27.61	27.61	090
54332	.....	A	Revise penis, urethra	*17.08	12.52	12.52	1.13	30.73	30.73	090
54336	.....	A	Revise penis, urethra	*20.04	18.79	18.79	1.40	40.23	40.23	090
54340	.....	A	Secondary urethral surgery	*8.91	6.07	6.07	0.59	15.57	15.57	090
54344	.....	A	Secondary urethral surgery	*15.94	16.61	16.61	1.10	33.65	33.65	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
54348	.....	A	Secondary urethral surgery	*17.15	11.62	11.62	1.14	29.91	29.91	090
54352	.....	A	Reconstruct urethra, penis	*24.74	16.18	16.18	1.49	42.41	42.41	090
54360	.....	A	Penis plastic surgery	*11.93	7.02	7.02	0.73	19.68	19.68	090
54380	.....	A	Repair penis	*13.18	9.42	9.42	0.75	23.35	23.35	090
54385	.....	A	Repair penis	*15.39	10.46	10.46	0.89	26.74	26.74	090
54390	.....	A	Repair penis and bladder	*21.61	13.57	13.57	1.58	36.76	36.76	090
54400	.....	A	Insert semi-rigid prosthesis	*8.99	#9.89	#9.89	1.27	20.15	20.15	090
54401	.....	A	Insert self-contd prosthesis	*10.28	#11.31	#11.31	1.73	23.32	23.32	090
54402	.....	A	Remove penis prosthesis	*9.21	6.00	6.00	0.58	15.79	15.79	090
54405	.....	A	Insert multi-comp prosthesis	*13.43	#14.77	#14.77	2.10	30.30	30.30	090
54407	.....	A	Remove multi-comp prosthesis	*13.34	11.22	11.22	1.10	25.66	25.66	090
54409	.....	A	Revise penis prosthesis	*12.20	8.97	8.97	0.87	22.04	22.04	090
54420	.....	A	Revision of penis	*11.42	7.74	7.74	0.87	20.03	20.03	090
54430	.....	A	Revision of penis	*10.15	6.99	6.99	0.69	17.83	17.83	090
54435	.....	A	Revision of penis	*6.12	4.15	4.15	0.39	10.66	10.66	090
54440	.....	C	Repair of penis	0.00	0.00	0.00	0.00	0.00	0.00	090
54450	.....	A	Preputial stretching	1.12	0.68	0.68	0.07	1.87	1.87	000
54500	.....	A	Biopsy of testis	1.31	0.44	0.44	0.05	1.80	1.80	000
54505	.....	A	Biopsy of testis	*3.46	1.86	1.86	0.22	5.54	5.54	010
54510	.....	A	Removal of testis lesion	*5.45	3.03	3.03	0.38	8.86	8.86	090
54520	.....	A	Removal of testis	*5.23	5.31	5.31	0.52	11.06	11.06	090
54530	.....	A	Removal of testis	*8.58	7.32	7.32	0.77	16.67	16.67	090
54535	.....	A	Extensive testis surgery	*12.16	8.54	8.54	1.02	21.72	21.72	090
54550	.....	A	Exploration for testis	*7.78	5.25	5.25	0.61	13.64	13.64	090
54560	.....	A	Exploration for testis	*11.13	7.23	7.23	0.81	19.17	19.17	090
54600	.....	A	Reduce testis torsion	*7.01	4.62	4.62	0.48	12.11	12.11	090
54620	.....	A	Suspension of testis	*4.90	3.32	3.32	0.33	8.55	8.55	010
54640	.....	A	Suspension of testis	*6.90	#7.59	#7.59	0.91	15.40	15.40	090
54650	.....	A	Orchiopexy (Fowler-Stephens)	*11.45	7.82	7.82	0.91	20.18	20.18	090
54660	.....	A	Revision of testis	*5.11	3.40	3.40	0.34	8.85	8.85	090
54670	.....	A	Repair testis injury	*6.41	4.30	4.30	0.43	11.14	11.14	090
54680	.....	A	Relocation of testis(es)	*12.65	8.19	8.19	0.80	21.64	21.64	090
54700	.....	A	Drainage of scrotum	*3.43	0.90	0.90	0.11	4.44	4.44	010
54800	.....	A	Biopsy of epididymis	2.33	1.97	1.97	0.19	4.49	4.49	000
54820	.....	A	Exploration of epididymis	*5.14	2.62	2.62	0.29	8.05	8.05	090
54830	.....	A	Remove epididymis lesion	*5.38	3.51	3.51	0.39	9.28	9.28	090
54840	.....	A	Remove epididymis lesion	*5.20	4.84	4.84	0.48	10.52	10.52	090
54860	.....	A	Removal of epididymis	*6.32	5.17	5.17	0.50	11.99	11.99	090
54861	.....	A	Removal of epididymis	*8.90	7.30	7.30	0.72	16.92	16.92	090
54900	.....	A	Fusion of spermatic ducts	*13.20	8.95	8.95	0.87	23.02	23.02	090
54901	.....	A	Fusion of spermatic ducts	*17.94	12.29	12.29	1.20	31.43	31.43	090
55000	.....	A	Drainage of hydrocele	1.43	0.40	0.40	0.04	1.87	1.87	000
55040	.....	A	Removal of hydrocele	*5.36	4.88	4.88	0.55	10.79	10.79	090
55041	.....	A	Removal of hydroceles	*7.74	7.47	7.47	0.81	16.02	16.02	090
55060	.....	A	Repair of hydrocele	*5.52	4.13	4.13	0.50	10.15	10.15	090
55100	.....	A	Drainage of scrotum abscess	*2.13	0.63	0.63	0.07	2.83	2.83	010
55110	.....	A	Explore scrotum	*5.70	3.48	3.48	0.37	9.55	9.55	090
55120	.....	A	Removal of scrotum lesion	*5.09	1.79	1.79	0.21	7.09	7.09	090
55150	.....	A	Removal of scrotum	*7.22	5.45	5.45	0.57	13.24	13.24	090
55175	.....	A	Revision of scrotum	*5.24	4.49	4.49	0.48	10.21	10.21	090
55180	.....	A	Revision of scrotum	*10.72	6.83	6.83	0.82	18.37	18.37	090
55200	.....	A	Incision of sperm duct	*4.24	1.97	1.97	0.20	6.41	6.41	090
55250	.....	A	Removal of sperm duct(s)	*3.29	2.63	2.63	0.28	6.20	6.20	090
55300	.....	A	Preparation, sperm duct x-ray	3.51	2.71	2.71	0.27	6.49	6.49	000
55400	.....	A	Repair of sperm duct	*8.49	6.56	6.56	0.62	15.67	15.67	090
55450	.....	A	Ligation of sperm duct	*4.12	2.61	2.61	0.32	7.05	7.05	010
55500	.....	A	Removal of hydrocele	*5.59	4.32	4.32	0.50	10.41	10.41	090
55520	.....	A	Removal of sperm cord lesion	*6.03	3.12	3.12	0.51	9.66	9.66	090
55530	.....	A	Revise spermatic cord veins	*5.66	5.20	5.20	0.60	11.46	11.46	090
55535	.....	A	Revise spermatic cord veins	*6.56	4.40	4.40	0.45	11.41	11.41	090
55540	.....	A	Revise hernia & sperm veins	*7.67	4.54	4.54	0.91	13.12	13.12	090
55600	.....	A	Incise sperm duct pouch	*6.38	4.31	4.31	0.55	11.24	11.24	090
55605	.....	A	Incise sperm duct pouch	*7.96	5.60	5.60	0.59	14.15	14.15	090
55650	.....	A	Remove sperm duct pouch	*11.80	7.22	7.22	0.76	19.78	19.78	090
55680	.....	A	Remove sperm pouch lesion	*5.19	4.43	4.43	0.38	10.00	10.00	090
55700	.....	A	Biopsy of prostate	1.57	1.50	1.50	0.15	3.22	3.22	000
55705	.....	A	Biopsy of prostate	*4.57	3.37	3.37	0.34	8.28	8.28	010
55720	.....	A	Drainage of prostate abscess	*7.64	3.51	3.51	0.37	11.52	11.52	090
55725	.....	A	Drainage of prostate abscess	*8.68	5.62	5.62	0.54	14.84	14.84	090
55801	.....	A	Removal of prostate	*17.80	12.76	12.76	1.44	32.00	32.00	090
55810	.....	A	Extensive prostate surgery	*22.58	17.88	17.88	1.77	42.23	42.23	090
55812	.....	A	Extensive prostate surgery	*27.51	17.68	17.68	1.94	47.13	47.13	090
55815	.....	A	Extensive prostate surgery	*30.46	25.20	25.20	2.42	58.08	58.08	090
55821	.....	A	Removal of prostate	*14.25	13.59	13.59	1.35	29.19	29.19	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
55831	.....	A	Removal of prostate	*15.62	14.56	14.56	1.44	31.62	31.62	090
55840	.....	A	Extensive prostate surgery	*22.69	16.60	16.60	1.61	40.90	40.90	090
55842	.....	A	Extensive prostate surgery	*24.38	19.16	19.16	1.88	45.42	45.42	090
55845	.....	A	Extensive prostate surgery	*28.55	25.10	25.10	2.44	56.09	56.09	090
55859	.....	A	Percut/needle insert, pros	*12.52	5.89	5.89	0.58	18.99	18.99	090
55860	.....	A	Surgical exposure, prostate	*14.45	7.13	7.13	0.70	22.28	22.28	090
55862	.....	A	Extensive prostate surgery	*18.39	11.69	11.69	1.20	31.28	31.28	090
55865	.....	A	Extensive prostate surgery	*22.87	24.52	24.52	2.39	49.78	49.78	090
55870	.....	A	Electroejaculation	2.58	1.83	1.83	0.18	4.59	4.59	000
55899	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
55970	.....	N	Sex transformation, M to F	0.00	0.00	0.00	0.00	0.00	0.00	XXX
55980	.....	N	Sex transformation, F to M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56300	.....	A	Laparoscopy; diagnostic	*5.10	4.45	4.45	0.93	10.48	10.48	010
56301	.....	A	Laparoscopy; tubal cautery	*5.60	4.71	4.71	1.28	11.59	11.59	010
56302	.....	A	Laparoscopy; tubal block	*5.60	5.26	5.26	1.32	12.18	12.18	010
56303	.....	A	Laparoscopy; excise lesions	*11.79	5.53	5.53	1.16	18.48	18.48	090
56304	.....	A	Laparoscopy; lysis	*11.29	5.60	5.60	1.20	18.09	18.09	090
56305	.....	A	Laparoscopy; biopsy	*5.40	4.90	4.90	0.79	11.09	11.09	010
56306	.....	A	Laparoscopy; aspiration	*5.70	4.87	4.87	1.18	11.75	11.75	010
56307	.....	A	Laparoscopy; remove adnexa	*11.05	7.16	7.16	1.60	19.81	19.81	010
56308	.....	A	Laparoscopy; hysterectomy	*14.19	9.39	9.39	2.07	25.65	25.65	010
56309	.....	A	Laparoscopy; remove myoma	*14.21	4.76	4.76	1.03	20.00	20.00	010
56310	.....	A	Laparoscopic enterolysis	*14.44	8.28	8.28	1.75	24.47	24.47	090
56311	.....	A	Laparoscopic lymph node biop	*9.25	6.38	6.38	1.47	17.10	17.10	010
56312	.....	A	Laparoscopic lymphadenectomy	*12.38	8.56	8.56	0.84	21.78	21.78	010
56313	.....	A	Laparoscopic lymphadenectomy	*14.32	10.01	10.01	2.31	26.64	26.64	010
56314	.....	A	Lapar; drain lymphocele	*9.48	6.73	6.73	0.66	16.87	16.87	090
56315	.....	A	Laparoscopic appendectomy	*8.70	4.89	4.89	1.01	14.60	14.60	090
56316	.....	A	Laparoscopic hernia repair	*6.27	4.51	4.51	0.94	11.72	11.72	090
56317	.....	A	Laparoscopic hernia repair	*8.24	5.22	5.22	1.11	14.57	14.57	090
56318	.....	A	Laparoscopic orchiectomy	*10.96	7.23	7.23	0.81	19.00	19.00	090
56320	.....	A	Laparoscopy, spermatic veins	*6.57	4.40	4.40	0.45	11.42	11.42	090
56322	.....	A	Laparoscopy, vagus nerves	*10.15	5.07	5.07	1.18	16.40	16.40	090
56323	.....	A	Laparoscopy, vagus nerves	*12.15	6.09	6.09	1.41	19.65	19.65	090
56324	.....	A	Laparoscopy, cholecystoenter	*12.58	9.16	9.16	1.93	23.67	23.67	090
56340	.....	A	Laparoscopic cholecystectomy	*11.09	7.99	7.99	1.74	20.82	20.82	090
56341	.....	A	Laparoscopic cholecystectomy	*11.94	8.43	8.43	1.84	22.21	22.21	090
56342	.....	A	Laparoscopic cholecystectomy	*14.23	9.37	9.37	2.00	25.60	25.60	090
56343	.....	A	Laparoscopic salpingostomy	*13.74	5.28	5.28	1.11	20.13	20.13	090
56344	.....	A	Laparoscopic fimbrioplasty	*12.88	5.11	5.11	1.19	19.18	19.18	090
56345	.....	C	Laparoscopic splenectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56346	.....	A	Laparoscopic gastrostomy	*7.73	6.19	6.19	1.19	15.11	15.11	090
56347	.....	C	Laparoscopic jejunostomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
56348	.....	A	Laparo; resect intestine	*22.04	13.25	13.25	2.78	38.07	38.07	090
56349	.....	A	Laparoscopy; fundoplasty	*17.25	11.88	11.88	2.53	31.66	31.66	090
56350	.....	A	Hysteroscopy; diagnostic	3.33	1.99	1.99	0.44	5.76	5.76	000
56351	.....	A	Hysteroscopy; biopsy	4.75	1.99	1.99	0.44	7.18	7.18	000
56352	.....	A	Hysteroscopy; lysis	6.17	3.77	3.77	0.85	10.79	10.79	000
56353	.....	A	Hysteroscopy; resect septum	7.00	3.77	3.77	0.85	11.62	11.62	000
56354	.....	A	Hysteroscopy; remove myoma	10.00	4.93	4.93	1.30	16.23	16.23	000
56355	.....	A	Hysteroscopy; remove impact	5.21	1.99	1.99	0.44	7.64	7.64	000
56356	.....	A	Hysteroscopy; ablation	6.17	4.39	4.39	1.49	12.05	12.05	000
56362	.....	A	Laparoscopy w/cholangio	4.89	2.77	2.77	0.19	7.85	7.85	000
56363	.....	A	Laparoscopy w/biopsy	5.18	3.93	3.93	0.45	9.56	9.56	000
56399	.....	C	Laparoscopy procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
56405	.....	A	I & D of vulva/perineum	*1.44	0.76	0.76	0.15	2.35	2.35	010
56420	.....	A	Drainage of gland abscess	*1.39	0.80	0.80	0.13	2.32	2.32	010
56440	.....	A	Surgery for vulva lesion	*2.84	2.63	2.63	0.52	5.99	5.99	010
56441	.....	A	Lysis of labial lesion(s)	*1.97	1.65	1.65	0.30	3.92	3.92	010
56501	.....	A	Destruction, vulva lesion(s)	*1.53	0.54	0.54	0.11	2.18	2.18	010
56515	.....	A	Destruction, vulva lesion(s)	*1.88	2.36	#2.07	0.66	4.90	4.61	010
56605	.....	A	Biopsy of vulva/perineum	1.10	0.68	0.68	0.15	1.93	1.93	000
56606	.....	A	Biopsy of vulva/perineum	0.55	0.35	0.35	0.08	0.98	0.98	000
56620	.....	A	Partial removal of vulva	*7.47	6.47	6.47	1.40	15.34	15.34	090
56625	.....	A	Complete removal of vulva	*8.40	#9.24	#9.24	2.13	19.77	19.77	090
56630	.....	A	Extensive vulva surgery	*12.36	13.46	13.46	3.28	29.10	29.10	090
56631	.....	A	Extensive vulva surgery	*16.20	#17.82	#17.82	4.51	38.53	38.53	090
56632	.....	A	Extensive vulva surgery	*20.29	21.32	21.32	4.51	46.12	46.12	090
56633	.....	A	Extensive vulva surgery	*16.47	15.97	15.97	3.28	35.72	35.72	090
56634	.....	A	Extensive vulva surgery	*17.88	#19.67	#19.67	4.51	42.06	42.06	090
56637	.....	A	Extensive vulva surgery	*21.97	21.42	21.42	4.51	47.90	47.90	090
56640	.....	A	Extensive vulva surgery	*22.17	19.95	19.95	4.36	46.48	46.48	090
56700	.....	A	Partial removal of hymen	*2.52	1.82	1.82	0.35	4.69	4.69	010
56720	.....	A	Incision of hymen	0.68	0.48	0.48	0.11	1.27	1.27	000

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
56740	.....	A	Remove vagina gland lesion	*3.76	2.87	2.87	0.55	7.18	7.18	010
56800	.....	A	Repair of vagina	*3.89	2.92	2.92	0.57	7.38	7.38	010
56805	.....	A	Repair clitoris	*18.86	11.75	11.75	1.37	31.98	31.98	090
56810	.....	A	Repair of perineum	*4.13	2.62	2.62	0.51	7.26	7.26	010
57000	.....	A	Exploration of vagina	*2.97	2.03	2.03	0.35	5.35	5.35	010
57010	.....	A	Drainage of pelvic abscess	*6.03	2.65	2.65	0.51	9.19	9.19	090
57020	.....	A	Drainage of pelvic fluid	1.50	0.65	0.65	0.14	2.29	2.29	000
57061	.....	A	Destruction vagina lesion(s)	*1.25	0.82	0.82	0.17	2.24	2.24	010
57065	.....	A	Destruction vagina lesion(s)	*2.61	#2.87	#2.87	0.74	6.22	6.22	010
57100	.....	A	Biopsy of vagina	0.97	0.62	0.62	0.13	1.72	1.72	000
57105	.....	A	Biopsy of vagina	*1.69	1.57	1.57	0.33	3.59	3.59	010
57108	.....	A	Partial removal of vagina	*6.36	5.28	5.28	1.10	12.74	12.74	090
57110	.....	A	Removal of vagina	*14.29	7.88	7.88	1.76	23.93	23.93	090
57120	.....	A	Closure of vagina	*7.41	6.99	6.99	1.51	15.91	15.91	090
57130	.....	A	Remove vagina lesion	*2.43	2.62	2.62	0.55	5.60	5.60	010
57135	.....	A	Remove vagina lesion	*2.67	1.93	1.93	0.38	4.98	4.98	010
57150	.....	A	Treat vagina infection	0.55	0.19	0.19	0.04	0.78	0.78	000
57160	.....	A	Insertion of pessary/device	0.89	0.25	0.25	0.05	1.19	1.19	000
57170	.....	A	Fitting of diaphragm/cap	0.91	0.32	0.32	0.06	1.29	1.29	000
57180	.....	A	Treat vaginal bleeding	*1.58	0.55	0.55	0.11	2.24	2.24	010
57200	.....	A	Repair of vagina	*3.94	2.71	2.71	0.60	7.25	7.25	090
57210	.....	A	Repair vagina/perineum	*5.17	3.27	3.27	0.65	9.09	9.09	090
57220	.....	A	Revision of urethra	*4.31	4.44	4.44	0.80	9.55	9.55	090
57230	.....	A	Repair of urethral lesion	*5.64	3.84	3.84	0.64	10.12	10.12	090
57240	.....	A	Repair bladder & vagina	*6.07	#6.68	#6.68	1.60	14.35	14.35	090
57250	.....	A	Repair rectum & vagina	*5.53	#6.08	#6.08	1.69	13.30	13.30	090
57260	.....	A	Repair of vagina	*8.27	8.65	8.65	1.88	18.80	18.80	090
57265	.....	A	Extensive repair of vagina	*11.34	9.42	9.42	2.11	22.87	22.87	090
57268	.....	A	Repair of bowel bulge	*6.76	7.02	7.02	1.50	15.28	15.28	090
57270	.....	A	Repair of bowel pouch	*12.11	6.83	6.83	1.44	20.38	20.38	090
57280	.....	A	Suspension of vagina	*15.04	8.53	8.53	1.85	25.42	25.42	090
57282	.....	A	Repair of vaginal prolapse	*8.86	8.72	8.72	1.89	19.47	19.47	090
57284	.....	A	Repair paravaginal defect	*12.70	8.59	8.59	0.84	22.13	22.13	090
57288	.....	A	Repair bladder defect	*13.02	10.72	10.72	1.36	25.10	25.10	090
57289	.....	A	Repair bladder & vagina	*11.58	8.19	8.19	1.13	20.90	20.90	090
57291	.....	A	Construction of vagina	*7.95	5.35	5.35	1.19	14.49	14.49	090
57292	.....	A	Construct vagina with graft	*13.09	6.55	6.55	1.38	21.02	21.02	090
57300	.....	A	Repair rectum-vagina fistula	*7.61	7.91	7.91	1.66	17.18	17.18	090
57305	.....	A	Repair rectum-vagina fistula	*13.77	7.55	7.55	1.56	22.88	22.88	090
57307	.....	A	Fistula repair & colostomy	*15.93	6.11	6.11	1.28	23.32	23.32	090
57308	.....	A	Fistula repair, transperine	*9.94	7.23	7.23	1.41	18.58	18.58	090
57310	.....	A	Repair urethrovaginal lesion	*6.78	4.32	4.32	0.48	11.58	11.58	090
57311	.....	A	Repair urethrovaginal lesion	*7.98	5.58	5.58	0.41	13.97	13.97	090
57320	.....	A	Repair bladder-vagina lesion	*8.01	#8.81	#8.81	1.35	18.17	18.17	090
57330	.....	A	Repair bladder-vagina lesion	*12.35	8.29	8.29	0.81	21.45	21.45	090
57335	.....	A	Repair vagina	*18.73	6.91	6.91	0.81	26.45	26.45	090
57400	.....	A	Dilation of vagina	2.27	0.33	0.33	0.06	2.66	2.66	000
57410	.....	A	Pelvic examination	1.75	0.36	0.36	0.05	2.16	2.16	000
57415	.....	A	Removal vaginal foreign body	*2.17	0.36	0.36	0.05	2.58	2.58	010
57452	.....	A	Examination of vagina	0.99	0.65	0.65	0.14	1.78	1.78	000
57454	.....	A	Vagina examination & biopsy	1.27	1.21	1.21	0.26	2.74	2.74	000
57460	.....	A	Cervix excision	2.83	2.02	2.02	0.46	5.31	5.31	000
57500	.....	A	Biopsy of cervix	0.97	0.57	0.57	0.12	1.66	1.66	000
57505	.....	A	Endocervical curettage	*1.14	0.63	0.63	0.13	1.90	1.90	010
57510	.....	A	Cauterization of cervix	*1.90	0.52	0.52	0.09	2.51	2.51	010
57511	.....	A	Cryocautery of cervix	*1.90	0.85	0.85	0.17	2.92	2.92	010
57513	.....	A	Laser surgery of cervix	*1.90	#2.09	#2.09	0.67	4.66	4.66	010
57520	.....	A	Conization of cervix	*4.04	3.45	3.45	0.73	8.22	8.22	090
57522	.....	A	Conization of cervix	*3.36	3.45	3.45	0.73	7.54	7.54	090
57530	.....	A	Removal of cervix	*4.79	3.61	3.61	0.78	9.18	9.18	090
57531	.....	A	Removal of cervix, radical	*22.04	17.77	17.77	3.87	43.68	43.68	090
57540	.....	A	Removal of residual cervix	*12.22	6.74	6.74	1.51	20.47	20.47	090
57545	.....	A	Remove cervix, repair pelvis	*13.03	4.58	4.58	1.03	18.64	18.64	090
57550	.....	A	Removal of residual cervix	*5.53	#6.08	#6.08	1.54	13.15	13.15	090
57555	.....	A	Remove cervix, repair vagina	*8.95	#9.85	#9.85	2.17	20.97	20.97	090
57556	.....	A	Remove cervix, repair bowel	*8.37	#9.21	#9.21	1.92	19.50	19.50	090
57700	.....	A	Revision of cervix	*3.55	2.39	2.39	0.34	6.28	6.28	090
57720	.....	A	Revision of cervix	*4.13	2.76	2.76	0.50	7.39	7.39	090
57800	.....	A	Dilation of cervical canal	0.77	0.48	0.48	0.10	1.35	1.35	000
57820	.....	A	D&c of residual cervix	*1.67	2.08	2.08	0.46	4.21	4.21	010
58100	.....	A	Biopsy of uterus lining	0.71	0.66	0.66	0.14	1.51	1.51	000
58120	.....	A	Dilation and curettage (D&C)	*3.27	2.70	2.70	0.56	6.53	6.53	010
58140	.....	A	Removal of uterus lesion	*14.60	8.33	8.33	1.71	24.64	24.64	090
58145	.....	A	Removal of uterus lesion	*8.04	8.24	8.24	1.54	17.82	17.82	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
58150	.....	A	Total hysterectomy	*15.24	9.57	9.57	2.08	26.89	26.89	090
58152	.....	A	Total hysterectomy	*15.09	11.99	11.99	2.59	29.67	29.67	090
58180	.....	A	Partial hysterectomy	*15.29	9.76	9.76	2.11	27.16	27.16	090
58200	.....	A	Extensive hysterectomy	*21.59	12.98	12.98	2.80	37.37	37.37	090
58210	.....	A	Extensive hysterectomy	*28.85	17.77	17.77	3.87	50.49	50.49	090
58240	.....	A	Removal of pelvis contents	*38.39	28.73	28.73	6.15	73.27	73.27	090
58260	.....	A	Vaginal hysterectomy	*12.20	9.39	9.39	2.07	23.66	23.66	090
58262	.....	A	Vaginal hysterectomy	*13.99	9.39	9.39	2.07	25.45	25.45	090
58263	.....	A	Vaginal hysterectomy	*15.28	10.32	10.32	2.22	27.82	27.82	090
58267	.....	A	Hysterectomy & vagina repair	*15.00	11.53	11.53	2.46	28.99	28.99	090
58270	.....	A	Hysterectomy & vagina repair	*13.48	10.32	10.32	2.22	26.02	26.02	090
58275	.....	A	Hysterectomy, revise vagina	*14.98	11.02	11.02	2.32	28.32	28.32	090
58280	.....	A	Hysterectomy, revise vagina	*15.41	10.50	10.50	2.30	28.21	28.21	090
58285	.....	A	Extensive hysterectomy	*18.57	11.60	11.60	2.70	32.87	32.87	090
58300	.....	N	Insert intrauterine device	+1.01	0.77	0.77	0.13	1.91	1.91	XXX
58301	.....	A	Remove intrauterine device	1.27	0.45	0.45	0.08	1.80	1.80	000
58321	.....	A	Artificial insemination	0.92	0.71	0.71	0.15	1.78	1.78	000
58322	.....	A	Artificial insemination	1.10	0.71	0.71	0.15	1.96	1.96	000
58323	.....	A	Sperm washing	0.23	0.16	0.16	0.04	0.43	0.43	000
58340	.....	A	Catheter for hysterography	0.88	0.57	0.57	0.08	1.53	1.53	000
58345	.....	A	Reopen fallopian tube	*4.66	3.49	3.49	0.41	8.56	8.56	010
58350	.....	A	Reopen fallopian tube	*1.01	0.69	0.69	0.16	1.86	1.86	010
58400	.....	A	Suspension of uterus	*6.36	5.64	5.64	1.16	13.16	13.16	090
58410	.....	A	Suspension of uterus	*12.73	5.53	5.53	0.84	19.10	19.10	090
58520	.....	A	Repair of ruptured uterus	*11.92	4.24	4.24	0.99	17.15	17.15	090
58540	.....	A	Revision of uterus	*14.64	6.13	6.13	1.42	22.19	22.19	090
58600	.....	A	Division of fallopian tube	*3.84	#4.22	#4.22	1.38	9.44	9.44	090
58605	.....	A	Division of fallopian tube	*3.34	#3.67	#3.67	1.01	8.02	8.02	090
58611	.....	A	Ligate oviduct(s)	0.63	0.47	0.47	0.10	1.20	1.20	ZZZ
58615	.....	A	Occlude fallopian tube(s)	*3.90	2.91	2.91	0.35	7.16	7.16	010
58700	.....	A	Removal of fallopian tube	*6.49	6.33	6.33	1.31	14.13	14.13	090
58720	.....	A	Removal of ovary/tube(s)	*11.36	7.50	7.50	1.63	20.49	20.49	090
58740	.....	A	Revise fallopian tube(s)	*5.83	#6.41	#6.41	1.88	14.12	14.12	090
58750	.....	A	Repair oviduct	*14.84	6.31	6.31	1.46	22.61	22.61	090
58752	.....	A	Revise ovarian tube(s)	*14.84	6.74	6.74	0.93	22.51	22.51	090
58760	.....	A	Remove tubal obstruction	*13.13	5.11	5.11	1.19	19.43	19.43	090
58770	.....	A	Create new tubal opening	*13.97	5.28	5.28	1.11	20.36	20.36	090
58800	.....	A	Drainage of ovarian cyst(s)	*4.14	2.68	2.68	0.53	7.35	7.35	090
58805	.....	A	Drainage of ovarian cyst(s)	*5.88	6.38	6.38	1.36	13.62	13.62	090
58820	.....	A	Open drain ovary abscess	*4.22	2.76	2.76	0.49	7.47	7.47	090
58822	.....	A	Percut drain ovary abscess	*10.13	3.55	3.55	0.81	14.49	14.49	090
58823	.....	A	Percut drain pelvic abscess	3.38	2.56	2.56	0.30	6.24	6.24	000
58825	.....	A	Transposition, ovary(s)	*6.13	4.03	4.03	0.93	11.09	11.09	090
58900	.....	A	Biopsy of ovary(s)	*5.99	5.19	5.19	1.07	12.25	12.25	090
58920	.....	A	Partial removal of ovary(s)	*6.78	6.78	6.78	1.41	14.97	14.97	090
58925	.....	A	Removal of ovarian cyst(s)	*11.36	6.56	6.56	1.38	19.30	19.30	090
58940	.....	A	Removal of ovary(s)	*7.29	6.49	6.49	1.33	15.11	15.11	090
58943	.....	A	Removal of ovary(s)	*18.43	12.11	12.11	2.63	33.17	33.17	090
58950	.....	A	Resect ovarian malignancy	*15.27	11.24	11.24	2.38	28.89	28.89	090
58951	.....	A	Resect ovarian malignancy	*21.81	18.34	18.34	3.93	44.08	44.08	090
58952	.....	A	Resect ovarian malignancy	*25.01	18.11	18.11	3.92	47.04	47.04	090
58960	.....	A	Exploration of abdomen	*14.65	12.98	12.98	2.95	30.58	30.58	090
58970	.....	A	Retrieval of oocyte	3.53	2.52	2.52	0.58	6.63	6.63	000
58974	.....	C	Transfer of embryo	0.00	0.00	0.00	0.00	0.00	0.00	000
58976	.....	A	Transfer of embryo	3.83	2.73	2.73	0.63	7.19	7.19	000
58999	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
59000	.....	A	Amniocentesis	1.30	0.97	0.97	0.18	2.45	2.45	000
59012	.....	A	Fetal cord puncture, prenatal	3.45	2.62	2.62	0.31	6.38	6.38	000
59015	.....	A	Chorion biopsy	2.20	1.20	1.20	0.10	3.50	3.50	000
59020	.....	A	Fetal contract stress test	0.66	1.23	1.23	0.29	2.18	2.18	000
59020	TC	A	Fetal contract stress test	0.00	0.50	0.50	0.10	0.60	0.60	000
59020	26	A	Fetal contract stress test	0.66	#0.73	#0.73	0.19	1.58	1.58	000
59025	.....	A	Fetal non-stress test	0.53	0.61	0.61	0.12	1.26	1.26	000
59025	TC	A	Fetal non-stress test	0.00	0.22	0.22	0.04	0.26	0.26	000
59025	26	A	Fetal non-stress test	0.53	0.39	0.39	0.08	1.00	1.00	000
59030	.....	A	Fetal scalp blood sample	1.99	1.58	1.58	0.21	3.78	3.78	000
59050	.....	A	Fetal monitor w/report	0.89	0.81	0.81	0.15	1.85	1.85	XXX
59051	.....	A	Fetal monitor/interpret only	0.74	0.81	0.81	0.15	1.70	1.70	XXX
59100	.....	A	Remove uterus lesion	*12.35	4.14	4.14	0.96	17.45	17.45	090
59120	.....	A	Treat ectopic pregnancy	*11.49	7.86	7.86	1.50	20.85	20.85	090
59121	.....	A	Treat ectopic pregnancy	*11.67	5.38	5.38	1.07	18.12	18.12	090
59130	.....	A	Treat ectopic pregnancy	*14.22	5.96	5.96	0.70	20.88	20.88	090
59135	.....	A	Treat ectopic pregnancy	*13.88	9.85	9.85	1.15	24.88	24.88	090
59136	.....	A	Treat ectopic pregnancy	*13.18	6.22	6.22	1.44	20.84	20.84	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
59140	.....	A	Treat ectopic pregnancy	*5.46	4.66	4.66	0.29	10.41	10.41	090
59150	.....	A	Treat ectopic pregnancy	*6.89	4.53	4.53	1.05	12.47	12.47	090
59151	.....	A	Treat ectopic pregnancy	*7.86	8.61	8.61	0.64	17.11	17.11	090
59160	.....	A	D&C after delivery	*2.71	2.93	2.93	0.52	6.16	6.16	010
59200	.....	A	Insert cervical dilator	0.79	0.54	0.54	0.11	1.44	1.44	000
59300	.....	A	Episiotomy or vaginal repair	2.41	0.99	0.99	0.10	3.50	3.50	000
59320	.....	A	Revision of cervix	2.48	1.78	1.78	0.41	4.67	4.67	000
59325	.....	A	Revision of cervix	4.07	2.89	2.89	0.29	7.25	7.25	000
59350	.....	A	Repair of uterus	4.95	3.54	3.54	0.82	9.31	9.31	000
59400	.....	A	Obstetrical care	23.06	14.99	14.99	3.47	41.52	41.52	MMM
59409	.....	A	Obstetrical care	13.50	9.48	9.48	2.20	25.18	25.18	MMM
59410	.....	A	Obstetrical care	14.78	10.31	10.31	2.39	27.48	27.48	MMM
59412	.....	A	Antepartum manipulation	1.71	1.22	1.22	0.29	3.22	3.22	MMM
59414	.....	A	Deliver placenta	1.61	1.15	1.15	0.27	3.03	3.03	MMM
59425	.....	A	Antepartum care only	4.81	2.88	2.88	0.66	8.35	8.35	MMM
59426	.....	A	Antepartum care only	8.28	4.94	4.94	1.14	14.36	14.36	MMM
59430	.....	A	Care after delivery	2.13	0.38	0.38	0.07	2.58	2.58	MMM
59510	.....	A	Cesarean delivery	26.22	16.90	16.90	3.92	47.04	47.04	MMM
59514	.....	A	Cesarean delivery only	15.97	10.99	10.99	2.55	29.51	29.51	MMM
59515	.....	A	Cesarean delivery	17.37	11.82	11.82	2.73	31.92	31.92	MMM
59525	.....	A	Remove uterus after cesarean	8.54	3.81	3.81	0.88	13.23	13.23	MMM
59610	.....	A	Vbac delivery	24.62	14.99	14.99	3.47	43.08	43.08	MMM
59612	.....	A	Vbac delivery only	15.06	9.48	9.48	2.20	26.74	26.74	MMM
59614	.....	A	Vbac care after delivery	16.34	10.31	10.31	2.39	29.04	29.04	MMM
59618	.....	A	Attempted vbac delivery	27.78	16.90	16.90	3.92	48.60	48.60	MMM
59620	.....	A	Attempted vbac delivery only	17.53	10.99	10.99	2.55	31.07	31.07	MMM
59622	.....	A	Attempted vbac after care	18.93	11.82	11.82	2.73	33.48	33.48	MMM
59812	.....	A	Treatment of miscarriage	*3.25	3.61	#3.58	0.77	7.63	7.60	090
59820	.....	A	Care of miscarriage	*4.01	3.75	3.75	0.77	8.53	8.53	090
59821	.....	A	Treatment of miscarriage	*4.47	2.72	2.72	0.62	7.81	7.81	090
59830	.....	A	Treat uterus infection	*6.11	4.53	4.53	0.52	11.16	11.16	090
59840	.....	A	Abortion	*3.01	3.22	3.22	0.69	6.92	6.92	010
59841	.....	A	Abortion	*5.24	3.75	3.75	0.76	9.75	9.75	010
59850	.....	A	Abortion	*5.91	4.00	4.00	0.85	10.76	10.76	090
59851	.....	A	Abortion	*5.93	4.28	4.28	0.88	11.09	11.09	090
59852	.....	A	Abortion	*8.24	5.51	5.51	1.27	15.02	15.02	090
59855	.....	A	Abortion	*6.12	4.14	4.14	0.96	11.22	11.22	090
59856	.....	A	Abortion	*7.48	5.11	5.11	1.19	13.78	13.78	090
59857	.....	A	Abortion	*9.29	6.22	6.22	1.44	16.95	16.95	090
59866	.....	A	Abortion	4.00	2.86	2.86	0.66	7.52	7.52	000
59870	.....	A	Evacuate mole of uterus	*4.28	2.91	2.91	0.67	7.86	7.86	090
59871	.....	A	Remove cerclage suture	2.13	1.78	1.78	0.41	4.32	4.32	000
59899	.....	C	Maternity care procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
60000	.....	A	Drain thyroid/tongue cyst	*1.76	0.60	0.60	0.09	2.45	2.45	010
60001	.....	A	Aspirate/inject thyriod cyst	0.97	1.05	1.05	0.12	2.14	2.14	000
60100	.....	A	Biopsy of thyroid	0.97	1.05	1.05	0.12	2.14	2.14	000
60200	.....	A	Remove thyroid lesion	*9.55	6.02	6.02	1.04	16.61	16.61	090
60210	.....	A	Partial excision thyroid	*10.88	8.68	8.68	1.65	21.21	21.21	090
60212	.....	A	Parital thyroid excision	*16.03	9.04	9.04	1.74	26.81	26.81	090
60220	.....	A	Partial removal of thyroid	*10.53	8.54	8.54	1.61	20.68	20.68	090
60225	.....	A	Partial removal of thyroid	*14.19	10.49	10.49	1.92	26.60	26.60	090
60240	.....	A	Removal of thyroid	*16.06	10.58	10.58	1.96	28.60	28.60	090
60252	.....	A	Removal of thyroid	*18.20	13.65	13.65	2.55	34.40	34.40	090
60254	.....	A	Extensive thyroid surgery	*23.88	19.21	19.21	3.08	46.17	46.17	090
60260	.....	A	Repeat thyroid surgery	*15.46	3.14	3.14	0.34	18.94	18.94	090
60270	.....	A	Removal of thyroid	*17.94	13.97	13.97	2.54	34.45	34.45	090
60271	.....	A	Removal of thyroid	*14.89	12.14	12.14	2.25	29.28	29.28	090
60280	.....	A	Remove thyroid duct lesion	*6.08	#6.69	#6.69	1.11	13.88	13.88	090
60281	.....	A	Remove thyroid duct lesion	*8.53	5.04	5.04	0.95	14.52	14.52	090
60500	.....	A	Explore parathyroid glands	*16.23	11.36	11.36	2.31	29.90	29.90	090
60502	.....	A	Re-explore parathyroids	*20.35	11.39	11.39	2.33	34.07	34.07	090
60505	.....	A	Explore parathyroid glands	*21.49	13.14	13.14	2.56	37.19	37.19	090
60512	.....	A	Autotransplant, parathyroid	4.45	2.32	2.32	0.54	7.31	7.31	ZZZ
60520	.....	A	Removal of thymus gland	*16.81	13.54	13.54	2.46	32.81	32.81	090
60521	.....	A	Removal thymus gland	*18.87	13.54	13.54	2.46	34.87	34.87	090
60522	.....	A	Removal of thymus gland	*23.09	13.54	13.54	2.46	39.09	39.09	090
60540	.....	A	Explore adrenal gland	*17.03	12.05	12.05	2.08	31.16	31.16	090
60545	.....	A	Explore adrenal gland	*19.88	14.27	14.27	2.34	36.49	36.49	090
60600	.....	A	Remove carotid body lesion	*17.93	11.46	11.46	1.88	31.27	31.27	090
60605	.....	A	Remove carotid body lesion	*20.24	10.71	10.71	2.21	33.16	33.16	090
60699	.....	C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
61000	.....	A	Remove cranial cavity fluid	1.58	1.07	1.07	0.17	2.82	2.82	000
61001	.....	A	Remove cranial cavity fluid	1.49	0.88	0.88	0.17	2.54	2.54	000
61020	.....	A	Remove brain cavity fluid	1.51	1.26	1.26	0.20	2.97	2.97	000

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[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
61026	.....	A	Injection into brain canal	1.69	#1.86	#1.86	0.22	3.77	3.77	000
61050	.....	A	Remove brain canal fluid	1.51	1.23	1.23	0.15	2.89	2.89	000
61055	.....	A	Injection into brain canal	2.10	1.88	1.88	0.19	4.17	4.17	000
61070	.....	A	Brain canal shunt procedure	0.89	0.49	0.49	0.03	1.41	1.41	000
61105	.....	A	Drill skull for examination	*5.14	#5.65	#5.65	1.24	12.03	12.03	090
61106	.....	A	Drill skull for exam/surgery	4.62	#5.08	#5.08	1.15	10.85	10.85	ZZZ
61107	.....	A	Drill skull for implantation	5.00	#5.50	#5.50	1.26	11.76	11.76	000
61108	.....	A	Drill skull for drainage	*10.19	#11.21	#11.21	2.22	23.62	23.62	090
61120	.....	A	Pierce skull for examination	*8.76	5.95	5.95	1.08	15.79	15.79	090
61130	.....	A	Pierce skull, exam/surgery	6.37	4.95	4.95	0.96	12.28	12.28	ZZZ
61140	.....	A	Pierce skull for biopsy	*15.90	14.13	14.13	2.56	32.59	32.59	090
61150	.....	A	Pierce skull for drainage	*17.57	14.65	14.65	2.63	34.85	34.85	090
61151	.....	A	Pierce skull for drainage	*12.42	2.13	2.13	0.37	14.92	14.92	090
61154	.....	A	Pierce skull, remove clot	*14.99	#16.49	#16.49	3.27	34.75	34.75	090
61156	.....	A	Pierce skull for drainage	*16.32	16.19	16.19	3.05	35.56	35.56	090
61210	.....	A	Pierce skull; implant device	5.84	6.04	6.04	1.53	13.41	13.41	000
61215	.....	A	Insert brain-fluid device	*4.89	#5.38	#5.38	1.63	11.90	11.90	090
61250	.....	A	Pierce skull & explore	*10.42	8.03	8.03	1.44	19.89	19.89	090
61253	.....	A	Pierce skull & explore	*12.36	9.62	9.62	1.69	23.67	23.67	090
61304	.....	A	Open skull for exploration	*21.96	#24.16	#24.16	4.78	50.90	50.90	090
61305	.....	A	Open skull for exploration	*26.61	29.11	29.11	5.05	60.77	60.77	090
61312	.....	A	Open skull for drainage	*24.57	24.13	24.13	4.46	53.16	53.16	090
61313	.....	A	Open skull for drainage	*24.93	24.04	24.04	4.38	53.35	53.35	090
61314	.....	A	Open skull for drainage	*24.23	25.62	25.62	4.68	54.53	54.53	090
61315	.....	A	Open skull for drainage	*27.68	24.41	24.41	4.47	56.56	56.56	090
61320	.....	A	Open skull for drainage	*25.62	18.70	18.70	3.41	47.73	47.73	090
61321	.....	A	Open skull for drainage	*28.50	19.83	19.83	3.54	51.87	51.87	090
61330	.....	A	Decompress eye socket	*23.32	12.97	12.97	1.22	37.51	37.51	090
61332	.....	A	Explore/biopsy eye socket	*27.28	20.72	20.72	2.76	50.76	50.76	090
61333	.....	A	Explore orbit; remove lesion	*27.95	20.46	20.46	3.26	51.67	51.67	090
61334	.....	A	Explore orbit; remove object	*18.27	14.65	14.65	1.82	34.74	34.74	090
61340	.....	A	Relieve cranial pressure	*18.66	14.80	14.80	2.54	36.00	36.00	090
61343	.....	A	Incise skull, pressure relief	*29.77	30.05	30.05	5.28	65.10	65.10	090
61345	.....	A	Relieve cranial pressure	*27.20	19.18	19.18	3.45	49.83	49.83	090
61440	.....	A	Incise skull for surgery	*26.63	20.75	20.75	3.00	50.38	50.38	090
61450	.....	A	Incise skull for surgery	*25.95	20.43	20.43	3.43	49.81	49.81	090
61458	.....	A	Incise skull for brain wound	*27.29	27.28	27.28	4.87	59.44	59.44	090
61460	.....	A	Incise skull for surgery	*28.39	25.05	25.05	3.98	57.42	57.42	090
61470	.....	A	Incise skull for surgery	*26.06	13.86	13.86	2.53	42.45	42.45	090
61480	.....	A	Incise skull for surgery	*26.49	15.07	15.07	1.78	43.34	43.34	090
61490	.....	A	Incise skull for surgery	*25.66	11.72	11.72	2.16	39.54	39.54	090
61500	.....	A	Removal of skull lesion	*17.92	#19.71	#19.71	3.58	41.21	41.21	090
61501	.....	A	Remove infected skull bone	*14.84	#16.32	#16.32	3.33	34.49	34.49	090
61510	.....	A	Removal of brain lesion	*28.45	27.04	27.04	4.90	60.39	60.39	090
61512	.....	A	Remove brain lining lesion	*35.09	29.02	29.02	5.28	69.39	69.39	090
61514	.....	A	Removal of brain abscess	*25.26	25.52	25.52	4.74	55.52	55.52	090
61516	.....	A	Removal of brain lesion	*24.61	26.48	26.48	4.57	55.66	55.66	090
61518	.....	A	Removal of brain lesion	*37.32	30.02	30.02	5.46	72.80	72.80	090
61519	.....	A	Remove brain lining lesion	*41.39	31.22	31.22	5.77	78.38	78.38	090
61520	.....	A	Removal of brain lesion	*54.84	33.85	33.85	5.89	94.58	94.58	090
61521	.....	A	Removal of brain lesion	*44.48	32.97	32.97	5.85	83.30	83.30	090
61522	.....	A	Removal of brain abscess	*29.45	19.96	19.96	3.79	53.20	53.20	090
61524	.....	A	Removal of brain lesion	*27.86	27.45	27.45	5.15	60.46	60.46	090
61526	.....	A	Removal of brain lesion	*52.17	34.01	34.01	4.79	90.97	90.97	090
61530	.....	A	Removal of brain lesion	*43.86	34.01	34.01	4.79	82.66	82.66	090
61531	.....	A	Implant brain electrodes	*14.63	14.98	14.98	1.75	31.36	31.36	090
61533	.....	A	Implant brain electrodes	*19.71	17.02	17.02	3.33	40.06	40.06	090
61534	.....	A	Removal of brain lesion	*20.97	6.38	6.38	2.01	29.36	29.36	090
61535	.....	A	Remove brain electrodes	*11.63	7.66	7.66	1.25	20.54	20.54	090
61536	.....	A	Removal of brain lesion	*35.52	21.96	21.96	3.99	61.47	61.47	090
61538	.....	A	Removal of brain tissue	*26.81	29.08	29.08	4.97	60.86	60.86	090
61539	.....	A	Removal of brain tissue	*32.08	22.96	22.96	4.07	59.11	59.11	090
61541	.....	A	Incision of brain tissue	*28.85	19.80	19.80	3.78	52.43	52.43	090
61542	.....	A	Removal of brain tissue	*31.02	19.91	19.91	3.90	54.83	54.83	090
61543	.....	A	Removal of brain tissue	*29.22	17.24	17.24	2.49	48.95	48.95	090
61544	.....	A	Remove & treat brain lesion	*25.50	#28.05	#28.05	2.11	55.66	55.66	090
61545	.....	A	Excision of brain tumor	*43.80	25.66	25.66	4.80	74.26	74.26	090
61546	.....	A	Removal of pituitary gland	*31.30	27.01	27.01	4.78	63.09	63.09	090
61548	.....	A	Removal of pituitary gland	*21.53	#23.68	#23.68	4.03	49.24	49.24	090
61550	.....	A	Release of skull seams	*14.65	11.81	11.81	1.11	27.57	27.57	090
61552	.....	A	Release of skull seams	*19.56	13.83	13.83	2.70	36.09	36.09	090
61556	.....	A	Incise skull/sutures	*22.26	15.53	15.53	3.04	40.83	40.83	090
61557	.....	A	Incise skull/sutures	*22.38	15.62	15.62	3.05	41.05	41.05	090
61558	.....	A	Excision of skull/sutures	*25.58	17.74	17.74	3.47	46.79	46.79	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
61559	.....	A	Excision of skull/sutures	*32.79	23.01	23.01	4.50	60.30	60.30	090
61563	.....	A	Excision of skull tumor	*26.83	18.81	18.81	3.68	49.32	49.32	090
61564	.....	A	Excision of skull tumor	*33.83	23.73	23.73	4.64	62.20	62.20	090
61570	.....	A	Remove brain foreign body	*24.60	16.49	16.49	3.06	44.15	44.15	090
61571	.....	A	Incise skull for brain wound	*26.39	18.32	18.32	3.21	47.92	47.92	090
61575	.....	A	Skull base/brainstem surgery	*34.36	32.99	32.99	5.05	72.40	72.40	090
61576	.....	A	Skull base/brainstem surgery	*52.43	28.23	28.23	3.91	84.57	84.57	090
61580	.....	A	Craniofacial approach, skull	*30.35	21.01	21.01	4.10	55.46	55.46	090
61581	.....	A	Craniofacial approach, skull	*34.60	23.84	23.84	4.66	63.10	63.10	090
61582	.....	A	Craniofacial approach, skull	*31.66	21.65	21.65	4.22	57.53	57.53	090
61583	.....	A	Craniofacial approach, skull	*36.21	24.70	24.70	4.83	65.74	65.74	090
61584	.....	A	Orbitocranial approach/skull	*34.65	23.91	23.91	4.68	63.24	63.24	090
61585	.....	A	Orbitocranial approach/skull	*38.61	26.75	26.75	5.23	70.59	70.59	090
61586	.....	A	Resect nasopharynx, skull	*25.10	21.38	21.38	2.32	48.80	48.80	090
61590	.....	A	Infratemporal approach/skull	*41.78	29.10	29.10	5.68	76.56	76.56	090
61591	.....	A	Infratemporal approach/skull	*43.68	30.52	30.52	5.96	80.16	80.16	090
61592	.....	A	Orbitocranial approach/skull	*39.64	27.68	27.68	5.41	72.73	72.73	090
61595	.....	A	Transtemporal approach/skull	*29.57	20.44	20.44	4.00	54.01	54.01	090
61596	.....	A	Transcochlear approach/skull	*35.63	24.84	24.84	4.86	65.33	65.33	090
61597	.....	A	Transcondylar approach/skull	*37.96	26.26	26.26	5.13	69.35	69.35	090
61598	.....	A	Transpetrosal approach/skull	*33.41	23.13	23.13	4.52	61.06	61.06	090
61600	.....	A	Resect/excise cranial lesion	*25.85	17.74	17.74	3.46	47.05	47.05	090
61601	.....	A	Resect/excise cranial lesion	*27.89	19.03	19.03	3.72	50.64	50.64	090
61605	.....	A	Resect/excise cranial lesion	*29.33	20.09	20.09	3.93	53.35	53.35	090
61606	.....	A	Resect/excise cranial lesion	*38.83	26.90	26.90	5.25	70.98	70.98	090
61607	.....	A	Resect/excise cranial lesion	*36.27	25.13	25.13	4.91	66.31	66.31	090
61608	.....	A	Resect/excise cranial lesion	*42.10	29.24	29.24	5.71	77.05	77.05	090
61609	.....	A	Transect, artery, sinus	9.89	7.19	7.19	1.40	18.48	18.48	ZZZ
61610	.....	A	Transect, artery, sinus	29.67	21.57	21.57	4.21	55.45	55.45	ZZZ
61611	.....	A	Transect, artery, sinus	7.42	5.39	5.39	1.06	13.87	13.87	ZZZ
61612	.....	A	Transect, artery, sinus	27.88	20.27	20.27	3.96	52.11	52.11	ZZZ
61613	.....	A	Remove aneurysm, sinus	*40.86	28.67	28.67	5.61	75.14	75.14	090
61615	.....	A	Resect/excise lesion, skull	*32.07	22.07	22.07	4.31	58.45	58.45	090
61616	.....	A	Resect/excise lesion, skull	*43.33	30.03	30.03	5.86	79.22	79.22	090
61618	.....	A	Repair dura	*16.99	11.35	11.35	2.22	30.56	30.56	090
61619	.....	A	Repair dura	*20.71	14.19	14.19	2.77	37.67	37.67	090
61624	.....	A	Occlusion/embolization cath	20.15	15.28	15.28	1.79	37.22	37.22	000
61626	.....	A	Occlusion/embolization cath	16.62	12.60	12.60	1.47	30.69	30.69	000
61680	.....	A	Intracranial vessel surgery	*30.71	31.06	31.06	5.79	67.56	67.56	090
61682	.....	A	Intracranial vessel surgery	*61.57	35.31	35.31	6.36	103.24	103.24	090
61684	.....	A	Intracranial vessel surgery	*39.81	29.76	29.76	3.47	73.04	73.04	090
61686	.....	A	Intracranial vessel surgery	*64.49	35.98	35.98	4.20	104.67	104.67	090
61690	.....	A	Intracranial vessel surgery	*29.31	27.46	27.46	4.09	60.86	60.86	090
61692	.....	A	Intracranial vessel surgery	*51.87	28.79	28.79	3.36	84.02	84.02	090
61700	.....	A	Inner skull vessel surgery	*50.52	31.69	31.69	5.67	87.88	87.88	090
61702	.....	A	Inner skull vessel surgery	*48.41	36.31	36.31	6.61	91.33	91.33	090
61703	.....	A	Clamp neck artery	*17.47	12.21	12.21	2.24	31.92	31.92	090
61705	.....	A	Revise circulation to head	*36.20	30.41	30.41	5.25	71.86	71.86	090
61708	.....	A	Revise circulation to head	*35.30	25.20	25.20	2.32	62.82	62.82	090
61710	.....	A	Revise circulation to head	*29.67	16.63	16.63	1.75	48.05	48.05	090
61711	.....	A	Fusion of skull arteries	*36.33	33.04	33.04	6.20	75.57	75.57	090
61712	.....	A	Skull or spine microsurgery	3.49	#3.84	#3.84	0.93	8.26	8.26	ZZZ
61720	.....	A	Incise skull/brain surgery	*16.77	#18.45	#18.45	4.05	39.27	39.27	090
61735	.....	A	Incise skull/brain surgery	*20.43	12.96	12.96	1.51	34.90	34.90	090
61750	.....	A	Incise skull; brain biopsy	*18.20	13.54	13.54	4.31	36.05	36.05	090
61751	.....	A	Brain biopsy with cat scan	*17.62	#19.38	#19.38	4.44	41.44	41.44	090
61760	.....	A	Implant brain electrodes	*22.27	14.98	14.98	1.75	39.00	39.00	090
61770	.....	A	Incise skull for treatment	*21.44	19.38	19.38	3.43	44.25	44.25	090
61790	.....	A	Treat trigeminal nerve	*10.86	#11.95	#11.95	3.03	25.84	25.84	090
61791	.....	A	Treat trigeminal tract	*14.61	9.77	9.77	3.16	27.54	27.54	090
61793	.....	A	Focus radiation beam	*17.24	#18.96	#18.96	1.96	38.16	38.16	090
61795	.....	A	Brain surgery using computer	4.04	#4.44	#4.44	1.55	10.03	10.03	000
61850	.....	A	Implant neuroelectrodes	*12.39	11.63	11.63	2.26	26.28	26.28	090
61855	.....	A	Implant neuroelectrodes	*13.39	10.39	10.39	1.47	25.25	25.25	090
61860	.....	A	Implant neuroelectrodes	*20.87	8.14	8.14	1.59	30.60	30.60	090
61865	.....	A	Implant neuroelectrodes	*22.97	15.78	15.78	3.09	41.84	41.84	090
61870	.....	A	Implant neuroelectrodes	*14.94	4.19	4.19	0.82	19.95	19.95	090
61875	.....	A	Implant neuroelectrodes	*15.06	6.69	6.69	1.31	23.06	23.06	090
61880	.....	A	Revise/remove neuroelectrode	*6.29	4.79	4.79	0.66	11.74	11.74	090
61885	.....	A	Implant neuroreceiver	*5.85	1.96	1.96	0.29	8.10	8.10	090
61888	.....	A	Revise/remove neuroreceiver	*5.07	2.25	2.25	0.44	7.76	7.76	010
62000	.....	A	Repair of skull fracture	*12.53	5.73	5.73	0.95	19.21	19.21	090
62005	.....	A	Repair of skull fracture	*16.17	11.08	11.08	1.97	29.22	29.22	090
62010	.....	A	Treatment of head injury	*19.81	19.20	19.20	3.39	42.40	42.40	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
62100	.....	A	Repair brain fluid leakage	*22.03	21.62	21.62	3.72	47.37	47.37	090
62115	.....	A	Reduction of skull defect	*21.66	15.51	15.51	1.82	38.99	38.99	090
62116	.....	A	Reduction of skull defect	*23.59	16.98	16.98	1.99	42.56	42.56	090
62117	.....	A	Reduction of skull defect	*26.60	19.20	19.20	2.25	48.05	48.05	090
62120	.....	A	Repair skull cavity lesion	*23.35	16.90	16.90	1.98	42.23	42.23	090
62121	.....	A	Incise skull repair	*21.58	17.51	17.51	3.41	42.50	42.50	090
62140	.....	A	Repair of skull defect	*13.51	13.43	13.43	2.39	29.33	29.33	090
62141	.....	A	Repair of skull defect	*14.91	#16.40	#16.40	3.28	34.59	34.59	090
62142	.....	A	Remove skull plate/flap	*10.79	#11.87	#11.87	2.64	25.30	25.30	090
62143	.....	A	Replace skull plate/flap	*13.05	9.17	9.17	1.65	23.87	23.87	090
62145	.....	A	Repair of skull & brain	*18.82	13.16	13.16	2.29	34.27	34.27	090
62146	.....	A	Repair of skull with graft	*16.12	10.99	10.99	2.15	29.26	29.26	090
62147	.....	A	Repair of skull with graft	*19.34	13.17	13.17	2.57	35.08	35.08	090
62180	.....	A	Establish brain cavity shunt	*21.06	14.21	14.21	2.70	37.97	37.97	090
62190	.....	A	Establish brain cavity shunt	*11.07	#12.18	#12.18	3.21	26.46	26.46	090
62192	.....	A	Establish brain cavity shunt	*12.25	#13.48	#13.48	2.74	28.47	28.47	090
62194	.....	A	Replace/irrigate catheter	*5.03	1.88	1.88	0.29	7.20	7.20	010
62200	.....	A	Establish brain cavity shunt	*18.32	16.95	16.95	3.09	38.36	38.36	090
62201	.....	A	Establish brain cavity shunt	*14.86	8.78	8.78	1.72	25.36	25.36	090
62220	.....	A	Establish brain cavity shunt	*13.00	#14.30	#14.30	3.12	30.42	30.42	090
62223	.....	A	Establish brain cavity shunt	*12.87	#14.16	#14.16	3.02	30.05	30.05	090
62225	.....	A	Replace/irrigate catheter	*5.41	4.80	4.80	0.58	10.79	10.79	090
62230	.....	A	Replace/revise brain shunt	*10.54	9.83	9.83	1.82	22.19	22.19	090
62256	.....	A	Remove brain cavity shunt	*6.60	6.38	6.38	1.17	14.15	14.15	090
62258	.....	A	Replace brain cavity shunt	*14.54	14.78	14.78	2.55	31.87	31.87	090
62268	.....	A	Drain spinal cord cyst	4.74	2.98	2.98	0.36	8.08	8.08	000
62269	.....	A	Needle biopsy spinal cord	5.02	1.75	1.75	0.28	7.05	7.05	000
62270	.....	A	Spinal fluid tap, diagnostic	1.13	0.71	0.71	0.06	1.90	1.90	000
62272	.....	A	Drain spinal fluid	1.35	1.01	1.01	0.12	2.48	2.48	000
62273	.....	A	Treat lumbar spine lesion	2.15	1.12	1.12	0.26	3.53	3.53	000
62274	.....	A	Inject spinal anesthetic	1.78	0.74	0.74	0.17	2.69	2.69	000
62275	.....	A	Inject spinal anesthetic	1.79	0.59	0.59	0.19	2.57	2.57	000
62276	.....	A	Inject spinal anesthetic	2.04	1.23	1.23	0.23	3.50	3.50	000
62277	.....	A	Inject spinal anesthetic	2.15	0.84	0.84	0.23	3.22	3.22	000
62278	.....	A	Inject spinal anesthetic	1.51	0.98	0.98	0.26	2.75	2.75	000
62279	.....	A	Inject spinal anesthetic	1.58	0.82	0.82	0.24	2.64	2.64	000
62280	.....	A	Treat spinal cord lesion	*2.63	0.71	0.71	0.14	3.48	3.48	010
62281	.....	A	Treat spinal cord lesion	*2.66	0.87	0.87	0.28	3.81	3.81	010
62282	.....	A	Treat spinal canal lesion	*2.33	1.70	1.70	0.40	4.43	4.43	010
62284	.....	A	Injection for myelogram	1.54	1.98	#1.69	0.34	3.86	3.57	000
62287	.....	A	Percutaneous diskectomy	*8.08	6.96	6.96	2.65	17.69	17.69	090
62288	.....	A	Injection into spinal canal	1.74	1.12	1.12	0.24	3.10	3.10	000
62289	.....	A	Injection into spinal canal	1.64	1.07	1.07	0.29	3.00	3.00	000
62290	.....	A	Inject for spine disk x-ray	3.00	1.86	1.86	0.24	5.10	5.10	000
62291	.....	A	Inject for spine disk x-ray	2.91	1.78	1.78	0.39	5.08	5.08	000
62292	.....	A	Injection into disk lesion	*7.86	#8.65	#8.65	2.13	18.64	18.64	090
62294	.....	A	Injection into spinal artery	*11.83	5.84	5.84	0.68	18.35	18.35	090
62298	.....	A	Injection into spinal canal	2.20	1.04	1.04	0.13	3.37	3.37	000
62350	.....	A	Implant spinal catheter	*6.87	3.49	3.49	1.02	11.38	11.38	090
62351	.....	A	Implant spinal catheter	*10.00	5.16	5.16	1.50	16.66	16.66	090
62355	.....	A	Remove spinal canal catheter	*5.45	3.49	3.49	0.68	9.62	9.62	090
62360	.....	A	Insert spine infusion device	*2.62	1.12	1.12	0.33	4.07	4.07	090
62361	.....	A	Implant spine infusion pump	*5.42	2.68	2.68	0.78	8.88	8.88	090
62362	.....	A	Implant spine infusion pump	*7.04	3.51	3.51	1.02	11.57	11.57	090
62365	.....	A	Remove spine infusion device	*5.42	3.47	3.47	0.68	9.57	9.57	090
62367	.....	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62367	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62367	26	A	Analyze spine infusion pump	0.48	0.35	0.35	0.07	0.90	0.90	XXX
62368	.....	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	0.00	0.00	XXX
62368	26	A	Analyze spine infusion pump	0.75	0.55	0.55	0.11	1.41	1.41	XXX
63001	.....	A	Removal of spinal lamina	*15.82	#17.40	#17.40	3.42	36.64	36.64	090
63003	.....	A	Removal of spinal lamina	*15.95	#17.55	#17.55	3.23	36.73	36.73	090
63005	.....	A	Removal of spinal lamina	*14.92	#16.41	#16.41	3.10	34.43	34.43	090
63011	.....	A	Removal of spinal lamina	*14.52	9.99	9.99	1.87	26.38	26.38	090
63012	.....	A	Removal of spinal lamina	*15.40	#16.94	#16.94	3.15	35.49	35.49	090
63015	.....	A	Removal of spinal lamina	*19.35	21.23	21.23	4.18	44.76	44.76	090
63016	.....	A	Removal of spinal lamina	*19.20	#21.12	#21.12	4.11	44.43	44.43	090
63017	.....	A	Removal of spinal lamina	*15.94	#17.53	#17.53	4.00	37.47	37.47	090
63020	.....	A	Neck spine disk surgery	*14.81	16.04	16.04	3.38	34.23	34.23	090
63030	.....	A	Low back disk surgery	*12.00	#13.20	#13.20	2.81	28.01	28.01	090
63035	.....	A	Added spinal disk surgery	3.15	#3.47	#3.47	0.76	7.38	7.38	ZZZ
63040	.....	A	Neck spine disk surgery	*18.81	#20.69	#20.69	4.30	43.80	43.80	090
63042	.....	A	Low back disk surgery	*17.47	#19.22	#19.22	4.38	41.07	41.07	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
63045	.....	A	Removal of spinal lamina	*16.50	#18.15	#18.15	4.38	39.03	39.03	090
63046	.....	A	Removal of spinal lamina	*15.80	#17.38	#17.38	4.58	37.76	37.76	090
63047	.....	A	Removal of spinal lamina	*14.61	#16.07	#16.07	4.48	35.16	35.16	090
63048	.....	A	Removal of spinal lamina	3.26	#3.59	#3.59	1.03	7.88	7.88	ZZZ
63055	.....	A	Decompress spinal cord	*21.99	23.73	23.73	4.18	49.90	49.90	090
63056	.....	A	Decompress spinal cord	*20.36	21.84	21.84	3.76	45.96	45.96	090
63057	.....	A	Decompress spinal cord	5.26	3.84	3.84	0.85	9.95	9.95	ZZZ
63064	.....	A	Decompress spinal cord	*24.61	23.83	23.83	4.09	52.53	52.53	090
63066	.....	A	Decompress spinal cord	3.26	2.48	2.48	0.45	6.19	6.19	ZZZ
63075	.....	A	Neck spine disk surgery	*19.41	17.57	17.57	3.21	40.19	40.19	090
63076	.....	A	Neck spine disk surgery	4.05	#4.46	#4.46	0.97	9.48	9.48	ZZZ
63077	.....	A	Spine disk surgery, thorax	*21.44	18.42	18.42	3.17	43.03	43.03	090
63078	.....	A	Spine disk surgery, thorax	3.28	2.61	2.61	0.45	6.34	6.34	ZZZ
63081	.....	A	Removal of vertebral body	*23.73	#26.10	#26.10	4.50	54.33	54.33	090
63082	.....	A	Removal of vertebral body	4.37	#4.81	#4.81	1.22	10.40	10.40	ZZZ
63085	.....	A	Removal of vertebral body	*26.92	27.39	27.39	4.69	59.00	59.00	090
63086	.....	A	Removal of vertebral body	3.19	#3.51	#3.51	1.07	7.77	7.77	ZZZ
63087	.....	A	Removal of vertebral body	*35.57	28.25	28.25	4.85	68.67	68.67	090
63088	.....	A	Removal of vertebral body	4.33	#4.76	#4.76	1.18	10.27	10.27	ZZZ
63090	.....	A	Removal of vertebral body	*28.16	29.22	29.22	4.92	62.30	62.30	090
63091	.....	A	Removal of vertebral body	3.03	2.73	2.73	0.46	6.22	6.22	ZZZ
63170	.....	A	Incise spinal cord tract(s)	*19.83	18.88	18.88	3.28	41.99	41.99	090
63172	.....	A	Drainage of spinal cyst	*17.66	#19.43	#19.43	4.26	41.35	41.35	090
63173	.....	A	Drainage of spinal cyst	*21.99	15.47	15.47	1.81	39.27	39.27	090
63180	.....	A	Revise spinal cord ligaments	*18.27	11.61	11.61	2.05	31.93	31.93	090
63182	.....	A	Revise spinal cord ligaments	*20.50	16.44	16.44	2.21	39.15	39.15	090
63185	.....	A	Incise spinal column/nerves	*15.04	15.55	15.55	2.93	33.52	33.52	090
63190	.....	A	Incise spinal column/nerves	*17.45	#19.20	#19.20	3.91	40.56	40.56	090
63191	.....	A	Incise spinal column/nerves	*17.54	13.04	13.04	2.21	32.79	32.79	090
63194	.....	A	Incise spinal column & cord	*19.19	13.02	13.02	2.33	34.54	34.54	090
63195	.....	A	Incise spinal column & cord	*18.84	13.86	13.86	2.11	34.81	34.81	090
63196	.....	A	Incise spinal column & cord	*22.30	15.59	15.59	1.83	39.72	39.72	090
63197	.....	A	Incise spinal column & cord	*21.11	14.36	14.36	2.62	38.09	38.09	090
63198	.....	A	Incise spinal column & cord	*25.38	16.32	16.32	3.19	44.89	44.89	090
63199	.....	A	Incise spinal column & cord	*26.89	21.40	21.40	2.61	50.90	50.90	090
63200	.....	A	Release of spinal cord	*19.18	12.49	12.49	1.83	33.50	33.50	090
63250	.....	A	Revise spinal cord vessels	*40.76	27.99	27.99	5.22	73.97	73.97	090
63251	.....	A	Revise spinal cord vessels	*41.20	22.74	22.74	4.32	68.26	68.26	090
63252	.....	A	Revise spinal cord vessels	*41.19	28.25	28.25	5.52	74.96	74.96	090
63265	.....	A	Excise intraspinal lesion	*21.56	22.01	22.01	3.90	47.47	47.47	090
63266	.....	A	Excise intraspinal lesion	*22.30	#24.53	#24.53	4.43	51.26	51.26	090
63267	.....	A	Excise intraspinal lesion	*17.95	#19.75	#19.75	4.20	41.90	41.90	090
63268	.....	A	Excise intraspinal lesion	*18.52	12.56	12.56	2.46	33.54	33.54	090
63270	.....	A	Excise intraspinal lesion	*26.80	18.14	18.14	3.42	48.36	48.36	090
63271	.....	A	Excise intraspinal lesion	*26.92	26.60	26.60	4.79	58.31	58.31	090
63272	.....	A	Excise intraspinal lesion	*25.32	23.15	23.15	4.26	52.73	52.73	090
63273	.....	A	Excise intraspinal lesion	*24.29	17.56	17.56	3.12	44.97	44.97	090
63275	.....	A	Biopsy/excise spinal tumor	*23.68	#26.05	#26.05	5.09	54.82	54.82	090
63276	.....	A	Biopsy/excise spinal tumor	*23.45	25.31	25.31	4.62	53.38	53.38	090
63277	.....	A	Biopsy/excise spinal tumor	*20.83	#22.91	#22.91	4.25	47.99	47.99	090
63278	.....	A	Biopsy/excise spinal tumor	*20.56	#22.62	#22.62	4.32	47.50	47.50	090
63280	.....	A	Biopsy/excise spinal tumor	*28.35	28.08	28.08	4.99	61.42	61.42	090
63281	.....	A	Biopsy/excise spinal tumor	*28.05	27.67	27.67	4.96	60.68	60.68	090
63282	.....	A	Biopsy/excise spinal tumor	*26.39	24.11	24.11	4.44	54.94	54.94	090
63283	.....	A	Biopsy/excise spinal tumor	*25.00	18.77	18.77	3.44	47.21	47.21	090
63285	.....	A	Biopsy/excise spinal tumor	*36.00	24.49	24.49	4.49	64.98	64.98	090
63286	.....	A	Biopsy/excise spinal tumor	*35.63	28.76	28.76	4.92	69.31	69.31	090
63287	.....	A	Biopsy/excise spinal tumor	*36.70	25.72	25.72	4.53	66.95	66.95	090
63290	.....	A	Biopsy/excise spinal tumor	*37.38	27.16	27.16	4.65	69.19	69.19	090
63300	.....	A	Removal of vertebral body	*24.43	17.27	17.27	2.02	43.72	43.72	090
63301	.....	A	Removal of vertebral body	*27.60	18.45	18.45	3.58	49.63	49.63	090
63302	.....	A	Removal of vertebral body	*27.81	21.36	21.36	3.02	52.19	52.19	090
63303	.....	A	Removal of vertebral body	*30.50	18.50	18.50	3.39	52.39	52.39	090
63304	.....	A	Removal of vertebral body	*30.33	21.31	21.31	2.49	54.13	54.13	090
63305	.....	A	Removal of vertebral body	*32.03	22.49	22.49	3.75	58.27	58.27	090
63306	.....	A	Removal of vertebral body	*32.22	22.76	22.76	2.65	57.63	57.63	090
63307	.....	A	Removal of vertebral body	*31.63	24.42	24.42	2.98	59.03	59.03	090
63308	.....	A	Removal of vertebral body	5.25	4.05	4.05	0.73	10.03	10.03	ZZZ
63600	.....	A	Remove spinal cord lesion	*14.02	10.70	10.70	2.63	27.35	27.35	090
63610	.....	A	Stimulation of spinal cord	8.73	6.73	6.73	2.06	17.52	17.52	000
63615	.....	A	Remove lesion of spinal cord	*16.28	11.55	11.55	2.03	29.86	29.86	090
63650	.....	A	Implant neuroelectrodes	*6.74	#7.41	#7.41	2.13	16.28	16.28	090
63655	.....	A	Implant neuroelectrodes	*10.29	#11.32	#11.32	3.64	25.25	25.25	090
63660	.....	A	Revise/remove neuroelectrode	*6.16	#6.78	#6.78	1.56	14.50	14.50	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
63685	.....	A	Implant neuroreceiver	*7.04	7.40	7.40	1.46	15.90	15.90	090
63688	.....	A	Revise/remove neuroreceiver	*5.39	#5.93	#5.93	1.26	12.58	12.58	090
63690	.....	A	Analysis of neuroreceiver	0.45	0.58	#0.50	0.12	1.15	1.07	XXX
63691	.....	A	Analysis of neuroreceiver	0.65	0.41	0.41	0.11	1.17	1.17	XXX
63700	.....	A	Repair of spinal herniation	*16.53	11.35	11.35	2.22	30.10	30.10	090
63702	.....	A	Repair of spinal herniation	*18.48	12.78	12.78	2.49	33.75	33.75	090
63704	.....	A	Repair of spinal herniation	*21.18	14.19	14.19	2.77	38.14	38.14	090
63706	.....	A	Repair of spinal herniation	*24.11	16.33	16.33	3.18	43.62	43.62	090
63707	.....	A	Repair spinal fluid leakage	*11.26	#12.39	#12.39	2.56	26.21	26.21	090
63709	.....	A	Repair spinal fluid leakage	*14.32	#15.75	#15.75	3.30	33.37	33.37	090
63710	.....	A	Graft repair of spine defect	*14.07	9.75	9.75	1.58	25.40	25.40	090
63740	.....	A	Install spinal shunt	*11.36	#12.50	#12.50	2.99	26.85	26.85	090
63741	.....	A	Install spinal shunt	*8.25	#9.08	#9.08	2.39	19.72	19.72	090
63744	.....	A	Revision of spinal shunt	*8.10	8.15	8.15	1.68	17.93	17.93	090
63746	.....	A	Removal of spinal shunt	*6.43	5.52	5.52	1.08	13.03	13.03	090
64400	.....	A	Injection for nerve block	1.11	0.48	0.48	0.05	1.64	1.64	000
64402	.....	A	Injection for nerve block	1.25	0.62	0.62	0.09	1.96	1.96	000
64405	.....	A	Injection for nerve block	1.32	0.64	0.64	0.07	2.03	2.03	000
64408	.....	A	Injection for nerve block	1.41	1.04	1.04	0.11	2.56	2.56	000
64410	.....	A	Injection for nerve block	1.43	0.71	0.71	0.15	2.29	2.29	000
64412	.....	A	Injection for nerve block	1.18	0.62	0.62	0.08	1.88	1.88	000
64413	.....	A	Injection for nerve block	1.40	0.74	0.74	0.08	2.22	2.22	000
64415	.....	A	Injection for nerve block	1.48	0.26	0.26	0.07	1.81	1.81	000
64417	.....	A	Injection for nerve block	1.44	0.63	0.63	0.15	2.22	2.22	000
64418	.....	A	Injection for nerve block	1.32	0.85	0.85	0.10	2.27	2.27	000
64420	.....	A	Injection for nerve block	1.18	0.64	0.64	0.07	1.89	1.89	000
64421	.....	A	Injection for nerve block	1.68	0.83	0.83	0.17	2.68	2.68	000
64425	.....	A	Injection for nerve block	1.75	0.57	0.57	0.10	2.42	2.42	000
64430	.....	A	Injection for nerve block	1.46	0.70	0.70	0.12	2.28	2.28	000
64435	.....	A	Injection for nerve block	1.45	0.47	0.47	0.09	2.01	2.01	000
64440	.....	A	Injection for nerve block	1.34	0.79	0.79	0.09	2.22	2.22	000
64441	.....	A	Injection for nerve block	1.79	1.01	1.01	0.12	2.92	2.92	000
64442	.....	A	Injection for nerve block	1.41	1.19	1.19	0.16	2.76	2.76	000
64443	.....	A	Injection for nerve block	0.98	0.63	0.63	0.12	1.73	1.73	ZZZ
64445	.....	A	Injection for nerve block	1.48	0.49	0.49	0.06	2.03	2.03	000
64450	.....	A	Injection for nerve block	1.27	0.53	0.53	0.05	1.85	1.85	000
64505	.....	A	Injection for nerve block	1.36	0.62	0.62	0.06	2.04	2.04	000
64508	.....	A	Injection for nerve block	1.12	1.04	1.04	0.08	2.24	2.24	000
64510	.....	A	Injection for nerve block	1.22	0.71	0.71	0.18	2.11	2.11	000
64520	.....	A	Injection for nerve block	1.35	0.72	0.72	0.17	2.24	2.24	000
64530	.....	A	Injection for nerve block	1.58	1.17	1.17	0.28	3.03	3.03	000
64550	.....	A	Apply neurostimulator	0.18	0.44	0.44	0.04	0.66	0.66	000
64553	.....	A	Implant neuroelectrodes	*2.31	1.02	1.02	0.10	3.43	3.43	010
64555	.....	A	Implant neuroelectrodes	*2.27	0.42	0.42	0.10	2.79	2.79	010
64560	.....	A	Implant neuroelectrodes	*2.36	1.45	1.45	0.24	4.05	4.05	010
64565	.....	A	Implant neuroelectrodes	*1.76	0.76	0.76	0.08	2.60	2.60	010
64573	.....	A	Implant neuroelectrodes	*4.43	3.16	3.16	0.61	8.20	8.20	090
64575	.....	A	Implant neuroelectrodes	*4.35	3.07	3.07	0.40	7.82	7.82	090
64577	.....	A	Implant neuroelectrodes	*4.62	2.76	2.76	0.45	7.83	7.83	090
64580	.....	A	Implant neuroelectrodes	*4.12	2.91	2.91	0.20	7.23	7.23	090
64585	.....	A	Revise/remove neuroelectrode	*2.06	0.97	0.97	0.09	3.12	3.12	010
64590	.....	A	Implant neuroreceiver	*2.40	1.84	1.84	0.35	4.59	4.59	010
64595	.....	A	Revise/remove neuroreceiver	*1.73	1.12	1.12	0.21	3.06	3.06	010
64600	.....	A	Injection treatment of nerve	*3.45	1.69	1.69	0.17	5.31	5.31	010
64605	.....	A	Injection treatment of nerve	*5.61	1.56	1.56	0.33	7.50	7.50	010
64610	.....	A	Injection treatment of nerve	*7.16	7.26	7.26	1.35	15.77	15.77	010
64612	.....	A	Destroy nerve, face muscle	*1.96	1.45	1.45	0.17	3.58	3.58	010
64613	.....	A	Destroy nerve, spine muscle	*1.96	1.45	1.45	0.17	3.58	3.58	010
64620	.....	A	Injection treatment of nerve	*2.84	1.00	1.00	0.19	4.03	4.03	010
64622	.....	A	Injection treatment of nerve	*3.00	1.82	1.82	0.35	5.17	5.17	010
64623	.....	A	Injection treatment of nerve	0.99	0.85	0.85	0.17	2.01	2.01	ZZZ
64630	.....	A	Injection treatment of nerve	*3.00	1.74	1.74	0.38	5.12	5.12	010
64640	.....	A	Injection treatment of nerve	*2.76	0.92	0.92	0.09	3.77	3.77	010
64680	.....	A	Injection treatment of nerve	*2.62	1.55	1.55	0.41	4.58	4.58	010
64702	.....	A	Revise finger/toe nerve	*4.23	4.22	4.22	0.70	9.15	9.15	090
64704	.....	A	Revise hand/foot nerve	*4.57	#5.03	#5.03	0.74	10.34	10.34	090
64708	.....	A	Revise arm/leg nerve	*6.12	#6.73	#6.73	1.26	14.11	14.11	090
64712	.....	A	Revision of sciatic nerve	*7.75	#8.53	#8.53	1.68	17.96	17.96	090
64713	.....	A	Revision of arm nerve(s)	*11.00	9.40	9.40	1.72	22.12	22.12	090
64714	.....	A	Revise low back nerve(s)	*10.33	6.13	6.13	1.41	17.87	17.87	090
64716	.....	A	Revision of cranial nerve	*6.31	4.83	4.83	0.67	11.81	11.81	090
64718	.....	A	Revise ulnar nerve at elbow	*5.99	#6.59	#6.59	1.13	13.71	13.71	090
64719	.....	A	Revise ulnar nerve at wrist	*4.85	4.95	4.95	0.85	10.65	10.65	090
64721	.....	A	Carpal tunnel surgery	*4.29	#4.72	#4.72	0.83	9.84	9.84	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
64722	.....	A	Relieve pressure on nerve(s)	*4.70	#5.17	#5.17	1.11	10.98	10.98	090
64726	.....	A	Release foot/toe nerve	*4.18	0.72	0.72	0.07	4.97	4.97	090
64727	.....	A	Internal nerve revision	3.10	3.24	3.24	0.55	6.89	6.89	ZZZ
64732	.....	A	Incision of brow nerve	*4.41	4.31	4.31	0.72	9.44	9.44	090
64734	.....	A	Incision of cheek nerve	*4.92	4.61	4.61	0.67	10.20	10.20	090
64736	.....	A	Incision of chin nerve	*4.60	4.46	4.46	0.42	9.48	9.48	090
64738	.....	A	Incision of jaw nerve	*5.73	5.07	5.07	0.61	11.41	11.41	090
64740	.....	A	Incision of tongue nerve	*5.59	5.18	5.18	0.62	11.39	11.39	090
64742	.....	A	Incision of facial nerve	*6.22	5.00	5.00	0.44	11.66	11.66	090
64744	.....	A	Incise nerve, back of head	*5.24	#5.76	#5.76	1.10	12.10	12.10	090
64746	.....	A	Incise diaphragm nerve	*5.93	3.77	3.77	0.77	10.47	10.47	090
64752	.....	A	Incision of vagus nerve	*7.06	3.93	3.93	0.85	11.84	11.84	090
64755	.....	A	Incision of stomach nerves	*13.52	10.47	10.47	2.27	26.26	26.26	090
64760	.....	A	Incision of vagus nerve	*6.96	6.65	6.65	1.50	15.11	15.11	090
64761	.....	A	Incision of pelvis nerve	*6.41	4.66	4.66	0.50	11.57	11.57	090
64763	.....	A	Incise hip/thigh nerve	*6.93	4.80	4.80	0.92	12.65	12.65	090
64766	.....	A	Incise hip/thigh nerve	*8.67	6.67	6.67	1.20	16.54	16.54	090
64771	.....	A	Sever cranial nerve	*7.35	6.42	6.42	0.73	14.50	14.50	090
64772	.....	A	Incision of spinal nerve	*7.21	6.77	6.77	1.30	15.28	15.28	090
64774	.....	A	Remove skin nerve lesion	*5.17	2.74	2.74	0.45	8.36	8.36	090
64776	.....	A	Remove digit nerve lesion	*5.12	2.78	2.78	0.41	8.31	8.31	090
64778	.....	A	Added digit nerve surgery	3.11	2.73	2.73	0.43	6.27	6.27	ZZZ
64782	.....	A	Remove limb nerve lesion	*6.23	4.70	4.70	0.46	11.39	11.39	090
64783	.....	A	Added limb nerve surgery	3.72	3.26	3.26	0.47	7.45	7.45	ZZZ
64784	.....	A	Remove nerve lesion	*9.82	5.64	5.64	0.96	16.42	16.42	090
64786	.....	A	Remove sciatic nerve lesion	*15.46	12.66	12.66	2.14	30.26	30.26	090
64787	.....	A	Implant nerve end	4.30	3.47	3.47	0.60	8.37	8.37	ZZZ
64788	.....	A	Remove skin nerve lesion	*4.61	3.63	3.63	0.50	8.74	8.74	090
64790	.....	A	Removal of nerve lesion	*11.31	7.11	7.11	1.22	19.64	19.64	090
64792	.....	A	Removal of nerve lesion	*14.92	8.99	8.99	1.66	25.57	25.57	090
64795	.....	A	Biopsy of nerve	3.01	2.38	2.38	0.39	5.78	5.78	000
64802	.....	A	Remove sympathetic nerves	*9.15	5.40	5.40	1.10	15.65	15.65	090
64804	.....	A	Remove sympathetic nerves	*14.64	12.77	12.77	2.44	29.85	29.85	090
64809	.....	A	Remove sympathetic nerves	*13.67	10.55	10.55	2.04	26.26	26.26	090
64818	.....	A	Remove sympathetic nerves	*10.30	8.57	8.57	1.72	20.59	20.59	090
64820	.....	A	Remove sympathetic nerves	*10.37	7.27	7.27	1.42	19.06	19.06	090
64830	.....	A	Microrepair of nerve	3.10	2.01	2.01	0.38	5.49	5.49	ZZZ
64831	.....	A	Repair of digit nerve	*9.44	3.38	3.38	0.56	13.38	13.38	090
64832	.....	A	Repair additional nerve	5.66	1.40	1.40	0.24	7.30	7.30	ZZZ
64834	.....	A	Repair of hand or foot nerve	*10.19	3.50	3.50	0.56	14.25	14.25	090
64835	.....	A	Repair of hand or foot nerve	*10.94	5.96	5.96	1.03	17.93	17.93	090
64836	.....	A	Repair of hand or foot nerve	*10.94	6.70	6.70	1.22	18.86	18.86	090
64837	.....	A	Repair additional nerve	6.26	4.45	4.45	0.85	11.56	11.56	ZZZ
64840	.....	A	Repair of leg nerve	*13.02	10.35	10.35	0.53	23.90	23.90	090
64856	.....	A	Repair/transpose nerve	*13.80	8.21	8.21	1.46	23.47	23.47	090
64857	.....	A	Repair arm/leg nerve	*14.49	9.53	9.53	1.54	25.56	25.56	090
64858	.....	A	Repair sciatic nerve	*16.49	10.98	10.98	2.11	29.58	29.58	090
64859	.....	A	Additional nerve surgery	4.26	3.50	3.50	0.58	8.34	8.34	ZZZ
64861	.....	A	Repair of arm nerves	*19.24	13.42	13.42	1.38	34.04	34.04	090
64862	.....	A	Repair of low back nerves	*19.44	21.56	21.56	1.61	42.61	42.61	090
64864	.....	A	Repair of facial nerve	*12.55	7.86	7.86	1.16	21.57	21.57	090
64865	.....	A	Repair of facial nerve	*15.24	12.34	12.34	1.50	29.08	29.08	090
64866	.....	A	Fusion of facial/other nerve	*15.74	11.19	11.19	1.84	28.77	28.77	090
64868	.....	A	Fusion of facial/other nerve	*14.04	11.19	11.19	1.47	26.70	26.70	090
64870	.....	A	Fusion of facial/other nerve	*15.99	13.91	13.91	1.70	31.60	31.60	090
64872	.....	A	Subsequent repair of nerve	1.99	1.44	1.44	0.29	3.72	3.72	ZZZ
64874	.....	A	Repair & revise nerve	2.98	2.17	2.17	0.43	5.58	5.58	ZZZ
64876	.....	A	Repair nerve; shorten bone	3.38	2.46	2.46	0.48	6.32	6.32	ZZZ
64885	.....	A	Nerve graft, head or neck	*17.53	12.69	12.69	1.48	31.70	31.70	090
64886	.....	A	Nerve graft, head or neck	*20.75	15.13	15.13	1.77	37.65	37.65	090
64890	.....	A	Nerve graft, hand or foot	*15.15	12.26	12.26	2.12	29.53	29.53	090
64891	.....	A	Nerve graft, hand or foot	*16.14	10.42	10.42	1.73	28.29	28.29	090
64892	.....	A	Nerve graft, arm or leg	*14.65	11.04	11.04	1.69	27.38	27.38	090
64893	.....	A	Nerve graft, arm or leg	*15.60	13.93	13.93	2.27	31.80	31.80	090
64895	.....	A	Nerve graft, hand or foot	*19.25	13.16	13.16	2.55	34.96	34.96	090
64896	.....	A	Nerve graft, hand or foot	*20.49	17.53	17.53	1.90	39.92	39.92	090
64897	.....	A	Nerve graft, arm or leg	*18.24	12.63	12.63	2.47	33.34	33.34	090
64898	.....	A	Nerve graft, arm or leg	*19.50	14.40	14.40	2.35	36.25	36.25	090
64901	.....	A	Additional nerve graft	10.22	10.16	10.16	0.87	21.25	21.25	ZZZ
64902	.....	A	Additional nerve graft	11.83	11.92	11.92	0.99	24.74	24.74	ZZZ
64905	.....	A	Nerve pedicle transfer	*14.02	9.40	9.40	0.70	24.12	24.12	090
64907	.....	A	Nerve pedicle transfer	*18.83	13.02	13.02	2.55	34.40	34.40	090
64999	.....	C	Nervous system surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
65091	.....	A	Revise eye	*6.46	#7.11	#7.11	0.45	14.02	14.02	090

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
65093	.....	A	Revise eye with implant	*6.87	#7.56	#7.56	0.52	14.95	14.95	090
65101	.....	A	Removal of eye	*7.03	#7.73	#7.73	0.47	15.23	15.23	090
65103	.....	A	Remove eye/insert implant	*7.57	#8.33	#8.33	0.50	16.40	16.40	090
65105	.....	A	Remove eye/attach implant	*8.49	#9.34	#9.34	0.55	18.38	18.38	090
65110	.....	A	Removal of eye	*13.95	#15.35	#15.35	1.14	30.44	30.44	090
65112	.....	A	Remove eye, revise socket	*16.38	12.16	12.16	1.09	29.63	29.63	090
65114	.....	A	Remove eye, revise socket	*17.53	13.07	13.07	1.65	32.25	32.25	090
65125	.....	A	Revise ocular implant	*3.12	2.47	2.47	0.13	5.72	5.72	090
65130	.....	A	Insert ocular implant	*7.15	#7.87	#7.87	0.50	15.52	15.52	090
65135	.....	A	Insert ocular implant	*7.33	5.42	5.42	0.35	13.10	13.10	090
65140	.....	A	Attach ocular implant	*8.02	6.22	6.22	0.33	14.57	14.57	090
65150	.....	A	Revise ocular implant	*6.26	#6.89	#6.89	0.56	13.71	13.71	090
65155	.....	A	Reinsert ocular implant	*8.66	#9.53	#9.53	0.90	19.09	19.09	090
65175	.....	A	Removal of ocular implant	*6.28	#6.91	#6.91	0.40	13.59	13.59	090
65205	.....	A	Remove foreign body from eye	0.71	0.37	0.37	0.02	1.10	1.10	000
65210	.....	A	Remove foreign body from eye	0.84	0.46	0.46	0.03	1.33	1.33	000
65220	.....	A	Remove foreign body from eye	0.71	0.52	0.52	0.04	1.27	1.27	000
65222	.....	A	Remove foreign body from eye	0.93	0.57	0.57	0.03	1.53	1.53	000
65235	.....	A	Remove foreign body from eye	*7.57	5.61	5.61	0.30	13.48	13.48	090
65260	.....	A	Remove foreign body from eye	*10.96	8.63	8.63	0.45	20.04	20.04	090
65265	.....	A	Remove foreign body from eye	*12.59	10.04	10.04	0.51	23.14	23.14	090
65270	.....	A	Repair of eye wound	*1.90	1.17	1.17	0.07	3.14	3.14	010
65272	.....	A	Repair of eye wound	*3.82	1.64	1.64	0.10	5.56	5.56	090
65273	.....	A	Repair of eye wound	*4.36	3.22	3.22	0.21	7.79	7.79	090
65275	.....	A	Repair of eye wound	*5.34	0.66	0.66	0.04	6.04	6.04	090
65280	.....	A	Repair of eye wound	*7.66	#8.43	#8.43	0.49	16.58	16.58	090
65285	.....	A	Repair of eye wound	*12.90	12.26	12.26	0.64	25.80	25.80	090
65286	.....	A	Repair of eye wound	*5.51	4.79	4.79	0.25	10.55	10.55	090
65290	.....	A	Repair of eye socket wound	*5.41	#5.95	#5.95	0.37	11.73	11.73	090
65400	.....	A	Removal of eye lesion	*6.06	6.46	6.46	0.35	12.87	12.87	090
65410	.....	A	Biopsy of cornea	1.47	1.59	1.59	0.11	3.17	3.17	000
65420	.....	A	Removal of eye lesion	*4.17	4.28	4.28	0.23	8.68	8.68	090
65426	.....	A	Removal of eye lesion	*5.25	#5.78	#5.78	0.38	11.41	11.41	090
65430	.....	A	Corneal smear	1.47	0.54	0.54	0.03	2.04	2.04	000
65435	.....	A	Curette/treat cornea	0.92	0.77	0.77	0.04	1.73	1.73	000
65436	.....	A	Curette/treat cornea	*4.19	1.53	1.53	0.08	5.80	5.80	090
65450	.....	A	Treatment of corneal lesion	*3.27	3.28	3.28	0.17	6.72	6.72	090
65600	.....	A	Revision of cornea	*3.40	2.62	2.62	0.14	6.16	6.16	090
65710	.....	A	Corneal transplant	*12.35	12.44	12.44	1.13	25.92	25.92	090
65730	.....	A	Corneal transplant	*14.25	15.14	15.14	1.29	30.68	30.68	090
65750	.....	A	Corneal transplant	*15.00	16.10	16.10	1.33	32.43	32.43	090
65755	.....	A	Corneal transplant	*14.89	16.10	16.10	1.39	32.38	32.38	090
65760	.....	N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65765	.....	N	Revision of cornea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65767	.....	N	Corneal tissue transplant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65770	.....	A	Revise cornea with implant	*17.56	13.81	13.81	0.71	32.08	32.08	090
65771	.....	N	Radial keratotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
65772	.....	A	Correction of astigmatism	*4.29	#4.72	#4.72	0.31	9.32	9.32	090
65775	.....	A	Correction of astigmatism	*5.79	#6.37	#6.37	0.50	12.66	12.66	090
65800	.....	A	Drainage of eye	1.91	1.72	1.72	0.10	3.73	3.73	000
65805	.....	A	Drainage of eye	1.91	1.81	1.81	0.10	3.82	3.82	000
65810	.....	A	Drainage of eye	*4.87	#5.36	#5.36	0.30	10.53	10.53	090
65815	.....	A	Drainage of eye	*5.05	4.49	4.49	0.24	9.78	9.78	090
65820	.....	A	Relieve inner eye pressure	*8.13	9.54	9.54	0.51	18.18	18.18	090
65850	.....	A	Incision of eye	*10.52	#11.57	#11.57	0.69	22.78	22.78	090
65855	.....	A	Laser surgery of eye	*4.30	6.01	6.01	0.52	10.83	10.83	090
65860	.....	A	Incise inner eye adhesions	*3.55	#3.91	#3.91	0.37	7.83	7.83	090
65865	.....	A	Incise inner eye adhesions	*5.60	#6.16	#6.16	0.41	12.17	12.17	090
65870	.....	A	Incise inner eye adhesions	*6.27	5.86	5.86	0.31	12.44	12.44	090
65875	.....	A	Incise inner eye adhesions	*6.54	6.28	6.28	0.34	13.16	13.16	090
65880	.....	A	Incise inner eye adhesions	*7.09	6.85	6.85	0.37	14.31	14.31	090
65900	.....	A	Remove eye lesion	*10.93	7.91	7.91	0.92	19.76	19.76	090
65920	.....	A	Remove implant from eye	*8.40	8.36	8.36	0.44	17.20	17.20	090
65930	.....	A	Remove blood clot from eye	*7.44	7.68	7.68	0.41	15.53	15.53	090
66020	.....	A	Injection treatment of eye	*1.59	#1.75	#1.75	0.14	3.48	3.48	010
66030	.....	A	Injection treatment of eye	*1.25	0.54	0.54	0.03	1.82	1.82	010
66130	.....	A	Remove eye lesion	*7.69	5.28	5.28	0.28	13.25	13.25	090
66150	.....	A	Glaucoma surgery	*8.30	#9.13	#9.13	0.59	18.02	18.02	090
66155	.....	A	Glaucoma surgery	*8.29	#9.12	#9.12	0.50	17.91	17.91	090
66160	.....	A	Glaucoma surgery	*10.17	10.77	10.77	0.55	21.49	21.49	090
66165	.....	A	Glaucoma surgery	*8.01	#8.81	#8.81	0.57	17.39	17.39	090
66170	.....	A	Glaucoma surgery	*12.16	12.15	12.15	0.63	24.94	24.94	090
66172	.....	A	Incision of eye	*15.04	12.15	12.15	0.63	27.82	27.82	090
66180	.....	A	Implant eye shunt	*14.55	#16.01	#16.01	1.03	31.59	31.59	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
66185	.....	A	Revise eye shunt	*8.14	#8.95	#8.95	0.58	17.67	17.67	090
66220	.....	A	Repair eye lesion	*7.77	5.95	5.95	0.34	14.06	14.06	090
66225	.....	A	Repair/graft eye lesion	*11.05	#12.16	#12.16	0.86	24.07	24.07	090
66250	.....	A	Follow-up surgery of eye	*5.98	#6.58	#6.58	0.38	12.94	12.94	090
66500	.....	A	Incision of iris	*3.71	#4.08	#4.08	0.27	8.06	8.06	090
66505	.....	A	Incision of iris	*4.08	3.27	3.27	0.17	7.52	7.52	090
66600	.....	A	Remove iris and lesion	*8.68	9.36	9.36	0.51	18.55	18.55	090
66605	.....	A	Removal of iris	*12.79	11.87	11.87	0.67	25.33	25.33	090
66625	.....	A	Removal of iris	*5.13	#5.64	#5.64	0.48	11.25	11.25	090
66630	.....	A	Removal of iris	*6.16	#6.78	#6.78	0.45	13.39	13.39	090
66635	.....	A	Removal of iris	*6.25	#6.88	#6.88	0.49	13.62	13.62	090
66680	.....	A	Repair iris & ciliary body	*5.44	#5.98	#5.98	0.35	11.77	11.77	090
66682	.....	A	Repair iris and ciliary body	*6.21	#6.83	#6.83	0.38	13.42	13.42	090
66700	.....	A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.35	10.39	10.39	090
66710	.....	A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.41	10.45	10.45	090
66720	.....	A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.38	10.42	10.42	090
66740	.....	A	Destruction, ciliary body	*4.78	#5.26	#5.26	0.39	10.43	10.43	090
66761	.....	A	Revision of iris	*4.07	#4.48	#4.48	0.47	9.02	9.02	090
66762	.....	A	Revision of iris	*4.58	#5.04	#5.04	0.55	10.17	10.17	090
66770	.....	A	Removal of inner eye lesion	*5.18	#5.70	#5.70	0.45	11.33	11.33	090
66820	.....	A	Incision, secondary cataract	*3.89	#4.28	#4.28	0.29	8.46	8.46	090
66821	.....	A	After cataract laser surgery	*2.35	#2.59	#2.59	0.37	5.31	5.31	090
66825	.....	A	Reposition intraocular lens	*8.23	7.33	7.33	0.38	15.94	15.94	090
66830	.....	A	Removal of lens lesion	*8.20	7.67	7.67	0.40	16.27	16.27	090
66840	.....	A	Removal of lens material	*7.91	#8.70	#8.70	0.54	17.15	17.15	090
66850	.....	A	Removal of lens material	*9.11	#10.02	#10.02	0.70	19.83	19.83	090
66852	.....	A	Removal of lens material	*9.97	#10.97	#10.97	0.90	21.84	21.84	090
66920	.....	A	Extraction of lens	*8.86	#9.75	#9.75	0.60	19.21	19.21	090
66930	.....	A	Extraction of lens	*10.18	10.49	10.49	0.57	21.24	21.24	090
66940	.....	A	Extraction of lens	*8.93	#9.82	#9.82	0.62	19.37	19.37	090
66983	.....	A	Remove cataract, insert lens	*8.99	#9.89	#9.89	0.95	19.83	19.83	090
66984	.....	A	Remove cataract, insert lens	*10.28	#11.31	#11.31	0.94	22.53	22.53	090
66985	.....	A	Insert lens prosthesis	*8.39	#9.23	#9.23	0.63	18.25	18.25	090
66986	.....	A	Exchange lens prosthesis	*12.28	12.20	12.20	0.63	25.11	25.11	090
66999	.....	C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67005	.....	A	Partial removal of eye fluid	*5.70	#6.27	#6.27	1.13	13.10	13.10	090
67010	.....	A	Partial removal of eye fluid	*6.87	#7.56	#7.56	1.04	15.47	15.47	090
67015	.....	A	Release of eye fluid	*6.92	6.45	6.45	0.35	13.72	13.72	090
67025	.....	A	Replace eye fluid	*6.84	6.75	6.75	0.36	13.95	13.95	090
67027	.....	A	Implant eye drug system	*10.85	9.04	9.04	0.47	20.36	20.36	090
67028	.....	A	Injection eye drug	2.52	3.22	#2.77	0.18	5.92	5.47	000
67030	.....	A	Incise inner eye strands	*4.84	#5.32	#5.32	0.50	10.66	10.66	090
67031	.....	A	Laser surgery, eye strands	*3.67	#4.04	#4.04	0.75	8.46	8.46	090
67036	.....	A	Removal of inner eye fluid	*11.89	#13.08	#13.08	1.49	26.46	26.46	090
67038	.....	A	Strip retinal membrane	*21.24	#23.36	#23.36	1.80	46.40	46.40	090
67039	.....	A	Laser treatment of retina	*14.52	#15.97	#15.97	1.68	32.17	32.17	090
67040	.....	A	Laser treatment of retina	*17.23	#18.95	#18.95	1.75	37.93	37.93	090
67101	.....	A	Repair, detached retina	*7.53	#8.28	#8.28	0.66	16.47	16.47	090
67105	.....	A	Repair, detached retina	*7.41	9.14	9.14	0.80	17.35	17.35	090
67107	.....	A	Repair detached retina	*14.84	#16.32	#16.32	1.10	32.26	32.26	090
67108	.....	A	Repair detached retina	*20.82	#22.90	#22.90	1.76	45.48	45.48	090
67110	.....	A	Repair detached retina	*8.81	#9.69	#9.69	0.97	19.47	19.47	090
67112	.....	A	Re-repair detached retina	*16.86	16.51	16.51	0.86	34.23	34.23	090
67115	.....	A	Release, encircling material	*4.99	#5.49	#5.49	0.44	10.92	10.92	090
67120	.....	A	Remove eye implant material	*5.98	#6.58	#6.58	0.38	12.94	12.94	090
67121	.....	A	Remove eye implant material	*10.67	9.42	9.42	0.49	20.58	20.58	090
67141	.....	A	Treatment of retina	*5.20	#5.72	#5.72	0.48	11.40	11.40	090
67145	.....	A	Treatment of retina	*5.37	6.50	6.50	0.49	12.36	12.36	090
67208	.....	A	Treatment of retinal lesion	*6.70	#7.37	#7.37	0.52	14.59	14.59	090
67210	.....	A	Treatment of retinal lesion	*10.05	9.02	9.02	0.47	19.54	19.54	090
67218	.....	A	Treatment of retinal lesion	*13.52	13.31	13.31	0.70	27.53	27.53	090
67227	.....	A	Treatment of retinal lesion	*6.58	#7.24	#7.24	0.51	14.33	14.33	090
67228	.....	A	Treatment of retinal lesion	*12.74	9.39	9.39	0.48	22.61	22.61	090
67250	.....	A	Reinforce eye wall	*8.66	6.99	6.99	0.40	16.05	16.05	090
67255	.....	A	Reinforce/graft eye wall	*8.90	#9.79	#9.79	0.87	19.56	19.56	090
67299	.....	C	Eye surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67311	.....	A	Revise eye muscle	*6.65	#7.32	#7.32	0.47	14.44	14.44	090
67312	.....	A	Revise two eye muscles	*8.54	#9.39	#9.39	0.53	18.46	18.46	090
67314	.....	A	Revise eye muscle	*7.52	#8.27	#8.27	0.58	16.37	16.37	090
67316	.....	A	Revise two eye muscles	*9.66	10.27	10.27	0.67	20.60	20.60	090
67318	.....	A	Revise eye muscle(s)	*7.85	6.21	6.21	0.33	14.39	14.39	090
67320	.....	A	Revise eye muscle(s)	*8.66	#9.53	#9.53	0.69	18.88	18.88	090
67331	.....	A	Eye surgery follow-up	*8.12	#8.93	#8.93	0.54	17.59	17.59	090
67332	.....	A	Rerevise eye muscles	*8.99	#9.89	#9.89	0.58	19.46	19.46	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
67334	.....	A	Revise eye muscle w/suture	*7.96	6.30	6.30	0.33	14.59	14.59	090
67335	.....	A	Eye suture during surgery	2.49	#2.74	#2.74	0.43	5.66	5.66	ZZZ
67340	.....	A	Revise eye muscle	*9.85	7.88	7.88	0.41	18.14	18.14	090
67343	.....	A	Release eye tissue	*7.35	5.83	5.83	0.31	13.49	13.49	090
67345	.....	A	Destroy nerve of eye muscle	*2.96	2.22	2.22	0.26	5.44	5.44	010
67350	.....	A	Biopsy eye muscle	2.87	2.39	2.39	0.13	5.39	5.39	000
67399	.....	C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67400	.....	A	Explore/biopsy eye socket	*9.76	#10.74	#10.74	0.62	21.12	21.12	090
67405	.....	A	Explore/drain eye socket	*7.93	#8.72	#8.72	0.67	17.32	17.32	090
67412	.....	A	Explore/treat eye socket	*9.50	#10.45	#10.45	0.67	20.62	20.62	090
67413	.....	A	Explore/treat eye socket	*10.00	8.09	8.09	0.57	18.66	18.66	090
67414	.....	A	Explore/decompress eye socket	*11.13	8.39	8.39	0.44	19.96	19.96	090
67415	.....	A	Aspiration orbital contents	1.76	#1.94	#1.94	0.12	3.82	3.82	000
67420	.....	A	Explore/treat eye socket	*20.06	16.78	16.78	1.11	37.95	37.95	090
67430	.....	A	Explore/treat eye socket	*13.39	10.65	10.65	0.54	24.58	24.58	090
67440	.....	A	Explore/drain eye socket	*13.09	#14.40	#14.40	0.97	28.46	28.46	090
67445	.....	A	Explore/decompress eye socket	*14.42	11.13	11.13	0.57	26.12	26.12	090
67450	.....	A	Explore/biopsy eye socket	*13.51	#14.86	#14.86	0.87	29.24	29.24	090
67500	.....	A	Inject/treat eye socket	0.79	0.73	0.73	0.06	1.58	1.58	000
67505	.....	A	Inject/treat eye socket	0.82	1.04	#0.90	0.06	1.92	1.78	000
67515	.....	A	Inject/treat eye socket	0.61	0.56	0.56	0.03	1.20	1.20	000
67550	.....	A	Insert eye socket implant	*10.19	9.62	9.62	0.70	20.51	20.51	090
67560	.....	A	Revise eye socket implant	*10.60	8.30	8.30	0.48	19.38	19.38	090
67570	.....	A	Decompress optic nerve	*13.58	7.56	7.56	0.39	21.53	21.53	090
67599	.....	C	Orbit surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
67700	.....	A	Drainage of eyelid abscess	*1.35	0.49	0.49	0.03	1.87	1.87	010
67710	.....	A	Incision of eyelid	*1.02	1.01	1.01	0.06	2.09	2.09	010
67715	.....	A	Incision of eyelid fold	*1.22	#1.34	#1.34	0.09	2.65	2.65	010
67800	.....	A	Remove eyelid lesion	*1.38	0.94	0.94	0.05	2.37	2.37	010
67801	.....	A	Remove eyelid lesions	*1.88	1.39	1.39	0.08	3.35	3.35	010
67805	.....	A	Remove eyelid lesions	*2.22	1.38	1.38	0.08	3.68	3.68	010
67808	.....	A	Remove eyelid lesion(s)	*3.80	2.13	2.13	0.13	6.06	6.06	090
67810	.....	A	Biopsy of eyelid	1.48	0.81	0.81	0.05	2.34	2.34	000
67820	.....	A	Revise eyelashes	0.89	0.38	0.38	0.02	1.29	1.29	000
67825	.....	A	Revise eyelashes	*1.38	0.90	0.90	0.05	2.33	2.33	010
67830	.....	A	Revise eyelashes	*1.70	2.12	#1.87	0.17	3.99	3.74	010
67835	.....	A	Revise eyelashes	*5.56	#6.12	#6.12	0.45	12.13	12.13	090
67840	.....	A	Remove eyelid lesion	*2.04	1.22	1.22	0.07	3.33	3.33	010
67850	.....	A	Treat eyelid lesion	*1.69	0.82	0.82	0.05	2.56	2.56	010
67875	.....	A	Closure of eyelid by suture	1.35	1.72	#1.49	0.13	3.20	2.97	000
67880	.....	A	Revision of eyelid	*3.80	3.94	3.94	0.23	7.97	7.97	090
67882	.....	A	Revision of eyelid	*5.07	#5.58	#5.58	0.37	11.02	11.02	090
67900	.....	A	Repair brow defect	*6.14	3.78	3.78	0.20	10.12	10.12	090
67901	.....	A	Repair eyelid defect	*6.97	#7.67	#7.67	0.64	15.28	15.28	090
67902	.....	A	Repair eyelid defect	*7.03	#7.73	#7.73	0.72	15.48	15.48	090
67903	.....	A	Repair eyelid defect	*6.37	#7.01	#7.01	0.73	14.11	14.11	090
67904	.....	A	Repair eyelid defect	*6.26	#6.89	#6.89	0.71	13.86	13.86	090
67906	.....	A	Repair eyelid defect	*6.79	5.46	5.46	0.36	12.61	12.61	090
67908	.....	A	Repair eyelid defect	*5.13	#5.64	#5.64	0.54	11.31	11.31	090
67909	.....	A	Revise eyelid defect	*5.40	#5.94	#5.94	0.48	11.82	11.82	090
67911	.....	A	Revise eyelid defect	*5.27	#5.80	#5.80	0.79	11.86	11.86	090
67914	.....	A	Repair eyelid defect	*3.68	#4.05	#4.05	0.39	8.12	8.12	090
67915	.....	A	Repair eyelid defect	*3.18	1.25	1.25	0.07	4.50	4.50	090
67916	.....	A	Repair eyelid defect	*5.31	#5.84	#5.84	0.38	11.53	11.53	090
67917	.....	A	Repair eyelid defect	*6.02	#6.62	#6.62	0.47	13.11	13.11	090
67921	.....	A	Repair eyelid defect	*3.40	#3.74	#3.74	0.20	7.34	7.34	090
67922	.....	A	Repair eyelid defect	*3.06	1.19	1.19	0.07	4.32	4.32	090
67923	.....	A	Repair eyelid defect	*5.88	#6.47	#6.47	0.38	12.73	12.73	090
67924	.....	A	Repair eyelid defect	*5.79	#6.37	#6.37	0.43	12.59	12.59	090
67930	.....	A	Repair eyelid wound	*3.61	1.27	1.27	0.08	4.96	4.96	010
67935	.....	A	Repair eyelid wound	*6.22	3.79	3.79	0.24	10.25	10.25	090
67938	.....	A	Remove eyelid foreign body	*1.33	0.52	0.52	0.03	1.88	1.88	010
67950	.....	A	Revision of eyelid	*5.82	#6.40	#6.40	0.45	12.67	12.67	090
67961	.....	A	Revision of eyelid	*5.69	#6.26	#6.26	0.50	12.45	12.45	090
67966	.....	A	Revision of eyelid	*6.57	#7.23	#7.23	0.66	14.46	14.46	090
67971	.....	A	Reconstruction of eyelid	*9.79	10.68	10.68	0.64	21.11	21.11	090
67973	.....	A	Reconstruction of eyelid	*12.87	13.54	13.54	0.91	27.32	27.32	090
67974	.....	A	Reconstruction of eyelid	*12.84	14.07	14.07	0.87	27.78	27.78	090
67975	.....	A	Reconstruction of eyelid	*9.13	4.15	4.15	0.24	13.52	13.52	090
67999	.....	C	Revision of eyelid	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68020	.....	A	Incise/drain eyelid lining	*1.37	0.51	0.51	0.03	1.91	1.91	010
68040	.....	A	Treatment of eyelid lesions	0.85	0.45	0.45	0.02	1.32	1.32	000
68100	.....	A	Biopsy of eyelid lining	1.35	0.99	0.99	0.06	2.40	2.40	000
68110	.....	A	Remove eyelid lining lesion	*1.77	1.24	1.24	0.07	3.08	3.08	010

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
68115	.....	A	Remove eyelid lining lesion	*2.36	1.93	1.93	0.11	4.40	4.40	010
68130	.....	A	Remove eyelid lining lesion	*4.93	4.09	4.09	0.22	9.24	9.24	090
68135	.....	A	Remove eyelid lining lesion	*1.84	0.74	0.74	0.04	2.62	2.62	010
68200	.....	A	Treat eyelid by injection	0.49	0.52	0.52	0.03	1.04	1.04	000
68320	.....	A	Revise/graft eyelid lining	*5.37	#5.91	#5.91	0.42	11.70	11.70	090
68325	.....	A	Revise/graft eyelid lining	*7.36	#8.10	#8.10	0.62	16.08	16.08	090
68326	.....	A	Revise/graft eyelid lining	*7.15	#7.87	#7.87	0.49	15.51	15.51	090
68328	.....	A	Revise/graft eyelid lining	*8.18	#9.00	#9.00	0.82	18.00	18.00	090
68330	.....	A	Revise eyelid lining	*4.83	#5.31	#5.31	0.35	10.49	10.49	090
68335	.....	A	Revise/graft eyelid lining	*7.19	#7.91	#7.91	0.68	15.78	15.78	090
68340	.....	A	Separate eyelid adhesions	*4.17	3.14	3.14	0.17	7.48	7.48	090
68360	.....	A	Revise eyelid lining	*4.37	#4.81	#4.81	0.33	9.51	9.51	090
68362	.....	A	Revise eyelid lining	*7.34	8.01	8.01	0.42	15.77	15.77	090
68399	.....	C	Eyelid lining surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
68400	.....	A	Incise/drain tear gland	*1.69	1.00	1.00	0.06	2.75	2.75	010
68420	.....	A	Incise/drain tear sac	*2.30	1.02	1.02	0.06	3.38	3.38	010
68440	.....	A	Incise tear duct opening	*0.94	0.76	0.76	0.04	1.74	1.74	010
68500	.....	A	Removal of tear gland	*11.02	7.61	7.61	0.75	19.38	19.38	090
68505	.....	A	Partial removal tear gland	*10.94	8.69	8.69	0.49	20.12	20.12	090
68510	.....	A	Biopsy of tear gland	4.61	3.69	3.69	0.28	8.58	8.58	000
68520	.....	A	Removal of tear sac	*7.51	#8.26	#8.26	0.51	16.28	16.28	090
68525	.....	A	Biopsy of tear sac	4.43	3.68	3.68	0.23	8.34	8.34	000
68530	.....	A	Clearance of tear duct	*3.66	2.85	2.85	0.17	6.68	6.68	010
68540	.....	A	Remove tear gland lesion	*10.60	8.31	8.31	0.50	19.41	19.41	090
68550	.....	A	Remove tear gland lesion	*13.26	11.34	11.34	0.74	25.34	25.34	090
68700	.....	A	Repair tear ducts	*6.60	2.69	2.69	0.15	9.44	9.44	090
68705	.....	A	Revise tear duct opening	*2.06	1.02	1.02	0.05	3.13	3.13	010
68720	.....	A	Create tear sac drain	*8.96	9.84	9.84	0.74	19.54	19.54	090
68745	.....	A	Create tear duct drain	*8.63	6.56	6.56	0.45	15.64	15.64	090
68750	.....	A	Create tear duct drain	*8.66	#9.53	#9.53	0.83	19.02	19.02	090
68760	.....	A	Close tear duct opening	*1.73	0.92	0.92	0.04	2.69	2.69	010
68761	.....	A	Close tear duct opening	*1.36	0.92	0.92	0.04	2.32	2.32	010
68770	.....	A	Close tear system fistula	*7.02	4.24	4.24	0.23	11.49	11.49	090
68801	.....	A	Dilate tear duct opening	*0.94	0.42	0.42	0.02	1.38	1.38	010
68810	.....	A	Probe nasolacrimal duct	*1.90	0.55	0.55	0.03	2.48	2.48	010
68811	.....	A	Probe nasolacrimal duct	*2.35	1.49	1.49	0.09	3.93	3.93	010
68815	.....	A	Probe nasolacrimal duct	*3.20	1.93	1.93	0.10	5.23	5.23	010
68840	.....	A	Explore/irrigate tear ducts	*1.25	0.49	0.49	0.03	1.77	1.77	010
68850	.....	A	Injection for tear sac x-ray	0.80	0.51	0.51	0.04	1.35	1.35	000
68899	.....	C	Tear duct system surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69000	.....	A	Drain external ear lesion	*1.45	0.35	0.35	0.03	1.83	1.83	010
69005	.....	A	Drain external ear lesion	*2.11	1.16	1.16	0.13	3.40	3.40	010
69020	.....	A	Drain outer ear canal lesion	*1.48	0.45	0.45	0.04	1.97	1.97	010
69090	.....	N	Pierce earlobes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69100	.....	A	Biopsy of external ear	0.81	0.66	0.66	0.07	1.54	1.54	000
69105	.....	A	Biopsy of external ear canal	0.85	0.80	0.80	0.09	1.74	1.74	000
69110	.....	A	Partial removal external ear	*3.44	2.63	2.63	0.37	6.44	6.44	090
69120	.....	A	Removal of external ear	*4.05	0.78	0.78	0.07	4.90	4.90	090
69140	.....	A	Remove ear canal lesion(s)	*7.97	8.00	8.00	0.88	16.85	16.85	090
69145	.....	A	Remove ear canal lesion(s)	*2.62	2.51	2.51	0.28	5.41	5.41	090
69150	.....	A	Extensive ear canal surgery	*13.43	10.46	10.46	1.25	25.14	25.14	090
69155	.....	A	Extensive ear/neck surgery	*20.80	15.92	15.92	1.61	38.33	38.33	090
69200	.....	A	Clear outer ear canal	0.77	0.42	0.42	0.04	1.23	1.23	000
69205	.....	A	Clear outer ear canal	*1.20	1.07	1.07	0.11	2.38	2.38	010
69210	.....	A	Remove impacted ear wax	0.61	0.23	0.23	0.02	0.86	0.86	000
69220	.....	A	Clean out mastoid cavity	0.83	0.50	0.50	0.05	1.38	1.38	000
69222	.....	A	Clean out mastoid cavity	*1.40	0.74	0.74	0.08	2.22	2.22	010
69300	.....	R	Revise external ear	6.36	5.30	5.30	0.28	11.94	11.94	YYY
69310	.....	A	Rebuild outer ear canal	*10.79	9.84	9.84	1.08	21.71	21.71	090
69320	.....	A	Rebuild outer ear canal	*16.96	14.65	14.65	1.66	33.27	33.27	090
69399	.....	C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69400	.....	A	Inflate middle ear canal	0.83	0.45	0.45	0.05	1.33	1.33	000
69401	.....	A	Inflate middle ear canal	0.63	0.25	0.25	0.03	0.91	0.91	000
69405	.....	A	Catheterize middle ear canal	*2.63	0.48	0.48	0.04	3.15	3.15	010
69410	.....	A	Inset middle ear baffle	0.33	0.60	0.60	0.07	1.00	1.00	000
69420	.....	A	Incision of eardrum	*1.33	0.69	0.69	0.08	2.10	2.10	010
69421	.....	A	Incision of eardrum	*1.73	1.14	1.14	0.13	3.00	3.00	010
69424	.....	A	Remove ventilating tube	0.85	0.60	0.60	0.06	1.51	1.51	000
69433	.....	A	Create eardrum opening	*1.52	1.33	1.33	0.15	3.00	3.00	010
69436	.....	A	Create eardrum opening	*1.96	2.13	2.13	0.23	4.32	4.32	010
69440	.....	A	Exploration of middle ear	*7.57	#8.33	#8.33	0.93	16.83	16.83	090
69450	.....	A	Eardrum revision	*5.57	#6.13	#6.13	1.15	12.85	12.85	090
69501	.....	A	Mastoidectomy	*9.07	#9.98	#9.98	1.17	20.22	20.22	090
69502	.....	A	Mastoidectomy	*12.38	13.36	13.36	1.45	27.19	27.19	090

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
69505	.....	A	Remove mastoid structures	*12.99	#14.29	#14.29	1.79	29.07	29.07	090
69511	.....	A	Extensive mastoid surgery	*13.52	#14.87	#14.87	1.84	30.23	30.23	090
69530	.....	A	Extensive mastoid surgery	*19.19	16.71	16.71	1.72	37.62	37.62	090
69535	.....	A	Remove part of temporal bone	*36.14	25.27	25.27	2.85	64.26	64.26	090
69540	.....	A	Remove ear lesion	*1.20	1.27	1.27	0.14	2.61	2.61	010
69550	.....	A	Remove ear lesion	*10.99	#12.09	#12.09	2.00	25.08	25.08	090
69552	.....	A	Remove ear lesion	*19.46	16.73	16.73	1.86	38.05	38.05	090
69554	.....	A	Remove ear lesion	*33.16	22.87	22.87	2.63	58.66	58.66	090
69601	.....	A	Mastoid surgery revision	*13.24	14.02	14.02	1.55	28.81	28.81	090
69602	.....	A	Mastoid surgery revision	*13.58	#14.94	#14.94	1.75	30.27	30.27	090
69603	.....	A	Mastoid surgery revision	*14.02	#15.42	#15.42	1.88	31.32	31.32	090
69604	.....	A	Mastoid surgery revision	*14.02	#15.42	#15.42	2.70	32.14	32.14	090
69605	.....	A	Mastoid surgery revision	*18.49	14.95	14.95	1.86	35.30	35.30	090
69610	.....	A	Repair of eardrum	*4.43	0.93	0.93	0.10	5.46	5.46	010
69620	.....	A	Repair of eardrum	*5.89	#6.48	#6.48	1.16	13.53	13.53	090
69631	.....	A	Repair eardrum structures	*9.86	#10.85	#10.85	1.61	22.32	22.32	090
69632	.....	A	Rebuild eardrum structures	*12.75	#14.03	#14.03	1.73	28.51	28.51	090
69633	.....	A	Rebuild eardrum structures	*12.10	#13.31	#13.31	1.78	27.19	27.19	090
69635	.....	A	Repair eardrum structures	*13.33	#14.66	#14.66	1.91	29.90	29.90	090
69636	.....	A	Rebuild eardrum structures	*15.22	#16.74	#16.74	2.11	34.07	34.07	090
69637	.....	A	Rebuild eardrum structures	*15.11	#16.62	#16.62	2.22	33.95	33.95	090
69641	.....	A	Revise middle ear & mastoid	*12.71	#13.98	#13.98	1.87	28.56	28.56	090
69642	.....	A	Revise middle ear & mastoid	*16.84	#18.52	#18.52	2.21	37.57	37.57	090
69643	.....	A	Revise middle ear & mastoid	*15.32	#16.85	#16.85	2.51	34.68	34.68	090
69644	.....	A	Revise middle ear & mastoid	*16.97	#18.67	#18.67	2.70	38.34	38.34	090
69645	.....	A	Revise middle ear & mastoid	*16.38	#18.02	#18.02	2.51	36.91	36.91	090
69646	.....	A	Revise middle ear & mastoid	*17.99	#19.79	#19.79	2.40	40.18	40.18	090
69650	.....	A	Release middle ear bone	*9.66	#10.63	#10.63	1.33	21.62	21.62	090
69660	.....	A	Revise middle ear bone	*11.90	#13.09	#13.09	1.82	26.81	26.81	090
69661	.....	A	Revise middle ear bone	*15.74	#17.31	#17.31	1.93	34.98	34.98	090
69662	.....	A	Revise middle ear bone	*15.44	#16.98	#16.98	1.94	34.36	34.36	090
69666	.....	A	Repair middle ear structures	*9.75	#10.73	#10.73	1.77	22.25	22.25	090
69667	.....	A	Repair middle ear structures	*9.76	#10.74	#10.74	1.66	22.16	22.16	090
69670	.....	A	Remove mastoid air cells	*11.51	10.18	10.18	1.08	22.77	22.77	090
69676	.....	A	Remove middle ear nerve	*9.52	8.53	8.53	0.86	18.91	18.91	090
69700	.....	A	Close mastoid fistula	*8.23	7.86	7.86	0.84	16.93	16.93	090
69710	.....	N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
69711	.....	A	Remove/repair hearing aid	*10.44	8.44	8.44	0.44	19.32	19.32	090
69720	.....	A	Release facial nerve	*14.38	#15.82	#15.82	2.27	32.47	32.47	090
69725	.....	A	Release facial nerve	*25.38	14.65	14.65	1.51	41.54	41.54	090
69740	.....	A	Repair facial nerve	*15.96	11.83	11.83	1.69	29.48	29.48	090
69745	.....	A	Repair facial nerve	*16.69	15.95	15.95	1.53	34.17	34.17	090
69799	.....	C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69801	.....	A	Incise inner ear	*8.56	#9.42	#9.42	1.84	19.82	19.82	090
69802	.....	A	Incise inner ear	*13.10	11.24	11.24	1.22	25.56	25.56	090
69805	.....	A	Explore inner ear	*13.82	13.14	13.14	2.00	28.96	28.96	090
69806	.....	A	Explore inner ear	*12.35	#13.59	#13.59	2.54	28.48	28.48	090
69820	.....	A	Establish inner ear window	*10.34	8.85	8.85	1.00	20.19	20.19	090
69840	.....	A	Revise inner ear window	*10.26	8.49	8.49	0.51	19.26	19.26	090
69905	.....	A	Remove inner ear	*11.10	#12.21	#12.21	2.07	25.38	25.38	090
69910	.....	A	Remove inner ear & mastoid	*13.63	#14.99	#14.99	2.34	30.96	30.96	090
69915	.....	A	Incise inner ear nerve	*21.23	17.71	17.71	2.02	40.96	40.96	090
69930	.....	A	Implant cochlear device	*16.81	#18.49	#18.49	3.34	38.64	38.64	090
69949	.....	C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
69950	.....	A	Incise inner ear nerve	*25.64	17.99	17.99	2.31	45.94	45.94	090
69955	.....	A	Release facial nerve	*27.04	20.28	20.28	2.25	49.57	49.57	090
69960	.....	A	Release inner ear canal	*27.04	17.85	17.85	1.93	46.82	46.82	090
69970	.....	A	Remove inner ear lesion	*30.04	19.69	19.69	2.26	51.99	51.99	090
69979	.....	C	Temporal bone surgery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
70010	.....	A	Contrast x-ray of brain	1.19	4.65	4.65	0.34	6.18	6.18	XXX
70010	TC	A	Contrast x-ray of brain	0.00	4.13	4.13	0.26	4.39	4.39	XXX
70010	26	A	Contrast x-ray of brain	1.19	0.52	0.52	0.08	1.79	1.79	XXX
70015	.....	A	Contrast x-ray of brain	1.19	1.81	1.81	0.17	3.17	3.17	XXX
70015	TC	A	Contrast x-ray of brain	0.00	1.29	1.29	0.09	1.38	1.38	XXX
70015	26	A	Contrast x-ray of brain	1.19	0.52	0.52	0.08	1.79	1.79	XXX
70030	.....	A	X-ray eye for foreign body	0.17	0.48	0.48	0.04	0.69	0.69	XXX
70030	TC	A	X-ray eye for foreign body	0.00	0.40	0.40	0.03	0.43	0.43	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.08	0.08	0.01	0.26	0.26	XXX
70100	.....	A	X-ray exam of jaw	0.18	0.59	0.59	0.04	0.81	0.81	XXX
70100	TC	A	X-ray exam of jaw	0.00	0.50	0.50	0.03	0.53	0.53	XXX
70100	26	A	X-ray exam of jaw	0.18	0.09	0.09	0.01	0.28	0.28	XXX
70110	.....	A	X-ray exam of jaw	0.25	0.71	0.71	0.06	1.02	1.02	XXX
70110	TC	A	X-ray exam of jaw	0.00	0.59	0.59	0.04	0.63	0.63	XXX
70110	26	A	X-ray exam of jaw	0.25	0.12	0.12	0.02	0.39	0.39	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
70120	.....	A	X-ray exam of mastoids	0.18	0.68	0.68	0.05	0.91	0.91	XXX
70120	TC	A	X-ray exam of mastoids	0.00	0.59	0.59	0.04	0.63	0.63	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.09	0.09	0.01	0.28	0.28	XXX
70130	.....	A	X-ray exam of mastoids	0.34	0.91	0.91	0.07	1.32	1.32	XXX
70130	TC	A	X-ray exam of mastoids	0.00	0.75	0.75	0.05	0.80	0.80	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.16	0.16	0.02	0.52	0.52	XXX
70134	.....	A	X-ray exam of middle ear	0.34	0.86	0.86	0.07	1.27	1.27	XXX
70134	TC	A	X-ray exam of middle ear	0.00	0.70	0.70	0.05	0.75	0.75	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.16	0.16	0.02	0.52	0.52	XXX
70140	.....	A	X-ray exam of facial bones	0.19	0.68	0.68	0.05	0.92	0.92	XXX
70140	TC	A	X-ray exam of facial bones	0.00	0.59	0.59	0.04	0.63	0.63	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.09	0.09	0.01	0.29	0.29	XXX
70150	.....	A	X-ray exam of facial bones	0.26	0.87	0.87	0.07	1.20	1.20	XXX
70150	TC	A	X-ray exam of facial bones	0.00	0.75	0.75	0.05	0.80	0.80	XXX
70150	26	A	X-ray exam of facial bones	0.26	0.12	0.12	0.02	0.40	0.40	XXX
70160	.....	A	X-ray exam of nasal bones	0.17	0.58	0.58	0.04	0.79	0.79	XXX
70160	TC	A	X-ray exam of nasal bones	0.00	0.50	0.50	0.03	0.53	0.53	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.08	0.08	0.01	0.26	0.26	XXX
70170	.....	A	X-ray exam of tear duct	0.30	1.04	1.04	0.08	1.42	1.42	XXX
70170	TC	A	X-ray exam of tear duct	0.00	0.90	0.90	0.06	0.96	0.96	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.14	0.14	0.02	0.46	0.46	XXX
70190	.....	A	X-ray exam of eye sockets	0.21	0.69	0.69	0.05	0.95	0.95	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	0.59	0.59	0.04	0.63	0.63	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.10	0.10	0.01	0.32	0.32	XXX
70200	.....	A	X-ray exam of eye sockets	0.28	0.88	0.88	0.07	1.23	1.23	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	0.75	0.75	0.05	0.80	0.80	XXX
70200	26	A	X-ray exam of eye sockets	0.28	0.13	0.13	0.02	0.43	0.43	XXX
70210	.....	A	X-ray exam of sinuses	0.17	0.67	0.67	0.05	0.89	0.89	XXX
70210	TC	A	X-ray exam of sinuses	0.00	0.59	0.59	0.04	0.63	0.63	XXX
70210	26	A	X-ray exam of sinuses	0.17	0.08	0.08	0.01	0.26	0.26	XXX
70220	.....	A	X-ray exam of sinuses	0.25	0.87	0.87	0.07	1.19	1.19	XXX
70220	TC	A	X-ray exam of sinuses	0.00	0.75	0.75	0.05	0.80	0.80	XXX
70220	26	A	X-ray exam of sinuses	0.25	0.12	0.12	0.02	0.39	0.39	XXX
70240	.....	A	X-ray exam pituitary saddle	0.19	0.49	0.49	0.04	0.72	0.72	XXX
70240	TC	A	X-ray exam pituitary saddle	0.00	0.40	0.40	0.03	0.43	0.43	XXX
70240	26	A	X-ray exam pituitary saddle	0.19	0.09	0.09	0.01	0.29	0.29	XXX
70250	.....	A	X-ray exam of skull	0.24	0.70	0.70	0.06	1.00	1.00	XXX
70250	TC	A	X-ray exam of skull	0.00	0.59	0.59	0.04	0.63	0.63	XXX
70250	26	A	X-ray exam of skull	0.24	0.11	0.11	0.02	0.37	0.37	XXX
70260	.....	A	X-ray exam of skull	0.34	1.01	1.01	0.08	1.43	1.43	XXX
70260	TC	A	X-ray exam of skull	0.00	0.85	0.85	0.06	0.91	0.91	XXX
70260	26	A	X-ray exam of skull	0.34	0.16	0.16	0.02	0.52	0.52	XXX
70300	.....	A	X-ray exam of teeth	0.10	0.30	0.30	0.03	0.43	0.43	XXX
70300	TC	A	X-ray exam of teeth	0.00	0.25	0.25	0.02	0.27	0.27	XXX
70300	26	A	X-ray exam of teeth	0.10	0.05	0.05	0.01	0.16	0.16	XXX
70310	.....	A	X-ray exam of teeth	0.16	0.47	0.47	0.04	0.67	0.67	XXX
70310	TC	A	X-ray exam of teeth	0.00	0.40	0.40	0.03	0.43	0.43	XXX
70310	26	A	X-ray exam of teeth	0.16	0.07	0.07	0.01	0.24	0.24	XXX
70320	.....	A	Full mouth x-ray of teeth	0.22	0.85	0.85	0.07	1.14	1.14	XXX
70320	TC	A	Full mouth x-ray of teeth	0.00	0.75	0.75	0.05	0.80	0.80	XXX
70320	26	A	Full mouth x-ray of teeth	0.22	0.10	0.10	0.02	0.34	0.34	XXX
70328	.....	A	X-ray exam of jaw joint	0.18	0.56	0.56	0.04	0.78	0.78	XXX
70328	TC	A	X-ray exam of jaw joint	0.00	0.47	0.47	0.03	0.50	0.50	XXX
70328	26	A	X-ray exam of jaw joint	0.18	0.09	0.09	0.01	0.28	0.28	XXX
70330	.....	A	X-ray exam of jaw joints	0.24	0.91	0.91	0.07	1.22	1.22	XXX
70330	TC	A	X-ray exam of jaw joints	0.00	0.80	0.80	0.05	0.85	0.85	XXX
70330	26	A	X-ray exam of jaw joints	0.24	0.11	0.11	0.02	0.37	0.37	XXX
70332	.....	A	X-ray exam of jaw joint	0.54	2.25	2.25	0.17	2.96	2.96	XXX
70332	TC	A	X-ray exam of jaw joint	0.00	2.00	2.00	0.13	2.13	2.13	XXX
70332	26	A	X-ray exam of jaw joint	0.54	0.25	0.25	0.04	0.83	0.83	XXX
70336	.....	A	Magnetic image jaw joint	1.48	11.11	11.11	0.73	13.32	13.32	XXX
70336	TC	A	Magnetic image jaw joint	0.00	10.68	10.68	0.67	11.35	11.35	XXX
70336	26	A	Magnetic image jaw joint	1.48	0.43	0.43	0.06	1.97	1.97	XXX
70350	.....	A	X-ray head for orthodontia	0.17	0.44	0.44	0.03	0.64	0.64	XXX
70350	TC	A	X-ray head for orthodontia	0.00	0.36	0.36	0.02	0.38	0.38	XXX
70350	26	A	X-ray head for orthodontia	0.17	0.08	0.08	0.01	0.26	0.26	XXX
70355	.....	A	Panoramic x-ray of jaws	0.20	0.63	0.63	0.05	0.88	0.88	XXX
70355	TC	A	Panoramic x-ray of jaws	0.00	0.54	0.54	0.04	0.58	0.58	XXX
70355	26	A	Panoramic x-ray of jaws	0.20	0.09	0.09	0.01	0.30	0.30	XXX
70360	.....	A	X-ray exam of neck	0.17	0.48	0.48	0.04	0.69	0.69	XXX
70360	TC	A	X-ray exam of neck	0.00	0.40	0.40	0.03	0.43	0.43	XXX
70360	26	A	X-ray exam of neck	0.17	0.08	0.08	0.01	0.26	0.26	XXX
70370	.....	A	Throat x-ray & fluoroscopy	0.32	1.39	1.39	0.10	1.81	1.81	XXX
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.24	1.24	0.08	1.32	1.32	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.15	0.15	0.02	0.49	0.49	XXX
70371	.....	A	Speech evaluation, complex	0.84	2.38	2.38	0.19	3.41	3.41	XXX
70371	TC	A	Speech evaluation, complex	0.00	2.00	2.00	0.13	2.13	2.13	XXX
70371	26	A	Speech evaluation, complex	0.84	0.38	0.38	0.06	1.28	1.28	XXX
70373	.....	A	Contrast x-ray of larynx	0.44	1.90	1.90	0.14	2.48	2.48	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	1.70	1.70	0.11	1.81	1.81	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.20	0.20	0.03	0.67	0.67	XXX
70380	.....	A	X-ray exam of salivary gland	0.17	0.72	0.72	0.05	0.94	0.94	XXX
70380	TC	A	X-ray exam of salivary gland	0.00	0.64	0.64	0.04	0.68	0.68	XXX
70380	26	A	X-ray exam of salivary gland	0.17	0.08	0.08	0.01	0.26	0.26	XXX
70390	.....	A	X-ray exam of salivary duct	0.38	1.87	1.87	0.14	2.39	2.39	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	1.70	1.70	0.11	1.81	1.81	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.17	0.17	0.03	0.58	0.58	XXX
70450	.....	A	CAT scan of head or brain	0.85	4.88	4.88	0.35	6.08	6.08	XXX
70450	TC	A	CAT scan of head or brain	0.00	4.50	4.50	0.29	4.79	4.79	XXX
70450	26	A	CAT scan of head or brain	0.85	0.38	0.38	0.06	1.29	1.29	XXX
70460	.....	A	Contrast CAT scan of head	1.13	5.89	5.89	0.43	7.45	7.45	XXX
70460	TC	A	Contrast CAT scan of head	0.00	5.39	5.39	0.35	5.74	5.74	XXX
70460	26	A	Contrast CAT scan of head	1.13	0.50	0.50	0.08	1.71	1.71	XXX
70470	.....	A	Contrast CAT scans of head	1.27	7.30	7.30	0.52	9.09	9.09	XXX
70470	TC	A	Contrast CAT scans of head	0.00	6.74	6.74	0.43	7.17	7.17	XXX
70470	26	A	Contrast CAT scans of head	1.27	0.56	0.56	0.09	1.92	1.92	XXX
70480	.....	A	CAT scan of skull	1.28	5.07	5.07	0.38	6.73	6.73	XXX
70480	TC	A	CAT scan of skull	0.00	4.50	4.50	0.29	4.79	4.79	XXX
70480	26	A	CAT scan of skull	1.28	0.57	0.57	0.09	1.94	1.94	XXX
70481	.....	A	Contrast CAT scan of skull	1.38	6.00	6.00	0.44	7.82	7.82	XXX
70481	TC	A	Contrast CAT scan of skull	0.00	5.39	5.39	0.35	5.74	5.74	XXX
70481	26	A	Contrast CAT scan of skull	1.38	0.61	0.61	0.09	2.08	2.08	XXX
70482	.....	A	Contrast CAT scans of skull	1.45	7.38	7.38	0.53	9.36	9.36	XXX
70482	TC	A	Contrast CAT scans of skull	0.00	6.74	6.74	0.43	7.17	7.17	XXX
70482	26	A	Contrast CAT scans of skull	1.45	0.64	0.64	0.10	2.19	2.19	XXX
70486	.....	A	CAT scan of face, jaw	1.14	5.00	5.00	0.37	6.51	6.51	XXX
70486	TC	A	CAT scan of face, jaw	0.00	4.50	4.50	0.29	4.79	4.79	XXX
70486	26	A	CAT scan of face, jaw	1.14	0.50	0.50	0.08	1.72	1.72	XXX
70487	.....	A	Contrast CAT scan, face/jaw	1.30	5.96	5.96	0.44	7.70	7.70	XXX
70487	TC	A	Contrast CAT scan, face/jaw	0.00	5.39	5.39	0.35	5.74	5.74	XXX
70487	26	A	Contrast CAT scan, face/jaw	1.30	0.57	0.57	0.09	1.96	1.96	XXX
70488	.....	A	Contrast CAT scans face/jaw	1.42	7.37	7.37	0.53	9.32	9.32	XXX
70488	TC	A	Contrast CAT scans face/jaw	0.00	6.74	6.74	0.43	7.17	7.17	XXX
70488	26	A	Contrast CAT scans face/jaw	1.42	0.63	0.63	0.10	2.15	2.15	XXX
70490	.....	A	CAT scan of neck tissue	1.28	5.07	5.07	0.38	6.73	6.73	XXX
70490	TC	A	CAT scan of neck tissue	0.00	4.50	4.50	0.29	4.79	4.79	XXX
70490	26	A	CAT scan of neck tissue	1.28	0.57	0.57	0.09	1.94	1.94	XXX
70491	.....	A	Contrast CAT of neck tissue	1.38	6.00	6.00	0.44	7.82	7.82	XXX
70491	TC	A	Contrast CAT of neck tissue	0.00	5.39	5.39	0.35	5.74	5.74	XXX
70491	26	A	Contrast CAT of neck tissue	1.38	0.61	0.61	0.09	2.08	2.08	XXX
70492	.....	A	Contrast CAT of neck tissue	1.45	7.38	7.38	0.53	9.36	9.36	XXX
70492	TC	A	Contrast CAT of neck tissue	0.00	6.74	6.74	0.43	7.17	7.17	XXX
70492	26	A	Contrast CAT of neck tissue	1.45	0.64	0.64	0.10	2.19	2.19	XXX
70540	.....	A	Magnetic image, face, neck	1.48	11.34	11.34	0.77	13.59	13.59	XXX
70540	TC	A	Magnetic image, face, neck	0.00	10.68	10.68	0.67	11.35	11.35	XXX
70540	26	A	Magnetic image, face, neck	1.48	0.66	0.66	0.10	2.24	2.24	XXX
70541	.....	R	Magnetic image, head (MRA)	1.81	11.34	11.34	0.77	13.92	13.92	XXX
70541	TC	R	Magnetic image, head (MRA)	0.00	10.68	10.68	0.67	11.35	11.35	XXX
70541	26	R	Magnetic image, head (MRA)	1.81	0.66	0.66	0.10	2.57	2.57	XXX
70551	.....	A	Magnetic image, brain (MRI)	1.48	11.34	11.34	0.77	13.59	13.59	XXX
70551	TC	A	Magnetic image, brain (MRI)	0.00	10.68	10.68	0.67	11.35	11.35	XXX
70551	26	A	Magnetic image, brain (MRI)	1.48	0.66	0.66	0.10	2.24	2.24	XXX
70552	.....	A	Magnetic image, brain (MRI)	1.78	13.61	13.61	0.93	16.32	16.32	XXX
70552	TC	A	Magnetic image, brain (MRI)	0.00	12.81	12.81	0.81	13.62	13.62	XXX
70552	26	A	Magnetic image, brain (MRI)	1.78	0.80	0.80	0.12	2.70	2.70	XXX
70553	.....	A	Magnetic image, brain	2.36	24.79	24.79	1.65	28.80	28.80	XXX
70553	TC	A	Magnetic image, brain	0.00	23.72	23.72	1.49	25.21	25.21	XXX
70553	26	A	Magnetic image, brain	2.36	1.07	1.07	0.16	3.59	3.59	XXX
71010	.....	A	Chest x-ray	0.18	0.53	0.53	0.04	0.75	0.75	XXX
71010	TC	A	Chest x-ray	0.00	0.45	0.45	0.03	0.48	0.48	XXX
71010	26	A	Chest x-ray	0.18	0.08	0.08	0.01	0.27	0.27	XXX
71015	.....	A	X-ray exam of chest	0.21	0.60	0.60	0.04	0.85	0.85	XXX
71015	TC	A	X-ray exam of chest	0.00	0.50	0.50	0.03	0.53	0.53	XXX
71015	26	A	X-ray exam of chest	0.21	0.10	0.10	0.01	0.32	0.32	XXX
71020	.....	A	Chest x-ray	0.22	0.69	0.69	0.05	0.96	0.96	XXX
71020	TC	A	Chest x-ray	0.00	0.59	0.59	0.04	0.63	0.63	XXX
71020	26	A	Chest x-ray	0.22	0.10	0.10	0.01	0.33	0.33	XXX
71021	.....	A	Chest x-ray	0.27	0.82	0.82	0.07	1.16	1.16	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
71021	TC	A	Chest x-ray	0.00	0.70	0.70	0.05	0.75	0.75	XXX
71021	26	A	Chest x-ray	0.27	0.12	0.12	0.02	0.41	0.41	XXX
71022	.....	A	Chest x-ray	0.31	0.84	0.84	0.07	1.22	1.22	XXX
71022	TC	A	Chest x-ray	0.00	0.70	0.70	0.05	0.75	0.75	XXX
71022	26	A	Chest x-ray	0.31	0.14	0.14	0.02	0.47	0.47	XXX
71023	.....	A	Chest x-ray and fluoroscopy	0.38	0.92	0.92	0.08	1.38	1.38	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.75	0.75	0.05	0.80	0.80	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.17	0.17	0.03	0.58	0.58	XXX
71030	.....	A	Chest x-ray	0.31	0.89	0.89	0.07	1.27	1.27	XXX
71030	TC	A	Chest x-ray	0.00	0.75	0.75	0.05	0.80	0.80	XXX
71030	26	A	Chest x-ray	0.31	0.14	0.14	0.02	0.47	0.47	XXX
71034	.....	A	Chest x-ray & fluoroscopy	0.46	1.58	1.58	0.12	2.16	2.16	XXX
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.37	1.37	0.09	1.46	1.46	XXX
71034	26	A	Chest x-ray & fluoroscopy	0.46	0.21	0.21	0.03	0.70	0.70	XXX
71035	.....	A	Chest x-ray	0.18	0.58	0.58	0.04	0.80	0.80	XXX
71035	TC	A	Chest x-ray	0.00	0.50	0.50	0.03	0.53	0.53	XXX
71035	26	A	Chest x-ray	0.18	0.08	0.08	0.01	0.27	0.27	XXX
71036	.....	A	X-ray guidance for biopsy	0.54	1.75	1.75	0.14	2.43	2.43	XXX
71036	TC	A	X-ray guidance for biopsy	0.00	1.50	1.50	0.10	1.60	1.60	XXX
71036	26	A	X-ray guidance for biopsy	0.54	0.25	0.25	0.04	0.83	0.83	XXX
71038	.....	A	X-ray guidance for biopsy	0.54	1.85	1.85	0.15	2.54	2.54	XXX
71038	TC	A	X-ray guidance for biopsy	0.00	1.60	1.60	0.11	1.71	1.71	XXX
71038	26	A	X-ray guidance for biopsy	0.54	0.25	0.25	0.04	0.83	0.83	XXX
71040	.....	A	Contrast x-ray of bronchi	0.58	1.66	1.66	0.13	2.37	2.37	XXX
71040	TC	A	Contrast x-ray of bronchi	0.00	1.39	1.39	0.09	1.48	1.48	XXX
71040	26	A	Contrast x-ray of bronchi	0.58	0.27	0.27	0.04	0.89	0.89	XXX
71060	.....	A	Contrast x-ray of bronchi	0.74	2.44	2.44	0.19	3.37	3.37	XXX
71060	TC	A	Contrast x-ray of bronchi	0.00	2.10	2.10	0.14	2.24	2.24	XXX
71060	26	A	Contrast x-ray of bronchi	0.74	0.34	0.34	0.05	1.13	1.13	XXX
71090	.....	A	X-ray & pacemaker insertion	0.54	1.85	1.85	0.15	2.54	2.54	XXX
71090	TC	A	X-ray & pacemaker insertion	0.00	1.60	1.60	0.11	1.71	1.71	XXX
71090	26	A	X-ray & pacemaker insertion	0.54	0.25	0.25	0.04	0.83	0.83	XXX
71100	.....	A	X-ray exam of ribs	0.22	0.64	0.64	0.06	0.92	0.92	XXX
71100	TC	A	X-ray exam of ribs	0.00	0.54	0.54	0.04	0.58	0.58	XXX
71100	26	A	X-ray exam of ribs	0.22	0.10	0.10	0.02	0.34	0.34	XXX
71101	.....	A	X-ray exam of ribs, chest	0.27	0.77	0.77	0.06	1.10	1.10	XXX
71101	TC	A	X-ray exam of ribs, chest	0.00	0.64	0.64	0.04	0.68	0.68	XXX
71101	26	A	X-ray exam of ribs, chest	0.27	0.13	0.13	0.02	0.42	0.42	XXX
71110	.....	A	X-ray exam of ribs	0.27	0.88	0.88	0.07	1.22	1.22	XXX
71110	TC	A	X-ray exam of ribs	0.00	0.75	0.75	0.05	0.80	0.80	XXX
71110	26	A	X-ray exam of ribs	0.27	0.13	0.13	0.02	0.42	0.42	XXX
71111	.....	A	X-ray exam of ribs, chest	0.32	1.00	1.00	0.08	1.40	1.40	XXX
71111	TC	A	X-ray exam of ribs, chest	0.00	0.85	0.85	0.06	0.91	0.91	XXX
71111	26	A	X-ray exam of ribs, chest	0.32	0.15	0.15	0.02	0.49	0.49	XXX
71120	.....	A	X-ray exam of breastbone	0.20	0.71	0.71	0.05	0.96	0.96	XXX
71120	TC	A	X-ray exam of breastbone	0.00	0.62	0.62	0.04	0.66	0.66	XXX
71120	26	A	X-ray exam of breastbone	0.20	0.09	0.09	0.01	0.30	0.30	XXX
71130	.....	A	X-ray exam of breastbone	0.22	0.77	0.77	0.05	1.04	1.04	XXX
71130	TC	A	X-ray exam of breastbone	0.00	0.67	0.67	0.04	0.71	0.71	XXX
71130	26	A	X-ray exam of breastbone	0.22	0.10	0.10	0.01	0.33	0.33	XXX
71250	.....	A	Cat scan of chest	1.16	6.14	6.14	0.44	7.74	7.74	XXX
71250	TC	A	Cat scan of chest	0.00	5.63	5.63	0.36	5.99	5.99	XXX
71250	26	A	Cat scan of chest	1.16	0.51	0.51	0.08	1.75	1.75	XXX
71260	.....	A	Contrast CAT scan of chest	1.24	7.29	7.29	0.51	9.04	9.04	XXX
71260	TC	A	Contrast CAT scan of chest	0.00	6.74	6.74	0.43	7.17	7.17	XXX
71260	26	A	Contrast CAT scan of chest	1.24	0.55	0.55	0.08	1.87	1.87	XXX
71270	.....	A	Contrast CAT scans of chest	1.38	9.04	9.04	0.61	11.03	11.03	XXX
71270	TC	A	Contrast CAT scans of chest	0.00	8.43	8.43	0.52	8.95	8.95	XXX
71270	26	A	Contrast CAT scans of chest	1.38	0.61	0.61	0.09	2.08	2.08	XXX
71550	.....	A	Magnetic image, chest	1.60	11.40	11.40	0.78	13.78	13.78	XXX
71550	TC	A	Magnetic image, chest	0.00	10.68	10.68	0.67	11.35	11.35	XXX
71550	26	A	Magnetic image, chest	1.60	0.72	0.72	0.11	2.43	2.43	XXX
71555	.....	N	Magnetic imaging/chest (MRA)	+1.81	11.40	11.40	0.78	13.99	13.99	XXX
71555	TC	N	Magnetic imaging/chest (MRA)	+0.00	10.68	10.68	0.67	11.35	11.35	XXX
71555	26	N	Magnetic imaging/chest (MRA)	+1.81	0.72	0.72	0.11	2.64	2.64	XXX
72010	.....	A	X-ray exam of spine	0.45	1.18	1.18	0.09	1.72	1.72	XXX
72010	TC	A	X-ray exam of spine	0.00	0.98	0.98	0.06	1.04	1.04	XXX
72010	26	A	X-ray exam of spine	0.45	0.20	0.20	0.03	0.68	0.68	XXX
72020	.....	A	X-ray exam of spine	0.15	0.47	0.47	0.04	0.66	0.66	XXX
72020	TC	A	X-ray exam of spine	0.00	0.40	0.40	0.03	0.43	0.43	XXX
72020	26	A	X-ray exam of spine	0.15	0.07	0.07	0.01	0.23	0.23	XXX
72040	.....	A	X-ray exam of neck spine	0.22	0.67	0.67	0.05	0.94	0.94	XXX
72040	TC	A	X-ray exam of neck spine	0.00	0.57	0.57	0.04	0.61	0.61	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
72050	.....	A	X-ray exam of neck spine	0.31	0.99	0.99	0.08	1.38	1.38	XXX
72050	TC	A	X-ray exam of neck spine	0.00	0.85	0.85	0.06	0.91	0.91	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.14	0.14	0.02	0.47	0.47	XXX
72052	.....	A	X-ray exam of neck spine	0.36	1.25	1.25	0.09	1.70	1.70	XXX
72052	TC	A	X-ray exam of neck spine	0.00	1.08	1.08	0.07	1.15	1.15	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.17	0.17	0.02	0.55	0.55	XXX
72069	.....	A	X-ray exam of trunk spine	0.22	0.57	0.57	0.04	0.83	0.83	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.47	0.47	0.03	0.50	0.50	XXX
72069	26	A	X-ray exam of trunk spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72070	.....	A	X-ray exam of thorax spine	0.22	0.72	0.72	0.05	0.99	0.99	XXX
72070	TC	A	X-ray exam of thorax spine	0.00	0.62	0.62	0.04	0.66	0.66	XXX
72070	26	A	X-ray exam of thorax spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72072	.....	A	X-ray exam of thoracic spine	0.22	0.80	0.80	0.06	1.08	1.08	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.70	0.70	0.05	0.75	0.75	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72074	.....	A	X-ray exam of thoracic spine	0.22	0.97	0.97	0.07	1.26	1.26	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	0.87	0.87	0.06	0.93	0.93	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72080	.....	A	X-ray exam of trunk spine	0.22	0.74	0.74	0.05	1.01	1.01	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	0.64	0.64	0.04	0.68	0.68	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72090	.....	A	X-ray exam of trunk spine	0.28	0.77	0.77	0.06	1.11	1.11	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	0.64	0.64	0.04	0.68	0.68	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.13	0.13	0.02	0.43	0.43	XXX
72100	.....	A	X-ray exam of lower spine	0.22	0.74	0.74	0.05	1.01	1.01	XXX
72100	TC	A	X-ray exam of lower spine	0.00	0.64	0.64	0.04	0.68	0.68	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72110	.....	A	X-ray exam of lower spine	0.31	1.01	1.01	0.08	1.40	1.40	XXX
72110	TC	A	X-ray exam of lower spine	0.00	0.87	0.87	0.06	0.93	0.93	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.14	0.14	0.02	0.47	0.47	XXX
72114	.....	A	X-ray exam of lower spine	0.36	1.30	1.30	0.09	1.75	1.75	XXX
72114	TC	A	X-ray exam of lower spine	0.00	1.13	1.13	0.07	1.20	1.20	XXX
72114	26	A	X-ray exam of lower spine	0.36	0.17	0.17	0.02	0.55	0.55	XXX
72120	.....	A	X-ray exam of lower spine	0.22	0.95	0.95	0.07	1.24	1.24	XXX
72120	TC	A	X-ray exam of lower spine	0.00	0.85	0.85	0.06	0.91	0.91	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.10	0.10	0.01	0.33	0.33	XXX
72125	.....	A	CAT scan of neck spine	1.16	6.14	6.14	0.44	7.74	7.74	XXX
72125	TC	A	CAT scan of neck spine	0.00	5.63	5.63	0.36	5.99	5.99	XXX
72125	26	A	CAT scan of neck spine	1.16	0.51	0.51	0.08	1.75	1.75	XXX
72126	.....	A	Contrast CAT scan of neck	1.22	7.27	7.27	0.51	9.00	9.00	XXX
72126	TC	A	Contrast CAT scan of neck	0.00	6.74	6.74	0.43	7.17	7.17	XXX
72126	26	A	Contrast CAT scan of neck	1.22	0.53	0.53	0.08	1.83	1.83	XXX
72127	.....	A	Contrast CAT scans of neck	1.27	8.99	8.99	0.61	10.87	10.87	XXX
72127	TC	A	Contrast CAT scans of neck	0.00	8.43	8.43	0.52	8.95	8.95	XXX
72127	26	A	Contrast CAT scans of neck	1.27	0.56	0.56	0.09	1.92	1.92	XXX
72128	.....	A	CAT scan of thorax spine	1.16	6.14	6.14	0.44	7.74	7.74	XXX
72128	TC	A	CAT scan of thorax spine	0.00	5.63	5.63	0.36	5.99	5.99	XXX
72128	26	A	CAT scan of thorax spine	1.16	0.51	0.51	0.08	1.75	1.75	XXX
72129	.....	A	Contrast CAT scan of thorax	1.22	7.27	7.27	0.51	9.00	9.00	XXX
72129	TC	A	Contrast CAT scan of thorax	0.00	6.74	6.74	0.43	7.17	7.17	XXX
72129	26	A	Contrast CAT scan of thorax	1.22	0.53	0.53	0.08	1.83	1.83	XXX
72130	.....	A	Contrast CAT scans of thorax	1.27	8.99	8.99	0.61	10.87	10.87	XXX
72130	TC	A	Contrast CAT scans of thorax	0.00	8.43	8.43	0.52	8.95	8.95	XXX
72130	26	A	Contrast CAT scans of thorax	1.27	0.56	0.56	0.09	1.92	1.92	XXX
72131	.....	A	CAT scan of lower spine	1.16	6.14	6.14	0.44	7.74	7.74	XXX
72131	TC	A	CAT scan of lower spine	0.00	5.63	5.63	0.36	5.99	5.99	XXX
72131	26	A	CAT scan of lower spine	1.16	0.51	0.51	0.08	1.75	1.75	XXX
72132	.....	A	Contrast CAT of lower spine	1.22	7.27	7.27	0.51	9.00	9.00	XXX
72132	TC	A	Contrast CAT of lower spine	0.00	6.74	6.74	0.43	7.17	7.17	XXX
72132	26	A	Contrast CAT of lower spine	1.22	0.53	0.53	0.08	1.83	1.83	XXX
72133	.....	A	Contrast CAT scans, low spine	1.27	8.99	8.99	0.61	10.87	10.87	XXX
72133	TC	A	Contrast CAT scans, low spine	0.00	8.43	8.43	0.52	8.95	8.95	XXX
72133	26	A	Contrast CAT scans, low spine	1.27	0.56	0.56	0.09	1.92	1.92	XXX
72141	.....	A	Magnetic image, neck spine	1.60	11.40	11.40	0.78	13.78	13.78	XXX
72141	TC	A	Magnetic image, neck spine	0.00	10.68	10.68	0.67	11.35	11.35	XXX
72141	26	A	Magnetic image, neck spine	1.60	0.72	0.72	0.11	2.43	2.43	XXX
72142	.....	A	Magnetic image, neck spine	1.92	13.67	13.67	0.94	16.53	16.53	XXX
72142	TC	A	Magnetic image, neck spine	0.00	12.81	12.81	0.81	13.62	13.62	XXX
72142	26	A	Magnetic image, neck spine	1.92	0.86	0.86	0.13	2.91	2.91	XXX
72146	.....	A	Magnetic image, chest spine	1.60	12.58	12.58	0.85	15.03	15.03	XXX
72146	TC	A	Magnetic image, chest spine	0.00	11.86	11.86	0.74	12.60	12.60	XXX
72146	26	A	Magnetic image, chest spine	1.60	0.72	0.72	0.11	2.43	2.43	XXX
72147	.....	A	Magnetic image, chest spine	1.92	13.67	13.67	0.94	16.53	16.53	XXX
72147	TC	A	Magnetic image, chest spine	0.00	12.81	12.81	0.81	13.62	13.62	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
72147	26	A	Magnetic image, chest spine	1.92	0.86	0.86	0.13	2.91	2.91	XXX
72148	.....	A	Magnetic image, lumbar spine	1.48	12.52	12.52	0.84	14.84	14.84	XXX
72148	TC	A	Magnetic image, lumbar spine	0.00	11.86	11.86	0.74	12.60	12.60	XXX
72148	26	A	Magnetic image, lumbar spine	1.48	0.66	0.66	0.10	2.24	2.24	XXX
72149	.....	A	Magnetic image, lumbar spine	1.78	13.61	13.61	0.93	16.32	16.32	XXX
72149	TC	A	Magnetic image, lumbar spine	0.00	12.81	12.81	0.81	13.62	13.62	XXX
72149	26	A	Magnetic image, lumbar spine	1.78	0.80	0.80	0.12	2.70	2.70	XXX
72156	.....	A	Magnetic image, neck spine	2.57	24.87	24.87	1.66	29.10	29.10	XXX
72156	TC	A	Magnetic image, neck spine	0.00	23.72	23.72	1.49	25.21	25.21	XXX
72156	26	A	Magnetic image, neck spine	2.57	1.15	1.15	0.17	3.89	3.89	XXX
72157	.....	A	Magnetic image, chest spine	2.57	24.87	24.87	1.66	29.10	29.10	XXX
72157	TC	A	Magnetic image, chest spine	0.00	23.72	23.72	1.49	25.21	25.21	XXX
72157	26	A	Magnetic image, chest spine	2.57	1.15	1.15	0.17	3.89	3.89	XXX
72158	.....	A	Magnetic image, lumbar spine	2.36	24.79	24.79	1.65	28.80	28.80	XXX
72158	TC	A	Magnetic image, lumbar spine	0.00	23.72	23.72	1.49	25.21	25.21	XXX
72158	26	A	Magnetic image, lumbar spine	2.36	1.07	1.07	0.16	3.59	3.59	XXX
72159	.....	N	Magnetic imaging/spine (MRA)	+1.80	12.52	12.52	0.84	15.16	15.16	XXX
72159	TC	N	Magnetic imaging/spine (MRA)	+0.00	11.86	11.86	0.74	12.60	12.60	XXX
72159	26	N	Magnetic imaging/spine (MRA)	+1.80	0.66	0.66	0.10	2.56	2.56	XXX
72170	.....	A	X-ray exam of pelvis	0.17	0.57	0.57	0.04	0.78	0.78	XXX
72170	TC	A	X-ray exam of pelvis	0.00	0.50	0.50	0.03	0.53	0.53	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.07	0.07	0.01	0.25	0.25	XXX
72190	.....	A	X-ray exam of pelvis	0.21	0.74	0.74	0.05	1.00	1.00	XXX
72190	TC	A	X-ray exam of pelvis	0.00	0.64	0.64	0.04	0.68	0.68	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.10	0.10	0.01	0.32	0.32	XXX
72192	.....	A	CAT scan of pelvis	1.09	6.11	6.11	0.43	7.63	7.63	XXX
72192	TC	A	CAT scan of pelvis	0.00	5.63	5.63	0.36	5.99	5.99	XXX
72192	26	A	CAT scan of pelvis	1.09	0.48	0.48	0.07	1.64	1.64	XXX
72193	.....	A	Contrast CAT scan of pelvis	1.16	7.03	7.03	0.49	8.68	8.68	XXX
72193	TC	A	Contrast CAT scan of pelvis	0.00	6.52	6.52	0.41	6.93	6.93	XXX
72193	26	A	Contrast CAT scan of pelvis	1.16	0.51	0.51	0.08	1.75	1.75	XXX
72194	.....	A	Contrast CAT scans of pelvis	1.22	8.62	8.62	0.58	10.42	10.42	XXX
72194	TC	A	Contrast CAT scans of pelvis	0.00	8.09	8.09	0.50	8.59	8.59	XXX
72194	26	A	Contrast CAT scans of pelvis	1.22	0.53	0.53	0.08	1.83	1.83	XXX
72196	.....	A	Magnetic image, pelvis	1.60	11.40	11.40	0.78	13.78	13.78	XXX
72196	TC	A	Magnetic image, pelvis	0.00	10.68	10.68	0.67	11.35	11.35	XXX
72196	26	A	Magnetic image, pelvis	1.60	0.72	0.72	0.11	2.43	2.43	XXX
72198	.....	N	Magnetic imaging/pelvis(MRA)	+1.80	11.40	11.40	0.78	13.98	13.98	XXX
72198	TC	N	Magnetic imaging/pelvis(MRA)	+0.00	10.68	10.68	0.67	11.35	11.35	XXX
72198	26	N	Magnetic imaging/pelvis(MRA)	+1.80	0.72	0.72	0.11	2.63	2.63	XXX
72200	.....	A	X-ray exam sacroiliac joints	0.17	0.58	0.58	0.04	0.79	0.79	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.50	0.50	0.03	0.53	0.53	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.08	0.08	0.01	0.26	0.26	XXX
72202	.....	A	X-ray exam sacroiliac joints	0.19	0.68	0.68	0.05	0.92	0.92	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.59	0.59	0.04	0.63	0.63	XXX
72202	26	A	X-ray exam sacroiliac joints	0.19	0.09	0.09	0.01	0.29	0.29	XXX
72220	.....	A	X-ray exam of tailbone	0.17	0.62	0.62	0.05	0.84	0.84	XXX
72220	TC	A	X-ray exam of tailbone	0.00	0.54	0.54	0.04	0.58	0.58	XXX
72220	26	A	X-ray exam of tailbone	0.17	0.08	0.08	0.01	0.26	0.26	XXX
72240	.....	A	Contrast x-ray of neck spine	0.91	4.93	4.93	0.35	6.19	6.19	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	4.52	4.52	0.29	4.81	4.81	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.41	0.41	0.06	1.38	1.38	XXX
72255	.....	A	Contrast x-ray thorax spine	0.91	4.54	4.54	0.32	5.77	5.77	XXX
72255	TC	A	Contrast x-ray thorax spine	0.00	4.13	4.13	0.26	4.39	4.39	XXX
72255	26	A	Contrast x-ray thorax spine	0.91	0.41	0.41	0.06	1.38	1.38	XXX
72265	.....	A	Contrast x-ray lower spine	0.83	4.26	4.26	0.31	5.40	5.40	XXX
72265	TC	A	Contrast x-ray lower spine	0.00	3.88	3.88	0.25	4.13	4.13	XXX
72265	26	A	Contrast x-ray lower spine	0.83	0.38	0.38	0.06	1.27	1.27	XXX
72270	.....	A	Contrast x-ray of spine	1.33	6.40	6.40	0.46	8.19	8.19	XXX
72270	TC	A	Contrast x-ray of spine	0.00	5.81	5.81	0.37	6.18	6.18	XXX
72270	26	A	Contrast x-ray of spine	1.33	0.59	0.59	0.09	2.01	2.01	XXX
72285	.....	A	X-ray of neck spine disk	0.83	8.37	8.37	0.56	9.76	9.76	XXX
72285	TC	A	X-ray of neck spine disk	0.00	7.99	7.99	0.50	8.49	8.49	XXX
72285	26	A	X-ray of neck spine disk	0.83	0.38	0.38	0.06	1.27	1.27	XXX
72295	.....	A	X-ray of lower spine disk	0.83	7.87	7.87	0.52	9.22	9.22	XXX
72295	TC	A	X-ray of lower spine disk	0.00	7.49	7.49	0.46	7.95	7.95	XXX
72295	26	A	X-ray of lower spine disk	0.83	0.38	0.38	0.06	1.27	1.27	XXX
73000	.....	A	X-ray exam of collarbone	0.16	0.57	0.57	0.04	0.77	0.77	XXX
73000	TC	A	X-ray exam of collarbone	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73000	26	A	X-ray exam of collarbone	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73010	.....	A	X-ray exam of shoulder blade	0.17	0.58	0.58	0.04	0.79	0.79	XXX
73010	TC	A	X-ray exam of shoulder blade	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73010	26	A	X-ray exam of shoulder blade	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73020	.....	A	X-ray exam of shoulder	0.15	0.52	0.52	0.04	0.71	0.71	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
73020	TC	A	X-ray exam of shoulder	0.00	0.45	0.45	0.03	0.48	0.48	XXX
73020	26	A	X-ray exam of shoulder	0.15	0.07	0.07	0.01	0.23	0.23	XXX
73030	.....	A	X-ray exam of shoulder	0.18	0.62	0.62	0.05	0.85	0.85	XXX
73030	TC	A	X-ray exam of shoulder	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73030	26	A	X-ray exam of shoulder	0.18	0.08	0.08	0.01	0.27	0.27	XXX
73040	.....	A	Contrast x-ray of shoulder	0.54	2.25	2.25	0.17	2.96	2.96	XXX
73040	TC	A	Contrast x-ray of shoulder	0.00	2.00	2.00	0.13	2.13	2.13	XXX
73040	26	A	Contrast x-ray of shoulder	0.54	0.25	0.25	0.04	0.83	0.83	XXX
73050	.....	A	X-ray exam of shoulders	0.20	0.73	0.73	0.05	0.98	0.98	XXX
73050	TC	A	X-ray exam of shoulders	0.00	0.64	0.64	0.04	0.68	0.68	XXX
73050	26	A	X-ray exam of shoulders	0.20	0.09	0.09	0.01	0.30	0.30	XXX
73060	.....	A	X-ray exam of humerus	0.17	0.62	0.62	0.05	0.84	0.84	XXX
73060	TC	A	X-ray exam of humerus	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73060	26	A	X-ray exam of humerus	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73070	.....	A	X-ray exam of elbow	0.15	0.57	0.57	0.04	0.76	0.76	XXX
73070	TC	A	X-ray exam of elbow	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73070	26	A	X-ray exam of elbow	0.15	0.07	0.07	0.01	0.23	0.23	XXX
73080	.....	A	X-ray exam of elbow	0.17	0.62	0.62	0.05	0.84	0.84	XXX
73080	TC	A	X-ray exam of elbow	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73080	26	A	X-ray exam of elbow	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73085	.....	A	Contrast x-ray of elbow	0.54	2.25	2.25	0.17	2.96	2.96	XXX
73085	TC	A	Contrast x-ray of elbow	0.00	2.00	2.00	0.13	2.13	2.13	XXX
73085	26	A	Contrast x-ray of elbow	0.54	0.25	0.25	0.04	0.83	0.83	XXX
73090	.....	A	X-ray exam of forearm	0.16	0.57	0.57	0.04	0.77	0.77	XXX
73090	TC	A	X-ray exam of forearm	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73090	26	A	X-ray exam of forearm	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73092	.....	A	X-ray exam of arm, infant	0.16	0.54	0.54	0.04	0.74	0.74	XXX
73092	TC	A	X-ray exam of arm, infant	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73092	26	A	X-ray exam of arm, infant	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73100	.....	A	X-ray exam of wrist	0.16	0.54	0.54	0.04	0.74	0.74	XXX
73100	TC	A	X-ray exam of wrist	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73100	26	A	X-ray exam of wrist	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73110	.....	A	X-ray exam of wrist	0.17	0.59	0.59	0.04	0.80	0.80	XXX
73110	TC	A	X-ray exam of wrist	0.00	0.51	0.51	0.03	0.54	0.54	XXX
73110	26	A	X-ray exam of wrist	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73115	.....	A	Contrast x-ray of wrist	0.54	1.75	1.75	0.14	2.43	2.43	XXX
73115	TC	A	Contrast x-ray of wrist	0.00	1.50	1.50	0.10	1.60	1.60	XXX
73115	26	A	Contrast x-ray of wrist	0.54	0.25	0.25	0.04	0.83	0.83	XXX
73120	.....	A	X-ray exam of hand	0.16	0.54	0.54	0.04	0.74	0.74	XXX
73120	TC	A	X-ray exam of hand	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73120	26	A	X-ray exam of hand	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73130	.....	A	X-ray exam of hand	0.17	0.59	0.59	0.04	0.80	0.80	XXX
73130	TC	A	X-ray exam of hand	0.00	0.51	0.51	0.03	0.54	0.54	XXX
73130	26	A	X-ray exam of hand	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73140	.....	A	X-ray exam of finger(s)	0.13	0.46	0.46	0.04	0.63	0.63	XXX
73140	TC	A	X-ray exam of finger(s)	0.00	0.40	0.40	0.03	0.43	0.43	XXX
73140	26	A	X-ray exam of finger(s)	0.13	0.06	0.06	0.01	0.20	0.20	XXX
73200	.....	A	CAT scan of arm	1.09	5.21	5.21	0.37	6.67	6.67	XXX
73200	TC	A	CAT scan of arm	0.00	4.73	4.73	0.30	5.03	5.03	XXX
73200	26	A	CAT scan of arm	1.09	0.48	0.48	0.07	1.64	1.64	XXX
73201	.....	A	Contrast CAT scan of arm	1.16	6.14	6.14	0.44	7.74	7.74	XXX
73201	TC	A	Contrast CAT scan of arm	0.00	5.63	5.63	0.36	5.99	5.99	XXX
73201	26	A	Contrast CAT scan of arm	1.16	0.51	0.51	0.08	1.75	1.75	XXX
73202	.....	A	Contrast CAT scans of arm	1.22	7.61	7.61	0.53	9.36	9.36	XXX
73202	TC	A	Contrast CAT scans of arm	0.00	7.08	7.08	0.45	7.53	7.53	XXX
73202	26	A	Contrast CAT scans of arm	1.22	0.53	0.53	0.08	1.83	1.83	XXX
73220	.....	A	Magnetic image, arm, hand	1.48	11.34	11.34	0.77	13.59	13.59	XXX
73220	TC	A	Magnetic image, arm, hand	0.00	10.68	10.68	0.67	11.35	11.35	XXX
73220	26	A	Magnetic image, arm, hand	1.48	0.66	0.66	0.10	2.24	2.24	XXX
73221	.....	A	Magnetic image, joint of arm	1.48	11.11	11.11	0.73	13.32	13.32	XXX
73221	TC	A	Magnetic image, joint of arm	0.00	10.68	10.68	0.67	11.35	11.35	XXX
73221	26	A	Magnetic image, joint of arm	1.48	0.43	0.43	0.06	1.97	1.97	XXX
73225	.....	N	Magnetic imaging/upper (MRA)	+1.73	11.34	11.34	0.77	13.84	13.84	XXX
73225	TC	N	Magnetic imaging/upper (MRA)	+0.00	10.68	10.68	0.67	11.35	11.35	XXX
73225	26	N	Magnetic imaging/upper (MRA)	+1.73	0.66	0.66	0.10	2.49	2.49	XXX
73500	.....	A	X-ray exam of hip	0.17	0.53	0.53	0.04	0.74	0.74	XXX
73500	TC	A	X-ray exam of hip	0.00	0.45	0.45	0.03	0.48	0.48	XXX
73500	26	A	X-ray exam of hip	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73510	.....	A	X-ray exam of hip	0.21	0.64	0.64	0.05	0.90	0.90	XXX
73510	TC	A	X-ray exam of hip	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73510	26	A	X-ray exam of hip	0.21	0.10	0.10	0.01	0.32	0.32	XXX
73520	.....	A	X-ray exam of hips	0.26	0.76	0.76	0.06	1.08	1.08	XXX
73520	TC	A	X-ray exam of hips	0.00	0.64	0.64	0.04	0.68	0.68	XXX
73520	26	A	X-ray exam of hips	0.26	0.12	0.12	0.02	0.40	0.40	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
73525	.....	A	Contrast x-ray of hip	0.54	2.25	2.25	0.17	2.96	2.96	XXX
73525	TC	A	Contrast x-ray of hip	0.00	2.00	2.00	0.13	2.13	2.13	XXX
73525	26	A	Contrast x-ray of hip	0.54	0.25	0.25	0.04	0.83	0.83	XXX
73530	.....	A	X-ray exam of hip	0.29	0.63	0.63	0.05	0.97	0.97	XXX
73530	TC	A	X-ray exam of hip	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73530	26	A	X-ray exam of hip	0.29	0.13	0.13	0.02	0.44	0.44	XXX
73540	.....	A	X-ray exam of pelvis & hips	0.20	0.64	0.64	0.05	0.89	0.89	XXX
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73540	26	A	X-ray exam of pelvis & hips	0.20	0.10	0.10	0.01	0.31	0.31	XXX
73550	.....	A	X-ray exam of thigh	0.17	0.62	0.62	0.05	0.84	0.84	XXX
73550	TC	A	X-ray exam of thigh	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73550	26	A	X-ray exam of thigh	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73560	.....	A	X-ray exam of knee	0.17	0.57	0.57	0.04	0.78	0.78	XXX
73560	TC	A	X-ray exam of knee	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73560	26	A	X-ray exam of knee	0.17	0.07	0.07	0.01	0.25	0.25	XXX
73562	.....	A	X-ray exam of knee	0.18	0.63	0.63	0.05	0.86	0.86	XXX
73562	TC	A	X-ray exam of knee	0.00	0.54	0.54	0.04	0.58	0.58	XXX
73562	26	A	X-ray exam of knee	0.18	0.09	0.09	0.01	0.28	0.28	XXX
73564	.....	A	X-ray exam of knee	0.22	0.69	0.69	0.06	0.97	0.97	XXX
73564	TC	A	X-ray exam of knee	0.00	0.59	0.59	0.04	0.63	0.63	XXX
73564	26	A	X-ray exam of knee	0.22	0.10	0.10	0.02	0.34	0.34	XXX
73565	.....	A	X-ray exam of knee	0.17	0.54	0.54	0.04	0.75	0.75	XXX
73565	TC	A	X-ray exam of knee	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73565	26	A	X-ray exam of knee	0.17	0.07	0.07	0.01	0.25	0.25	XXX
73580	.....	A	Contrast x-ray of knee joint	0.54	2.75	2.75	0.21	3.50	3.50	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	2.50	2.50	0.17	2.67	2.67	XXX
73580	26	A	Contrast x-ray of knee joint	0.54	0.25	0.25	0.04	0.83	0.83	XXX
73590	.....	A	X-ray exam of lower leg	0.17	0.57	0.57	0.04	0.78	0.78	XXX
73590	TC	A	X-ray exam of lower leg	0.00	0.50	0.50	0.03	0.53	0.53	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.07	0.07	0.01	0.25	0.25	XXX
73592	.....	A	X-ray exam of leg, infant	0.16	0.54	0.54	0.04	0.74	0.74	XXX
73592	TC	A	X-ray exam of leg, infant	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73592	26	A	X-ray exam of leg, infant	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73600	.....	A	X-ray exam of ankle	0.16	0.54	0.54	0.04	0.74	0.74	XXX
73600	TC	A	X-ray exam of ankle	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73600	26	A	X-ray exam of ankle	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73610	.....	A	X-ray exam of ankle	0.17	0.59	0.59	0.04	0.80	0.80	XXX
73610	TC	A	X-ray exam of ankle	0.00	0.51	0.51	0.03	0.54	0.54	XXX
73610	26	A	X-ray exam of ankle	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73615	.....	A	Contrast x-ray of ankle	0.54	2.25	2.25	0.17	2.96	2.96	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	2.00	2.00	0.13	2.13	2.13	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.25	0.25	0.04	0.83	0.83	XXX
73620	.....	A	X-ray exam of foot	0.16	0.54	0.54	0.04	0.74	0.74	XXX
73620	TC	A	X-ray exam of foot	0.00	0.47	0.47	0.03	0.50	0.50	XXX
73620	26	A	X-ray exam of foot	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73630	.....	A	X-ray exam of foot	0.17	0.59	0.59	0.04	0.80	0.80	XXX
73630	TC	A	X-ray exam of foot	0.00	0.51	0.51	0.03	0.54	0.54	XXX
73630	26	A	X-ray exam of foot	0.17	0.08	0.08	0.01	0.26	0.26	XXX
73650	.....	A	X-ray exam of heel	0.16	0.52	0.52	0.04	0.72	0.72	XXX
73650	TC	A	X-ray exam of heel	0.00	0.45	0.45	0.03	0.48	0.48	XXX
73650	26	A	X-ray exam of heel	0.16	0.07	0.07	0.01	0.24	0.24	XXX
73660	.....	A	X-ray exam of toe(s)	0.13	0.46	0.46	0.04	0.63	0.63	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	0.40	0.40	0.03	0.43	0.43	XXX
73660	26	A	X-ray exam of toe(s)	0.13	0.06	0.06	0.01	0.20	0.20	XXX
73700	.....	A	CAT scan of leg	1.09	5.21	5.21	0.37	6.67	6.67	XXX
73700	TC	A	CAT scan of leg	0.00	4.73	4.73	0.30	5.03	5.03	XXX
73700	26	A	CAT scan of leg	1.09	0.48	0.48	0.07	1.64	1.64	XXX
73701	.....	A	Contrast CAT scan of leg	1.16	6.14	6.14	0.44	7.74	7.74	XXX
73701	TC	A	Contrast CAT scan of leg	0.00	5.63	5.63	0.36	5.99	5.99	XXX
73701	26	A	Contrast CAT scan of leg	1.16	0.51	0.51	0.08	1.75	1.75	XXX
73702	.....	A	Contrast CAT scans of leg	1.22	7.61	7.61	0.53	9.36	9.36	XXX
73702	TC	A	Contrast CAT scans of leg	0.00	7.08	7.08	0.45	7.53	7.53	XXX
73702	26	A	Contrast CAT scans of leg	1.22	0.53	0.53	0.08	1.83	1.83	XXX
73720	.....	A	Magnetic image, leg, foot	1.48	11.34	11.34	0.77	13.59	13.59	XXX
73720	TC	A	Magnetic image, leg, foot	0.00	10.68	10.68	0.67	11.35	11.35	XXX
73720	26	A	Magnetic image, leg, foot	1.48	0.66	0.66	0.10	2.24	2.24	XXX
73721	.....	A	Magnetic image, joint of leg	1.48	11.11	11.11	0.73	13.32	13.32	XXX
73721	TC	A	Magnetic image, joint of leg	0.00	10.68	10.68	0.67	11.35	11.35	XXX
73721	26	A	Magnetic image, joint of leg	1.48	0.43	0.43	0.06	1.97	1.97	XXX
73725	.....	R	Magnetic imaging/lower (MRA)	1.82	11.34	11.34	0.77	13.93	13.93	XXX
73725	TC	R	Magnetic imaging/lower (MRA)	0.00	10.68	10.68	0.67	11.35	11.35	XXX
73725	26	R	Magnetic imaging/lower (MRA)	1.82	0.66	0.66	0.10	2.58	2.58	XXX
74000	.....	A	X-ray exam of abdomen	0.18	0.58	0.58	0.04	0.80	0.80	XXX
74000	TC	A	X-ray exam of abdomen	0.00	0.50	0.50	0.03	0.53	0.53	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
74000	26	A	X-ray exam of abdomen	0.18	0.08	0.08	0.01	0.27	0.27	XXX
74010	.....	A	X-ray exam of abdomen	0.23	0.65	0.65	0.06	0.94	0.94	XXX
74010	TC	A	X-ray exam of abdomen	0.00	0.54	0.54	0.04	0.58	0.58	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.11	0.11	0.02	0.36	0.36	XXX
74020	.....	A	X-ray exam of abdomen	0.27	0.72	0.72	0.06	1.05	1.05	XXX
74020	TC	A	X-ray exam of abdomen	0.00	0.59	0.59	0.04	0.63	0.63	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.13	0.13	0.02	0.42	0.42	XXX
74022	.....	A	X-ray exam series, abdomen	0.32	0.85	0.85	0.07	1.24	1.24	XXX
74022	TC	A	X-ray exam series, abdomen	0.00	0.70	0.70	0.05	0.75	0.75	XXX
74022	26	A	X-ray exam series, abdomen	0.32	0.15	0.15	0.02	0.49	0.49	XXX
74150	.....	A	CAT scan of abdomen	1.19	5.91	5.91	0.43	7.53	7.53	XXX
74150	TC	A	CAT scan of abdomen	0.00	5.39	5.39	0.35	5.74	5.74	XXX
74150	26	A	CAT scan of abdomen	1.19	0.52	0.52	0.08	1.79	1.79	XXX
74160	.....	A	Contrast CAT scan of abdomen	1.27	7.08	7.08	0.50	8.85	8.85	XXX
74160	TC	A	Contrast CAT scan of abdomen	0.00	6.52	6.52	0.41	6.93	6.93	XXX
74160	26	A	Contrast CAT scan of abdomen	1.27	0.56	0.56	0.09	1.92	1.92	XXX
74170	.....	A	Contrast CAT scans, abdomen	1.40	8.71	8.71	0.60	10.71	10.71	XXX
74170	TC	A	Contrast CAT scans, abdomen	0.00	8.09	8.09	0.50	8.59	8.59	XXX
74170	26	A	Contrast CAT scans, abdomen	1.40	0.62	0.62	0.10	2.12	2.12	XXX
74181	.....	A	Magnetic image, abdomen (MRI)	1.60	11.40	11.40	0.78	13.78	13.78	XXX
74181	TC	A	Magnetic image, abdomen (MRI)	0.00	10.68	10.68	0.67	11.35	11.35	XXX
74181	26	A	Magnetic image, abdomen (MRI)	1.60	0.72	0.72	0.11	2.43	2.43	XXX
74185	.....	N	Magnetic image/abdomen (MRA)	+1.80	11.40	11.40	0.78	13.98	13.98	XXX
74185	TC	N	Magnetic image/abdomen (MRA)	+0.00	10.68	10.68	0.67	11.35	11.35	XXX
74185	26	N	Magnetic image/abdomen (MRA)	+1.80	0.72	0.72	0.11	2.63	2.63	XXX
74190	.....	A	X-ray exam of peritoneum	0.48	1.37	1.37	0.10	1.95	1.95	XXX
74190	TC	A	X-ray exam of peritoneum	0.00	1.24	1.24	0.08	1.32	1.32	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.13	0.13	0.02	0.63	0.63	XXX
74210	.....	A	Contrast x-ray exam of throat	0.36	1.29	1.29	0.09	1.74	1.74	XXX
74210	TC	A	Contrast x-ray exam of throat	0.00	1.13	1.13	0.07	1.20	1.20	XXX
74210	26	A	Contrast x-ray exam of throat	0.36	0.16	0.16	0.02	0.54	0.54	XXX
74220	.....	A	Contrast x-ray exam,esophagus	0.46	1.34	1.34	0.10	1.90	1.90	XXX
74220	TC	A	Contrast x-ray exam,esophagus	0.00	1.13	1.13	0.07	1.20	1.20	XXX
74220	26	A	Contrast x-ray exam,esophagus	0.46	0.21	0.21	0.03	0.70	0.70	XXX
74230	.....	A	Cinema x-ray throat/esophagus	0.53	1.49	1.49	0.12	2.14	2.14	XXX
74230	TC	A	Cinema x-ray throat/esophagus	0.00	1.24	1.24	0.08	1.32	1.32	XXX
74230	26	A	Cinema x-ray throat/esophagus	0.53	0.25	0.25	0.04	0.82	0.82	XXX
74235	.....	A	Remove esophagus obstruction	1.19	3.02	3.02	0.25	4.46	4.46	XXX
74235	TC	A	Remove esophagus obstruction	0.00	2.50	2.50	0.17	2.67	2.67	XXX
74235	26	A	Remove esophagus obstruction	1.19	0.52	0.52	0.08	1.79	1.79	XXX
74240	.....	A	X-ray exam upper GI tract	0.69	1.71	1.71	0.14	2.54	2.54	XXX
74240	TC	A	X-ray exam upper GI tract	0.00	1.39	1.39	0.09	1.48	1.48	XXX
74240	26	A	X-ray exam upper GI tract	0.69	0.32	0.32	0.05	1.06	1.06	XXX
74241	.....	A	X-ray exam upper GI tract	0.69	1.74	1.74	0.14	2.57	2.57	XXX
74241	TC	A	X-ray exam upper GI tract	0.00	1.42	1.42	0.09	1.51	1.51	XXX
74241	26	A	X-ray exam upper GI tract	0.69	0.32	0.32	0.05	1.06	1.06	XXX
74245	.....	A	X-ray exam upper GI tract	0.91	2.68	2.68	0.21	3.80	3.80	XXX
74245	TC	A	X-ray exam upper GI tract	0.00	2.27	2.27	0.15	2.42	2.42	XXX
74245	26	A	X-ray exam upper GI tract	0.91	0.41	0.41	0.06	1.38	1.38	XXX
74246	.....	A	Contrast x-ray upper GI tract	0.69	1.89	1.89	0.15	2.73	2.73	XXX
74246	TC	A	Contrast x-ray upper GI tract	0.00	1.57	1.57	0.10	1.67	1.67	XXX
74246	26	A	Contrast x-ray upper GI tract	0.69	0.32	0.32	0.05	1.06	1.06	XXX
74247	.....	A	Contrast x-ray upper GI tract	0.69	1.92	1.92	0.16	2.77	2.77	XXX
74247	TC	A	Contrast x-ray upper GI tract	0.00	1.60	1.60	0.11	1.71	1.71	XXX
74247	26	A	Contrast x-ray upper GI tract	0.69	0.32	0.32	0.05	1.06	1.06	XXX
74249	.....	A	Contrast x-ray upper GI tract	0.91	2.86	2.86	0.22	3.99	3.99	XXX
74249	TC	A	Contrast x-ray upper GI tract	0.00	2.45	2.45	0.16	2.61	2.61	XXX
74249	26	A	Contrast x-ray upper GI tract	0.91	0.41	0.41	0.06	1.38	1.38	XXX
74250	.....	A	X-ray exam of small bowel	0.47	1.45	1.45	0.11	2.03	2.03	XXX
74250	TC	A	X-ray exam of small bowel	0.00	1.24	1.24	0.08	1.32	1.32	XXX
74250	26	A	X-ray exam of small bowel	0.47	0.21	0.21	0.03	0.71	0.71	XXX
74251	.....	A	X-ray exam of small bowel	0.69	1.45	1.45	0.11	2.25	2.25	XXX
74251	TC	A	X-ray exam of small bowel	0.00	1.24	1.24	0.08	1.32	1.32	XXX
74251	26	A	X-ray exam of small bowel	0.69	0.21	0.21	0.03	0.93	0.93	XXX
74260	.....	A	X-ray exam of small bowel	0.50	1.65	1.65	0.12	2.27	2.27	XXX
74260	TC	A	X-ray exam of small bowel	0.00	1.42	1.42	0.09	1.51	1.51	XXX
74260	26	A	X-ray exam of small bowel	0.50	0.23	0.23	0.03	0.76	0.76	XXX
74270	.....	A	Contrast x-ray exam of colon	0.69	1.94	1.94	0.16	2.79	2.79	XXX
74270	TC	A	Contrast x-ray exam of colon	0.00	1.62	1.62	0.11	1.73	1.73	XXX
74270	26	A	Contrast x-ray exam of colon	0.69	0.32	0.32	0.05	1.06	1.06	XXX
74280	.....	A	Contrast x-ray exam of colon	0.99	2.58	2.58	0.21	3.78	3.78	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	2.13	2.13	0.14	2.27	2.27	XXX
74280	26	A	Contrast x-ray exam of colon	0.99	0.45	0.45	0.07	1.51	1.51	XXX
74283	.....	A	Contrast x-ray exam of colon	2.02	3.34	3.34	0.30	5.66	5.66	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
74283	TC	A	Contrast x-ray exam of colon	0.00	2.44	2.44	0.16	2.60	2.60	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.90	0.90	0.14	3.06	3.06	XXX
74290	.....	A	Contrast x-ray, gallbladder	0.32	0.85	0.85	0.07	1.24	1.24	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.70	0.70	0.05	0.75	0.75	XXX
74290	26	A	Contrast x-ray, gallbladder	0.32	0.15	0.15	0.02	0.49	0.49	XXX
74291	.....	A	Contrast x-rays, gallbladder	0.20	0.49	0.49	0.04	0.73	0.73	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.40	0.40	0.03	0.43	0.43	XXX
74291	26	A	Contrast x-rays, gallbladder	0.20	0.09	0.09	0.01	0.30	0.30	XXX
74300	.....	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74300	TC	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74300	26	A	X-ray bile ducts, pancreas	0.36	0.17	0.17	0.02	0.55	0.55	XXX
74301	.....	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74301	TC	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
74301	26	A	Additional x-rays at surgery	0.21	0.10	0.10	0.01	0.32	0.32	XXX
74305	.....	A	X-ray bile ducts, pancreas	0.42	0.94	0.94	0.08	1.44	1.44	XXX
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.75	0.75	0.05	0.80	0.80	XXX
74305	26	A	X-ray bile ducts, pancreas	0.42	0.19	0.19	0.03	0.64	0.64	XXX
74320	.....	A	Contrast x-ray of bile ducts	0.54	3.25	3.25	0.23	4.02	4.02	XXX
74320	TC	A	Contrast x-ray of bile ducts	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74327	.....	A	X-ray for bile stone removal	0.70	2.00	2.00	0.16	2.86	2.86	XXX
74327	TC	A	X-ray for bile stone removal	0.00	1.68	1.68	0.11	1.79	1.79	XXX
74327	26	A	X-ray for bile stone removal	0.70	0.32	0.32	0.05	1.07	1.07	XXX
74328	.....	A	X-ray for bile duct endoscopy	0.70	3.32	3.32	0.24	4.26	4.26	XXX
74328	TC	A	X-ray for bile duct endoscopy	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74328	26	A	X-ray for bile duct endoscopy	0.70	0.32	0.32	0.05	1.07	1.07	XXX
74329	.....	A	X-ray for pancreas endoscopy	0.70	3.32	3.32	0.24	4.26	4.26	XXX
74329	TC	A	X-ray for pancreas endoscopy	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74329	26	A	X-ray for pancreas endoscopy	0.70	0.32	0.32	0.05	1.07	1.07	XXX
74330	.....	A	X-ray, bile/pancreas endoscopy	0.90	3.32	3.32	0.24	4.46	4.46	XXX
74330	TC	A	X-ray, bile/pancreas endoscopy	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74330	26	A	X-ray, bile/pancreas endoscopy	0.90	0.32	0.32	0.05	1.27	1.27	XXX
74340	.....	A	X-ray guide for GI tube	0.54	2.75	2.75	0.21	3.50	3.50	XXX
74340	TC	A	X-ray guide for GI tube	0.00	2.50	2.50	0.17	2.67	2.67	XXX
74340	26	A	X-ray guide for GI tube	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74350	.....	A	X-ray guide, stomach tube	0.76	3.35	3.35	0.24	4.35	4.35	XXX
74350	TC	A	X-ray guide, stomach tube	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74350	26	A	X-ray guide, stomach tube	0.76	0.35	0.35	0.05	1.16	1.16	XXX
74355	.....	A	X-ray guide, intestinal tube	0.76	2.85	2.85	0.22	3.83	3.83	XXX
74355	TC	A	X-ray guide, intestinal tube	0.00	2.50	2.50	0.17	2.67	2.67	XXX
74355	26	A	X-ray guide, intestinal tube	0.76	0.35	0.35	0.05	1.16	1.16	XXX
74360	.....	A	X-ray guide, GI dilation	0.54	3.25	3.25	0.23	4.02	4.02	XXX
74360	TC	A	X-ray guide, GI dilation	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74360	26	A	X-ray guide, GI dilation	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74363	.....	A	X-ray, bile duct dilation	0.88	6.21	6.21	0.43	7.52	7.52	XXX
74363	TC	A	X-ray, bile duct dilation	0.00	5.81	5.81	0.37	6.18	6.18	XXX
74363	26	A	X-ray, bile duct dilation	0.88	0.40	0.40	0.06	1.34	1.34	XXX
74400	.....	A	Contrast x-ray urinary tract	0.49	1.82	1.82	0.14	2.45	2.45	XXX
74400	TC	A	Contrast x-ray urinary tract	0.00	1.60	1.60	0.11	1.71	1.71	XXX
74400	26	A	Contrast x-ray urinary tract	0.49	0.22	0.22	0.03	0.74	0.74	XXX
74405	.....	A	Contrast x-ray urinary tract	0.49	2.11	2.11	0.16	2.76	2.76	XXX
74405	TC	A	Contrast x-ray urinary tract	0.00	1.89	1.89	0.13	2.02	2.02	XXX
74405	26	A	Contrast x-ray urinary tract	0.49	0.22	0.22	0.03	0.74	0.74	XXX
74410	.....	A	Contrast x-ray urinary tract	0.49	2.08	2.08	0.15	2.72	2.72	XXX
74410	TC	A	Contrast x-ray urinary tract	0.00	1.86	1.86	0.12	1.98	1.98	XXX
74410	26	A	Contrast x-ray urinary tract	0.49	0.22	0.22	0.03	0.74	0.74	XXX
74415	.....	A	Contrast x-ray urinary tract	0.49	2.24	2.24	0.16	2.89	2.89	XXX
74415	TC	A	Contrast x-ray urinary tract	0.00	2.02	2.02	0.13	2.15	2.15	XXX
74415	26	A	Contrast x-ray urinary tract	0.49	0.22	0.22	0.03	0.74	0.74	XXX
74420	.....	A	Contrast x-ray urinary tract	0.36	2.66	2.66	0.19	3.21	3.21	XXX
74420	TC	A	Contrast x-ray urinary tract	0.00	2.50	2.50	0.17	2.67	2.67	XXX
74420	26	A	Contrast x-ray urinary tract	0.36	0.16	0.16	0.02	0.54	0.54	XXX
74425	.....	A	Contrast x-ray urinary tract	0.36	1.40	1.40	0.10	1.86	1.86	XXX
74425	TC	A	Contrast x-ray urinary tract	0.00	1.24	1.24	0.08	1.32	1.32	XXX
74425	26	A	Contrast x-ray urinary tract	0.36	0.16	0.16	0.02	0.54	0.54	XXX
74430	.....	A	Contrast x-ray of bladder	0.32	1.15	1.15	0.09	1.56	1.56	XXX
74430	TC	A	Contrast x-ray of bladder	0.00	1.00	1.00	0.07	1.07	1.07	XXX
74430	26	A	Contrast x-ray of bladder	0.32	0.15	0.15	0.02	0.49	0.49	XXX
74440	.....	A	X-ray exam male genital tract	0.38	1.25	1.25	0.10	1.73	1.73	XXX
74440	TC	A	X-ray exam male genital tract	0.00	1.08	1.08	0.07	1.15	1.15	XXX
74440	26	A	X-ray exam male genital tract	0.38	0.17	0.17	0.03	0.58	0.58	XXX
74445	.....	A	X-ray exam of penis	1.14	1.58	1.58	0.15	2.87	2.87	XXX
74445	TC	A	X-ray exam of penis	0.00	1.08	1.08	0.07	1.15	1.15	XXX
74445	26	A	X-ray exam of penis	1.14	0.50	0.50	0.08	1.72	1.72	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
74450	.....	A	X-ray exam urethra/bladder	0.33	1.54	1.54	0.11	1.98	1.98	XXX
74450	TC	A	X-ray exam urethra/bladder	0.00	1.39	1.39	0.09	1.48	1.48	XXX
74450	26	A	X-ray exam urethra/bladder	0.33	0.15	0.15	0.02	0.50	0.50	XXX
74455	.....	A	X-ray exam urethra/bladder	0.33	1.65	1.65	0.12	2.10	2.10	XXX
74455	TC	A	X-ray exam urethra/bladder	0.00	1.50	1.50	0.10	1.60	1.60	XXX
74455	26	A	X-ray exam urethra/bladder	0.33	0.15	0.15	0.02	0.50	0.50	XXX
74470	.....	A	X-ray exam of kidney lesion	0.54	1.44	1.44	0.12	2.10	2.10	XXX
74470	TC	A	X-ray exam of kidney lesion	0.00	1.19	1.19	0.08	1.27	1.27	XXX
74470	26	A	X-ray exam of kidney lesion	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74475	.....	A	X-ray control catheter insert	0.54	4.13	4.13	0.29	4.96	4.96	XXX
74475	TC	A	X-ray control catheter insert	0.00	3.88	3.88	0.25	4.13	4.13	XXX
74475	26	A	X-ray control catheter insert	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74480	.....	A	X-ray control catheter insert	0.54	4.13	4.13	0.29	4.96	4.96	XXX
74480	TC	A	X-ray control catheter insert	0.00	3.88	3.88	0.25	4.13	4.13	XXX
74480	26	A	X-ray control catheter insert	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74485	.....	A	X-ray guide, GU dilation	0.54	3.25	3.25	0.23	4.02	4.02	XXX
74485	TC	A	X-ray guide, GU dilation	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74485	26	A	X-ray guide, GU dilation	0.54	0.25	0.25	0.04	0.83	0.83	XXX
74710	.....	A	X-ray measurement of pelvis	0.34	1.16	1.16	0.09	1.59	1.59	XXX
74710	TC	A	X-ray measurement of pelvis	0.00	1.00	1.00	0.07	1.07	1.07	XXX
74710	26	A	X-ray measurement of pelvis	0.34	0.16	0.16	0.02	0.52	0.52	XXX
74740	.....	A	X-ray female genital tract	0.38	1.41	1.41	0.11	1.90	1.90	XXX
74740	TC	A	X-ray female genital tract	0.00	1.24	1.24	0.08	1.32	1.32	XXX
74740	26	A	X-ray female genital tract	0.38	0.17	0.17	0.03	0.58	0.58	XXX
74742	.....	A	X-ray fallopian tube	0.61	3.25	3.25	0.23	4.09	4.09	XXX
74742	TC	A	X-ray fallopian tube	0.00	3.00	3.00	0.19	3.19	3.19	XXX
74742	26	A	X-ray fallopian tube	0.61	0.25	0.25	0.04	0.90	0.90	XXX
74775	.....	A	X-ray exam of perineum	0.62	1.68	1.68	0.13	2.43	2.43	XXX
74775	TC	A	X-ray exam of perineum	0.00	1.39	1.39	0.09	1.48	1.48	XXX
74775	26	A	X-ray exam of perineum	0.62	0.29	0.29	0.04	0.95	0.95	XXX
75552	.....	A	Magnetic image, myocardium	1.60	11.40	11.40	0.78	13.78	13.78	XXX
75552	TC	A	Magnetic image, myocardium	0.00	10.68	10.68	0.67	11.35	11.35	XXX
75552	26	A	Magnetic image, myocardium	1.60	0.72	0.72	0.11	2.43	2.43	XXX
75553	.....	A	Magnetic image, myocardium	2.00	11.40	11.40	0.78	14.18	14.18	XXX
75553	TC	A	Magnetic image, myocardium	0.00	10.68	10.68	0.67	11.35	11.35	XXX
75553	26	A	Magnetic image, myocardium	2.00	0.72	0.72	0.11	2.83	2.83	XXX
75554	.....	A	Cardiac MRI/function	1.83	11.40	11.40	0.78	14.01	14.01	XXX
75554	TC	A	Cardiac MRI/function	0.00	10.68	10.68	0.67	11.35	11.35	XXX
75554	26	A	Cardiac MRI/function	1.83	0.72	0.72	0.11	2.66	2.66	XXX
75555	.....	A	Cardiac MRI/limited study	1.74	11.40	11.40	0.78	13.92	13.92	XXX
75555	TC	A	Cardiac MRI/limited study	0.00	10.68	10.68	0.67	11.35	11.35	XXX
75555	26	A	Cardiac MRI/limited study	1.74	0.72	0.72	0.11	2.57	2.57	XXX
75556	.....	N	Cardiac MRI/flow mapping	0.00	0.00	0.00	0.00	0.00	0.00	XXX
75600	.....	A	Contrast x-ray exam of aorta	0.49	12.23	12.23	0.78	13.50	13.50	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75600	26	A	Contrast x-ray exam of aorta	0.49	0.22	0.22	0.03	0.74	0.74	XXX
75605	.....	A	Contrast x-ray exam of aorta	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75605	TC	A	Contrast x-ray exam of aorta	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75625	.....	A	Contrast x-ray exam of aorta	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75630	.....	A	X-ray aorta, leg arteries	1.79	13.09	13.09	0.88	15.76	15.76	XXX
75630	TC	A	X-ray aorta, leg arteries	0.00	12.51	12.51	0.79	13.30	13.30	XXX
75630	26	A	X-ray aorta, leg arteries	1.79	0.58	0.58	0.09	2.46	2.46	XXX
75650	.....	A	Artery x-rays, head & neck	1.49	12.67	12.67	0.85	15.01	15.01	XXX
75650	TC	A	Artery x-rays, head & neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75650	26	A	Artery x-rays, head & neck	1.49	0.66	0.66	0.10	2.25	2.25	XXX
75658	.....	A	X-ray exam of arm arteries	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75658	TC	A	X-ray exam of arm arteries	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75658	26	A	X-ray exam of arm arteries	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75660	.....	A	Artery x-rays, head & neck	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75660	TC	A	Artery x-rays, head & neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75660	26	A	Artery x-rays, head & neck	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75662	.....	A	Artery x-rays, head & neck	1.66	12.75	12.75	0.86	15.27	15.27	XXX
75662	TC	A	Artery x-rays, head & neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75662	26	A	Artery x-rays, head & neck	1.66	0.74	0.74	0.11	2.51	2.51	XXX
75665	.....	A	Artery x-rays, head & neck	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75665	TC	A	Artery x-rays, head & neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75665	26	A	Artery x-rays, head & neck	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75671	.....	A	Artery x-rays, head & neck	1.66	12.75	12.75	0.86	15.27	15.27	XXX
75671	TC	A	Artery x-rays, head & neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75671	26	A	Artery x-rays, head & neck	1.66	0.74	0.74	0.11	2.51	2.51	XXX
75676	.....	A	Artery x-rays, neck	1.31	12.59	12.59	0.84	14.74	14.74	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
75676	TC	A	Artery x-rays, neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75676	26	A	Artery x-rays, neck	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75680	.....	A	Artery x-rays, neck	1.66	12.75	12.75	0.86	15.27	15.27	XXX
75680	TC	A	Artery x-rays, neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75680	26	A	Artery x-rays, neck	1.66	0.74	0.74	0.11	2.51	2.51	XXX
75685	.....	A	Artery x-rays, spine	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75685	TC	A	Artery x-rays, spine	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75685	26	A	Artery x-rays, spine	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75705	.....	A	Artery x-rays, spine	2.18	12.99	12.99	0.90	16.07	16.07	XXX
75705	TC	A	Artery x-rays, spine	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75705	26	A	Artery x-rays, spine	2.18	0.98	0.98	0.15	3.31	3.31	XXX
75710	.....	A	Artery x-rays, arm/leg	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75710	TC	A	Artery x-rays, arm/leg	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75710	26	A	Artery x-rays, arm/leg	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75716	.....	A	Artery x-rays, arms/legs	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75716	TC	A	Artery x-rays, arms/legs	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75716	26	A	Artery x-rays, arms/legs	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75722	.....	A	Artery x-rays, kidney	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75722	TC	A	Artery x-rays, kidney	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75722	26	A	Artery x-rays, kidney	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75724	.....	A	Artery x-rays, kidneys	1.49	12.67	12.67	0.85	15.01	15.01	XXX
75724	TC	A	Artery x-rays, kidneys	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75724	26	A	Artery x-rays, kidneys	1.49	0.66	0.66	0.10	2.25	2.25	XXX
75726	.....	A	Artery x-rays, abdomen	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75726	TC	A	Artery x-rays, abdomen	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75726	26	A	Artery x-rays, abdomen	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75731	.....	A	Artery x-rays, adrenal gland	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75731	TC	A	Artery x-rays, adrenal gland	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75731	26	A	Artery x-rays, adrenal gland	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75733	.....	A	Artery x-rays, adrenal glands	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75733	TC	A	Artery x-rays, adrenal glands	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75733	26	A	Artery x-rays, adrenal glands	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75736	.....	A	Artery x-rays, pelvis	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75736	TC	A	Artery x-rays, pelvis	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75736	26	A	Artery x-rays, pelvis	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75741	.....	A	Artery x-rays, lung	1.31	12.59	12.59	0.84	14.74	14.74	XXX
75741	TC	A	Artery x-rays, lung	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75741	26	A	Artery x-rays, lung	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75743	.....	A	Artery x-rays, lungs	1.66	12.75	12.75	0.86	15.27	15.27	XXX
75743	TC	A	Artery x-rays, lungs	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75743	26	A	Artery x-rays, lungs	1.66	0.74	0.74	0.11	2.51	2.51	XXX
75746	.....	A	Artery x-rays, lung	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75746	TC	A	Artery x-rays, lung	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75746	26	A	Artery x-rays, lung	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75756	.....	A	Artery x-rays, chest	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75756	TC	A	Artery x-rays, chest	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75756	26	A	Artery x-rays, chest	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75774	.....	A	Artery x-ray, each vessel	0.36	12.17	12.17	0.77	13.30	13.30	XXX
75774	TC	A	Artery x-ray, each vessel	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75774	26	A	Artery x-ray, each vessel	0.36	0.16	0.16	0.02	0.54	0.54	XXX
75790	.....	A	Visualize A–V shunt	1.84	2.12	2.12	0.21	4.17	4.17	XXX
75790	TC	A	Visualize A–V shunt	0.00	1.29	1.29	0.09	1.38	1.38	XXX
75790	26	A	Visualize A–V shunt	1.84	0.83	0.83	0.12	2.79	2.79	XXX
75801	.....	A	Lymph vessel x-ray, arm/leg	0.81	5.53	5.53	0.38	6.72	6.72	XXX
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	5.16	5.16	0.33	5.49	5.49	XXX
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.37	0.37	0.05	1.23	1.23	XXX
75803	.....	A	Lymph vessel x-ray, arms/legs	1.17	5.67	5.67	0.41	7.25	7.25	XXX
75803	TC	A	Lymph vessel x-ray,arms/legs	0.00	5.16	5.16	0.33	5.49	5.49	XXX
75803	26	A	Lymph vessel x-ray,arms/legs	1.17	0.51	0.51	0.08	1.76	1.76	XXX
75805	.....	A	Lymph vessel x-ray, trunk	0.81	6.18	6.18	0.42	7.41	7.41	XXX
75805	TC	A	Lymph vessel x-ray, trunk	0.00	5.81	5.81	0.37	6.18	6.18	XXX
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.37	0.37	0.05	1.23	1.23	XXX
75807	.....	A	Lymph vessel x-ray, trunk	1.17	6.32	6.32	0.45	7.94	7.94	XXX
75807	TC	A	Lymph vessel x-ray, trunk	0.00	5.81	5.81	0.37	6.18	6.18	XXX
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.51	0.51	0.08	1.76	1.76	XXX
75809	.....	A	Nonvascular shunt, x-ray	0.47	0.94	0.94	0.08	1.49	1.49	XXX
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.75	0.75	0.05	0.80	0.80	XXX
75809	26	A	Nonvascular shunt, x-ray	0.47	0.19	0.19	0.03	0.69	0.69	XXX
75810	.....	A	Vein x-ray, spleen/liver	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75810	TC	A	Vein x-ray, spleen/liver	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75810	26	A	Vein x-ray, spleen/liver	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75820	.....	A	Vein x-ray, arm/leg	0.70	1.22	1.22	0.11	2.03	2.03	XXX
75820	TC	A	Vein x-ray, arm/leg	0.00	0.90	0.90	0.06	0.96	0.96	XXX
75820	26	A	Vein x-ray, arm/leg	0.70	0.32	0.32	0.05	1.07	1.07	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
75822	.....	A	Vein x-ray, arms/legs	1.06	1.88	1.88	0.16	3.10	3.10	XXX
75822	TC	A	Vein x-ray, arms/legs	0.00	1.41	1.41	0.09	1.50	1.50	XXX
75822	26	A	Vein x-ray, arms/legs	1.06	0.47	0.47	0.07	1.60	1.60	XXX
75825	.....	A	Vein x-ray, trunk	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75825	TC	A	Vein x-ray, trunk	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75825	26	A	Vein x-ray, trunk	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75827	.....	A	Vein x-ray, chest	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75827	TC	A	Vein x-ray, chest	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75827	26	A	Vein x-ray, chest	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75831	.....	A	Vein x-ray, kidney	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75831	TC	A	Vein x-ray, kidney	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75831	26	A	Vein x-ray, kidney	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75833	.....	A	Vein x-ray, kidneys	1.49	12.67	12.67	0.85	15.01	15.01	XXX
75833	TC	A	Vein x-ray, kidneys	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75833	26	A	Vein x-ray, kidneys	1.49	0.66	0.66	0.10	2.25	2.25	XXX
75840	.....	A	Vein x-ray, adrenal gland	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75840	TC	A	Vein x-ray, adrenal gland	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75840	26	A	Vein x-ray, adrenal gland	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75842	.....	A	Vein x-ray, adrenal glands	1.49	12.67	12.67	0.85	15.01	15.01	XXX
75842	TC	A	Vein x-ray, adrenal glands	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.66	0.66	0.10	2.25	2.25	XXX
75860	.....	A	Vein x-ray, neck	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75860	TC	A	Vein x-ray, neck	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75860	26	A	Vein x-ray, neck	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75870	.....	A	Vein x-ray, skull	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75870	TC	A	Vein x-ray, skull	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75870	26	A	Vein x-ray, skull	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75872	.....	A	Vein x-ray, skull	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75872	TC	A	Vein x-ray, skull	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75872	26	A	Vein x-ray, skull	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75880	.....	A	Vein x-ray, eye socket	0.70	1.22	1.22	0.11	2.03	2.03	XXX
75880	TC	A	Vein x-ray, eye socket	0.00	0.90	0.90	0.06	0.96	0.96	XXX
75880	26	A	Vein x-ray, eye socket	0.70	0.32	0.32	0.05	1.07	1.07	XXX
75885	.....	A	Vein x-ray, liver	1.44	12.65	12.65	0.85	14.94	14.94	XXX
75885	TC	A	Vein x-ray, liver	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75885	26	A	Vein x-ray, liver	1.44	0.64	0.64	0.10	2.18	2.18	XXX
75887	.....	A	Vein x-ray, liver	1.44	12.65	12.65	0.85	14.94	14.94	XXX
75887	TC	A	Vein x-ray, liver	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75887	26	A	Vein x-ray, liver	1.44	0.64	0.64	0.10	2.18	2.18	XXX
75889	.....	A	Vein x-ray, liver	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75889	TC	A	Vein x-ray, liver	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75889	26	A	Vein x-ray, liver	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75891	.....	A	Vein x-ray, liver	1.14	12.51	12.51	0.83	14.48	14.48	XXX
75891	TC	A	Vein x-ray, liver	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75891	26	A	Vein x-ray, liver	1.14	0.50	0.50	0.08	1.72	1.72	XXX
75893	.....	A	Venous sampling by catheter	0.54	12.26	12.26	0.79	13.59	13.59	XXX
75893	TC	A	Venous sampling by catheter	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75893	26	A	Venous sampling by catheter	0.54	0.25	0.25	0.04	0.83	0.83	XXX
75894	.....	A	Xrays, transcatheter therapy	1.31	23.58	23.58	1.53	26.42	26.42	XXX
75894	TC	A	Xrays, transcatheter therapy	0.00	23.00	23.00	1.44	24.44	24.44	XXX
75894	26	A	Xrays, transcatheter therapy	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75896	.....	A	Xrays, transcatheter therapy	1.31	20.58	20.58	1.34	23.23	23.23	XXX
75896	TC	A	Xrays, transcatheter therapy	0.00	20.00	20.00	1.25	21.25	21.25	XXX
75896	26	A	Xrays, transcatheter therapy	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75898	.....	A	Follow-up angiogram	1.65	1.74	1.74	0.18	3.57	3.57	XXX
75898	TC	A	Follow-up angiogram	0.00	1.00	1.00	0.07	1.07	1.07	XXX
75898	26	A	Follow-up angiogram	1.65	0.74	0.74	0.11	2.50	2.50	XXX
75900	.....	A	Arterial catheter exchange	0.49	20.22	20.22	1.29	22.00	22.00	XXX
75900	TC	A	Arterial catheter exchange	0.00	19.99	19.99	1.26	21.25	21.25	XXX
75900	26	A	Arterial catheter exchange	0.49	0.23	0.23	0.03	0.75	0.75	XXX
75940	.....	A	X-ray placement, vein filter	0.54	12.26	12.26	0.79	13.59	13.59	XXX
75940	TC	A	X-ray placement, vein filter	0.00	12.01	12.01	0.75	12.76	12.76	XXX
75940	26	A	X-ray placement, vein filter	0.54	0.25	0.25	0.04	0.83	0.83	XXX
75945	.....	A	Intravascular us	0.40	4.57	4.57	0.31	5.28	5.28	XXX
75945	TC	A	Intravascular us	0.00	4.35	4.35	0.28	4.63	4.63	XXX
75945	26	A	Intravascular us	0.40	0.22	0.22	0.03	0.65	0.65	XXX
75946	.....	A	Intravascular us	0.40	2.40	2.40	0.17	2.97	2.97	XXX
75946	TC	A	Intravascular us	0.00	2.18	2.18	0.14	2.32	2.32	XXX
75946	26	A	Intravascular us	0.40	0.22	0.22	0.03	0.65	0.65	XXX
75960	.....	A	Transcatheter intro, stent	0.82	14.57	14.57	0.94	16.33	16.33	XXX
75960	TC	A	Transcatheter intro, stent	0.00	14.20	14.20	0.88	15.08	15.08	XXX
75960	26	A	Transcatheter intro, stent	0.82	0.37	0.37	0.06	1.25	1.25	XXX
75961	.....	A	Retrieval, broken catheter	4.25	11.91	11.91	0.90	17.06	17.06	XXX
75961	TC	A	Retrieval, broken catheter	0.00	10.01	10.01	0.62	10.63	10.63	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
75961	26	A	Retrieval, broken catheter	4.25	1.90	1.90	0.28	6.43	6.43	XXX
75962	.....	A	Repair arterial blockage	0.54	15.25	15.25	0.98	16.77	16.77	XXX
75962	TC	A	Repair arterial blockage	0.00	15.00	15.00	0.94	15.94	15.94	XXX
75962	26	A	Repair arterial blockage	0.54	0.25	0.25	0.04	0.83	0.83	XXX
75964	.....	A	Repair artery blockage, each	0.36	8.16	8.16	0.52	9.04	9.04	XXX
75964	TC	A	Repair artery blockage, each	0.00	8.00	8.00	0.50	8.50	8.50	XXX
75964	26	A	Repair artery blockage, each	0.36	0.16	0.16	0.02	0.54	0.54	XXX
75966	.....	A	Repair arterial blockage	1.31	15.58	15.58	1.03	17.92	17.92	XXX
75966	TC	A	Repair arterial blockage	0.00	15.00	15.00	0.94	15.94	15.94	XXX
75966	26	A	Repair arterial blockage	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75968	.....	A	Repair artery blockage, each	0.36	8.16	8.16	0.52	9.04	9.04	XXX
75968	TC	A	Repair artery blockage, each	0.00	8.00	8.00	0.50	8.50	8.50	XXX
75968	26	A	Repair artery blockage, each	0.36	0.16	0.16	0.02	0.54	0.54	XXX
75970	.....	A	Vascular biopsy	0.83	11.38	11.38	0.75	12.96	12.96	XXX
75970	TC	A	Vascular biopsy	0.00	11.00	11.00	0.69	11.69	11.69	XXX
75970	26	A	Vascular biopsy	0.83	0.38	0.38	0.06	1.27	1.27	XXX
75978	.....	A	Repair venous blockage	0.54	15.48	15.48	0.98	17.00	17.00	XXX
75978	TC	A	Repair venous blockage	0.00	15.00	15.00	0.94	15.94	15.94	XXX
75978	26	A	Repair venous blockage	0.54	0.48	0.48	0.04	1.06	1.06	XXX
75980	.....	A	Contrast x-ray exam bile duct	1.44	5.80	5.80	0.43	7.67	7.67	XXX
75980	TC	A	Contrast x-ray exam bile duct	0.00	5.16	5.16	0.33	5.49	5.49	XXX
75980	26	A	Contrast x-ray exam bile duct	1.44	0.64	0.64	0.10	2.18	2.18	XXX
75982	.....	A	Contrast x-ray exam bile duct	1.44	6.45	6.45	0.47	8.36	8.36	XXX
75982	TC	A	Contrast x-ray exam bile duct	0.00	5.81	5.81	0.37	6.18	6.18	XXX
75982	26	A	Contrast x-ray exam bile duct	1.44	0.64	0.64	0.10	2.18	2.18	XXX
75984	.....	A	X-ray control catheter change	0.72	2.19	2.19	0.17	3.08	3.08	XXX
75984	TC	A	X-ray control catheter change	0.00	1.86	1.86	0.12	1.98	1.98	XXX
75984	26	A	X-ray control catheter change	0.72	0.33	0.33	0.05	1.10	1.10	XXX
75989	.....	A	Abscess drainage under x-ray	1.19	3.52	3.52	0.27	4.98	4.98	XXX
75989	TC	A	Abscess drainage under x-ray	0.00	3.00	3.00	0.19	3.19	3.19	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.52	0.52	0.08	1.79	1.79	XXX
75992	.....	A	Atherectomy, x-ray exam	0.54	15.25	15.25	0.98	16.77	16.77	XXX
75992	TC	A	Atherectomy, x-ray exam	0.00	15.00	15.00	0.94	15.94	15.94	XXX
75992	26	A	Atherectomy, x-ray exam	0.54	0.25	0.25	0.04	0.83	0.83	XXX
75993	.....	A	Atherectomy, x-ray exam	0.36	8.16	8.16	0.52	9.04	9.04	XXX
75993	TC	A	Atherectomy, x-ray exam	0.00	8.00	8.00	0.50	8.50	8.50	XXX
75993	26	A	Atherectomy, x-ray exam	0.36	0.16	0.16	0.02	0.54	0.54	XXX
75994	.....	A	Atherectomy, x-ray exam	1.31	15.58	15.58	1.03	17.92	17.92	XXX
75994	TC	A	Atherectomy, x-ray exam	0.00	15.00	15.00	0.94	15.94	15.94	XXX
75994	26	A	Atherectomy, x-ray exam	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75995	.....	A	Atherectomy, x-ray exam	1.31	15.58	15.58	1.03	17.92	17.92	XXX
75995	TC	A	Atherectomy, x-ray exam	0.00	15.00	15.00	0.94	15.94	15.94	XXX
75995	26	A	Atherectomy, x-ray exam	1.31	0.58	0.58	0.09	1.98	1.98	XXX
75996	.....	A	Atherectomy, x-ray exam	0.36	8.16	8.16	0.52	9.04	9.04	XXX
75996	TC	A	Atherectomy, x-ray exam	0.00	8.00	8.00	0.50	8.50	8.50	XXX
75996	26	A	Atherectomy, x-ray exam	0.36	0.16	0.16	0.02	0.54	0.54	XXX
76000	.....	A	Fluoroscope examination	0.17	1.31	1.31	0.09	1.57	1.57	XXX
76000	TC	A	Fluoroscope examination	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76000	26	A	Fluoroscope examination	0.17	0.07	0.07	0.01	0.25	0.25	XXX
76001	.....	A	Fluoroscope exam, extensive	0.67	2.81	2.81	0.22	3.70	3.70	XXX
76001	TC	A	Fluoroscope exam, extensive	0.00	2.50	2.50	0.17	2.67	2.67	XXX
76001	26	A	Fluoroscope exam, extensive	0.67	0.31	0.31	0.05	1.03	1.03	XXX
76003	.....	A	Needle localization by x-ray	0.54	1.49	1.49	0.12	2.15	2.15	XXX
76003	TC	A	Needle localization by x-ray	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76003	26	A	Needle localization by x-ray	0.54	0.25	0.25	0.04	0.83	0.83	XXX
76010	.....	A	X-ray, nose to rectum	0.18	0.58	0.58	0.04	0.80	0.80	XXX
76010	TC	A	X-ray, nose to rectum	0.00	0.50	0.50	0.03	0.53	0.53	XXX
76010	26	A	X-ray, nose to rectum	0.18	0.08	0.08	0.01	0.27	0.27	XXX
76020	.....	A	X-rays for bone age	0.19	0.59	0.59	0.04	0.82	0.82	XXX
76020	TC	A	X-rays for bone age	0.00	0.50	0.50	0.03	0.53	0.53	XXX
76020	26	A	X-rays for bone age	0.19	0.09	0.09	0.01	0.29	0.29	XXX
76040	.....	A	X-rays, bone evaluation	0.27	0.88	0.88	0.07	1.22	1.22	XXX
76040	TC	A	X-rays, bone evaluation	0.00	0.75	0.75	0.05	0.80	0.80	XXX
76040	26	A	X-rays, bone evaluation	0.27	0.13	0.13	0.02	0.42	0.42	XXX
76061	.....	A	X-rays, bone survey	0.45	1.15	1.15	0.09	1.69	1.69	XXX
76061	TC	A	X-rays, bone survey	0.00	0.95	0.95	0.06	1.01	1.01	XXX
76061	26	A	X-rays, bone survey	0.45	0.20	0.20	0.03	0.68	0.68	XXX
76062	.....	A	X-rays, bone survey	0.54	1.62	1.62	0.13	2.29	2.29	XXX
76062	TC	A	X-rays, bone survey	0.00	1.37	1.37	0.09	1.46	1.46	XXX
76062	26	A	X-rays, bone survey	0.54	0.25	0.25	0.04	0.83	0.83	XXX
76065	.....	A	X-rays, bone evaluation	0.28	0.83	0.83	0.07	1.18	1.18	XXX
76065	TC	A	X-rays, bone evaluation	0.00	0.70	0.70	0.05	0.75	0.75	XXX
76065	26	A	X-rays, bone evaluation	0.28	0.13	0.13	0.02	0.43	0.43	XXX
76066	.....	A	Joint(s) survey, single film	0.31	1.20	1.20	0.09	1.60	1.60	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
76066	TC	A	Joint(s) survey, single film	0.00	1.06	1.06	0.07	1.13	1.13	XXX
76066	26	A	Joint(s) survey, single film	0.31	0.14	0.14	0.02	0.47	0.47	XXX
76070	.....	A	CT scan, bone density study	0.25	2.93	2.93	0.20	3.38	3.38	XXX
76070	TC	A	CT scan, bone density study	0.00	2.81	2.81	0.18	2.99	2.99	XXX
76070	26	A	CT scan, bone density study	0.25	0.12	0.12	0.02	0.39	0.39	XXX
76075	.....	A	Dual energy x-ray study	0.30	3.07	3.07	0.21	3.58	3.58	XXX
76075	TC	A	Dual energy x-ray study	0.00	2.95	2.95	0.19	3.14	3.14	XXX
76075	26	A	Dual energy x-ray study	0.30	0.12	0.12	0.02	0.44	0.44	XXX
76076	.....	A	Dual energy x-ray study	0.22	1.54	1.54	0.12	1.88	1.88	XXX
76076	TC	A	Dual energy x-ray study	0.00	1.44	1.44	0.10	1.54	1.54	XXX
76076	26	A	Dual energy x-ray study	0.22	0.10	0.10	0.02	0.34	0.34	XXX
76078	.....	A	Photodensitometry	0.20	0.82	0.82	0.07	1.09	1.09	XXX
76078	TC	A	Photodensitometry	0.00	0.72	0.72	0.05	0.77	0.77	XXX
76078	26	A	Photodensitometry	0.20	0.10	0.10	0.02	0.32	0.32	XXX
76080	.....	A	X-ray exam of fistula	0.54	1.25	1.25	0.11	1.90	1.90	XXX
76080	TC	A	X-ray exam of fistula	0.00	1.00	1.00	0.07	1.07	1.07	XXX
76080	26	A	X-ray exam of fistula	0.54	0.25	0.25	0.04	0.83	0.83	XXX
76086	.....	A	X-ray of mammary duct	0.36	2.67	2.67	0.19	3.22	3.22	XXX
76086	TC	A	X-ray of mammary duct	0.00	2.50	2.50	0.17	2.67	2.67	XXX
76086	26	A	X-ray of mammary duct	0.36	0.17	0.17	0.02	0.55	0.55	XXX
76088	.....	A	X-ray of mammary ducts	0.45	3.69	3.69	0.25	4.39	4.39	XXX
76088	TC	A	X-ray of mammary ducts	0.00	3.49	3.49	0.22	3.71	3.71	XXX
76088	26	A	X-ray of mammary ducts	0.45	0.20	0.20	0.03	0.68	0.68	XXX
76090	.....	A	Mammogram, one breast	0.58	1.12	1.12	0.09	1.79	1.79	XXX
76090	TC	A	Mammogram, one breast	0.00	1.00	1.00	0.07	1.07	1.07	XXX
76090	26	A	Mammogram, one breast	0.58	0.12	0.12	0.02	0.72	0.72	XXX
76091	.....	A	Mammogram, both breasts	0.69	1.42	1.42	0.11	2.22	2.22	XXX
76091	TC	A	Mammogram, both breasts	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76091	26	A	Mammogram, both breasts	0.69	0.18	0.18	0.03	0.90	0.90	XXX
76092	.....	X	Mammogram, screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76093	.....	A	Magnetic image, breast	1.63	17.52	17.52	1.16	20.31	20.31	XXX
76093	TC	A	Magnetic image, breast	0.00	16.80	16.80	1.05	17.85	17.85	XXX
76093	26	A	Magnetic image, breast	1.63	0.72	0.72	0.11	2.46	2.46	XXX
76094	.....	A	Magnetic image, both breasts	1.63	23.51	23.51	1.53	26.67	26.67	XXX
76094	TC	A	Magnetic image, both breasts	0.00	22.79	22.79	1.42	24.21	24.21	XXX
76094	26	A	Magnetic image, both breasts	1.63	0.72	0.72	0.11	2.46	2.46	XXX
76095	.....	A	Stereotactic breast biopsy	1.59	7.54	7.54	0.54	9.67	9.67	XXX
76095	TC	A	Stereotactic breast biopsy	0.00	6.83	6.83	0.43	7.26	7.26	XXX
76095	26	A	Stereotactic breast biopsy	1.59	0.71	0.71	0.11	2.41	2.41	XXX
76096	.....	A	X-ray of needle wire, breast	0.56	1.50	1.50	0.12	2.18	2.18	XXX
76096	TC	A	X-ray of needle wire, breast	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76096	26	A	X-ray of needle wire, breast	0.56	0.26	0.26	0.04	0.86	0.86	XXX
76098	.....	A	X-ray exam, breast specimen	0.16	0.47	0.47	0.04	0.67	0.67	XXX
76098	TC	A	X-ray exam, breast specimen	0.00	0.40	0.40	0.03	0.43	0.43	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.07	0.07	0.01	0.24	0.24	XXX
76100	.....	A	X-ray exam of body section	0.58	1.46	1.46	0.12	2.16	2.16	XXX
76100	TC	A	X-ray exam of body section	0.00	1.19	1.19	0.08	1.27	1.27	XXX
76100	26	A	X-ray exam of body section	0.58	0.27	0.27	0.04	0.89	0.89	XXX
76101	.....	A	Complex body section x-ray	0.58	1.62	1.62	0.13	2.33	2.33	XXX
76101	TC	A	Complex body section x-ray	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76101	26	A	Complex body section x-ray	0.58	0.27	0.27	0.04	0.89	0.89	XXX
76102	.....	A	Complex body section x-rays	0.58	1.92	1.92	0.15	2.65	2.65	XXX
76102	TC	A	Complex body section x-rays	0.00	1.65	1.65	0.11	1.76	1.76	XXX
76102	26	A	Complex body section x-rays	0.58	0.27	0.27	0.04	0.89	0.89	XXX
76120	.....	A	Cinematic x-rays	0.38	1.17	1.17	0.10	1.65	1.65	XXX
76120	TC	A	Cinematic x-rays	0.00	1.00	1.00	0.07	1.07	1.07	XXX
76120	26	A	Cinematic x-rays	0.38	0.17	0.17	0.03	0.58	0.58	XXX
76125	.....	A	Cinematic x-rays	0.27	0.87	0.87	0.07	1.21	1.21	XXX
76125	TC	A	Cinematic x-rays	0.00	0.75	0.75	0.05	0.80	0.80	XXX
76125	26	A	Cinematic x-rays	0.27	0.12	0.12	0.02	0.41	0.41	XXX
76140	.....	I	X-ray consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76150	.....	A	X-ray exam, dry process	0.00	0.40	0.40	0.03	0.43	0.43	XXX
76350	.....	C	Special x-ray contrast study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76355	.....	A	CAT scan for localization	1.21	8.40	8.40	0.57	10.18	10.18	XXX
76355	TC	A	CAT scan for localization	0.00	7.87	7.87	0.49	8.36	8.36	XXX
76355	26	A	CAT scan for localization	1.21	0.53	0.53	0.08	1.82	1.82	XXX
76360	.....	A	CAT scan for needle biopsy	1.16	8.37	8.37	0.57	10.10	10.10	XXX
76360	TC	A	CAT scan for needle biopsy	0.00	7.87	7.87	0.49	8.36	8.36	XXX
76360	26	A	CAT scan for needle biopsy	1.16	0.50	0.50	0.08	1.74	1.74	XXX
76365	.....	A	CAT scan for cyst aspiration	1.16	8.37	8.37	0.57	10.10	10.10	XXX
76365	TC	A	CAT scan for cyst aspiration	0.00	7.87	7.87	0.49	8.36	8.36	XXX
76365	26	A	CAT scan for cyst aspiration	1.16	0.50	0.50	0.08	1.74	1.74	XXX
76370	.....	A	CAT scan for therapy guide	0.85	3.19	3.19	0.24	4.28	4.28	XXX
76370	TC	A	CAT scan for therapy guide	0.00	2.81	2.81	0.18	2.99	2.99	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
76370	26	A	CAT scan for therapy guide	0.85	0.38	0.38	0.06	1.29	1.29	XXX
76375	.....	A	3d/holograph reconstr add-on	0.16	3.44	3.44	0.22	3.82	3.82	XXX
76375	TC	A	3d/holograph reconstr add-on	0.00	3.37	3.37	0.21	3.58	3.58	XXX
76375	26	A	3d/holograph reconstr add-on	0.16	0.07	0.07	0.01	0.24	0.24	XXX
76380	.....	A	CAT scan follow-up study	0.98	3.78	3.78	0.28	5.04	5.04	XXX
76380	TC	A	CAT scan follow-up study	0.00	3.34	3.34	0.21	3.55	3.55	XXX
76380	26	A	CAT scan follow-up study	0.98	0.44	0.44	0.07	1.49	1.49	XXX
76390	.....	A	Mr spectroscopy	1.40	11.34	11.34	0.77	13.51	13.51	XXX
76390	TC	A	Mr spectroscopy	0.00	10.68	10.68	0.67	11.35	11.35	XXX
76390	26	A	Mr spectroscopy	1.40	0.66	0.66	0.10	2.16	2.16	XXX
76400	.....	A	Magnetic image, bone marrow	1.60	11.40	11.40	0.78	13.78	13.78	XXX
76400	TC	A	Magnetic image, bone marrow	0.00	10.68	10.68	0.67	11.35	11.35	XXX
76400	26	A	Magnetic image, bone marrow	1.60	0.72	0.72	0.11	2.43	2.43	XXX
76499	.....	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76506	.....	A	Echo exam of head	0.63	1.64	1.64	0.13	2.40	2.40	XXX
76506	TC	A	Echo exam of head	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76506	26	A	Echo exam of head	0.63	0.29	0.29	0.04	0.96	0.96	XXX
76511	.....	A	Echo exam of eye	0.94	1.44	1.44	0.12	2.50	2.50	XXX
76511	TC	A	Echo exam of eye	0.00	1.19	1.19	0.08	1.27	1.27	XXX
76511	26	A	Echo exam of eye	0.94	0.25	0.25	0.04	1.23	1.23	XXX
76512	.....	A	Echo exam of eye	0.66	1.75	1.75	0.15	2.56	2.56	XXX
76512	TC	A	Echo exam of eye	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76512	26	A	Echo exam of eye	0.66	0.30	0.30	0.05	1.01	1.01	XXX
76513	.....	A	Echo exam of eye, water bath	0.66	1.75	1.75	0.15	2.56	2.56	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.30	0.30	0.05	1.01	1.01	XXX
76516	.....	A	Echo exam of eye	0.54	1.44	1.44	0.12	2.10	2.10	XXX
76516	TC	A	Echo exam of eye	0.00	1.19	1.19	0.08	1.27	1.27	XXX
76516	26	A	Echo exam of eye	0.54	0.25	0.25	0.04	0.83	0.83	XXX
76519	.....	A	Echo exam of eye	0.54	1.44	1.44	0.12	2.10	2.10	XXX
76519	TC	A	Echo exam of eye	0.00	1.19	1.19	0.08	1.27	1.27	XXX
76519	26	A	Echo exam of eye	0.54	0.25	0.25	0.04	0.83	0.83	XXX
76529	.....	A	Echo exam of eye	0.57	1.56	1.56	0.13	2.26	2.26	XXX
76529	TC	A	Echo exam of eye	0.00	1.30	1.30	0.09	1.39	1.39	XXX
76529	26	A	Echo exam of eye	0.57	0.26	0.26	0.04	0.87	0.87	XXX
76536	.....	A	Echo exam of head and neck	0.56	1.61	1.61	0.13	2.30	2.30	XXX
76536	TC	A	Echo exam of head and neck	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76536	26	A	Echo exam of head and neck	0.56	0.26	0.26	0.04	0.86	0.86	XXX
76604	.....	A	Echo exam of chest	0.55	1.50	1.50	0.12	2.17	2.17	XXX
76604	TC	A	Echo exam of chest	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76604	26	A	Echo exam of chest	0.55	0.26	0.26	0.04	0.85	0.85	XXX
76645	.....	A	Echo exam of breast	0.54	1.25	1.25	0.11	1.90	1.90	XXX
76645	TC	A	Echo exam of breast	0.00	1.00	1.00	0.07	1.07	1.07	XXX
76645	26	A	Echo exam of breast	0.54	0.25	0.25	0.04	0.83	0.83	XXX
76700	.....	A	Echo exam of abdomen	0.81	2.25	2.25	0.17	3.23	3.23	XXX
76700	TC	A	Echo exam of abdomen	0.00	1.88	1.88	0.12	2.00	2.00	XXX
76700	26	A	Echo exam of abdomen	0.81	0.37	0.37	0.05	1.23	1.23	XXX
76705	.....	A	Echo exam of abdomen	0.59	1.62	1.62	0.13	2.34	2.34	XXX
76705	TC	A	Echo exam of abdomen	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76705	26	A	Echo exam of abdomen	0.59	0.27	0.27	0.04	0.90	0.90	XXX
76770	.....	A	Echo exam abdomen back wall	0.74	2.22	2.22	0.17	3.13	3.13	XXX
76770	TC	A	Echo exam abdomen back wall	0.00	1.88	1.88	0.12	2.00	2.00	XXX
76770	26	A	Echo exam abdomen back wall	0.74	0.34	0.34	0.05	1.13	1.13	XXX
76775	.....	A	Echo exam abdomen back wall	0.58	1.62	1.62	0.13	2.33	2.33	XXX
76775	TC	A	Echo exam abdomen back wall	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76775	26	A	Echo exam abdomen back wall	0.58	0.27	0.27	0.04	0.89	0.89	XXX
76778	.....	A	Echo exam kidney transplant	0.74	2.22	2.22	0.17	3.13	3.13	XXX
76778	TC	A	Echo exam kidney transplant	0.00	1.88	1.88	0.12	2.00	2.00	XXX
76778	26	A	Echo exam kidney transplant	0.74	0.34	0.34	0.05	1.13	1.13	XXX
76800	.....	A	Echo exam spinal canal	1.13	1.85	1.85	0.17	3.15	3.15	XXX
76800	TC	A	Echo exam spinal canal	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76800	26	A	Echo exam spinal canal	1.13	0.50	0.50	0.08	1.71	1.71	XXX
76805	.....	A	Echo exam of pregnant uterus	0.99	2.45	2.45	0.20	3.64	3.64	XXX
76805	TC	A	Echo exam of pregnant uterus	0.00	2.00	2.00	0.13	2.13	2.13	XXX
76805	26	A	Echo exam of pregnant uterus	0.99	0.45	0.45	0.07	1.51	1.51	XXX
76810	.....	A	Echo exam of pregnant uterus	1.97	4.88	4.88	0.38	7.23	7.23	XXX
76810	TC	A	Echo exam of pregnant uterus	0.00	4.00	4.00	0.25	4.25	4.25	XXX
76810	26	A	Echo exam of pregnant uterus	1.97	0.88	0.88	0.13	2.98	2.98	XXX
76815	.....	A	Echo exam of pregnant uterus	0.65	1.65	1.65	0.13	2.43	2.43	XXX
76815	TC	A	Echo exam of pregnant uterus	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76815	26	A	Echo exam of pregnant uterus	0.65	0.30	0.30	0.04	0.99	0.99	XXX
76816	.....	A	Echo exam followup or repeat	0.57	1.32	1.32	0.11	2.00	2.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
76816	TC	A	Echo exam followup or repeat	0.00	1.06	1.06	0.07	1.13	1.13	XXX
76816	26	A	Echo exam followup or repeat	0.57	0.26	0.26	0.04	0.87	0.87	XXX
76818	.....	A	Fetal biophysical profile	0.77	1.89	1.89	0.15	2.81	2.81	XXX
76818	TC	A	Fetal biophysical profile	0.00	1.54	1.54	0.10	1.64	1.64	XXX
76818	26	A	Fetal biophysical profile	0.77	0.35	0.35	0.05	1.17	1.17	XXX
76825	.....	A	Echo exam of fetal heart	1.67	2.23	2.23	0.17	4.07	4.07	XXX
76825	TC	A	Echo exam of fetal heart	0.00	1.88	1.88	0.12	2.00	2.00	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.35	0.35	0.05	2.07	2.07	XXX
76826	.....	A	Echo exam of fetal heart	0.83	1.35	1.35	0.10	2.28	2.28	XXX
76826	TC	A	Echo exam of fetal heart	0.00	0.67	0.67	0.05	0.72	0.72	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.68	0.68	0.05	1.56	1.56	XXX
76827	.....	A	Echo exam of fetal heart	0.58	2.28	2.28	0.18	3.04	3.04	XXX
76827	TC	A	Echo exam of fetal heart	0.00	1.64	1.64	0.13	1.77	1.77	XXX
76827	26	A	Echo exam of fetal heart	0.58	#0.64	#0.64	0.05	1.27	1.27	XXX
76828	.....	A	Echo exam of fetal heart	0.56	1.34	1.34	0.11	2.01	2.01	XXX
76828	TC	A	Echo exam of fetal heart	0.00	1.06	1.06	0.09	1.15	1.15	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.28	0.28	0.02	0.86	0.86	XXX
76830	.....	A	Echo exam, transvaginal	0.69	1.77	1.77	0.15	2.61	2.61	XXX
76830	TC	A	Echo exam, transvaginal	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76830	26	A	Echo exam, transvaginal	0.69	0.32	0.32	0.05	1.06	1.06	XXX
76831	.....	A	Echo exam, uterus	0.72	1.77	1.77	0.15	2.64	2.64	XXX
76831	TC	A	Echo exam, uterus	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76831	26	A	Echo exam, uterus	0.72	0.32	0.32	0.05	1.09	1.09	XXX
76856	.....	A	Echo exam of pelvis	0.69	1.77	1.77	0.15	2.61	2.61	XXX
76856	TC	A	Echo exam of pelvis	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76856	26	A	Echo exam of pelvis	0.69	0.32	0.32	0.05	1.06	1.06	XXX
76857	.....	A	Echo exam of pelvis	0.38	1.17	1.17	0.10	1.65	1.65	XXX
76857	TC	A	Echo exam of pelvis	0.00	1.00	1.00	0.07	1.07	1.07	XXX
76857	26	A	Echo exam of pelvis	0.38	0.17	0.17	0.03	0.58	0.58	XXX
76870	.....	A	Echo exam of scrotum	0.64	1.74	1.74	0.14	2.52	2.52	XXX
76870	TC	A	Echo exam of scrotum	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76870	26	A	Echo exam of scrotum	0.64	0.29	0.29	0.04	0.97	0.97	XXX
76872	.....	A	Echo exam, transrectal	0.69	1.77	1.77	0.15	2.61	2.61	XXX
76872	TC	A	Echo exam, transrectal	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76872	26	A	Echo exam, transrectal	0.69	0.32	0.32	0.05	1.06	1.06	XXX
76880	.....	A	Echo exam of extremity	0.59	1.62	1.62	0.13	2.34	2.34	XXX
76880	TC	A	Echo exam of extremity	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76880	26	A	Echo exam of extremity	0.59	0.27	0.27	0.04	0.90	0.90	XXX
76885	.....	A	Echo exam, infant hips	0.74	1.77	1.77	0.15	2.66	2.66	XXX
76885	TC	A	Echo exam, infant hips	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76885	26	A	Echo exam, infant hips	0.74	0.32	0.32	0.05	1.11	1.11	XXX
76886	.....	A	Echo exam, infant hips	0.62	1.62	1.62	0.13	2.37	2.37	XXX
76886	TC	A	Echo exam, infant hips	0.00	1.35	1.35	0.09	1.44	1.44	XXX
76886	26	A	Echo exam, infant hips	0.62	0.27	0.27	0.04	0.93	0.93	XXX
76930	.....	A	Echo guide for heart sac tap	0.67	1.76	1.76	0.15	2.58	2.58	XXX
76930	TC	A	Echo guide for heart sac tap	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76930	26	A	Echo guide for heart sac tap	0.67	0.31	0.31	0.05	1.03	1.03	XXX
76932	.....	A	Echo guide for heart biopsy	0.67	1.76	1.76	0.15	2.58	2.58	XXX
76932	TC	A	Echo guide for heart biopsy	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.31	0.31	0.05	1.03	1.03	XXX
76934	.....	A	Echo guide for chest tap	0.67	1.76	1.76	0.15	2.58	2.58	XXX
76934	TC	A	Echo guide for chest tap	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76934	26	A	Echo guide for chest tap	0.67	0.31	0.31	0.05	1.03	1.03	XXX
76936	.....	A	Echo guide for artery repair	1.99	7.24	7.24	0.48	9.71	9.71	XXX
76936	TC	A	Echo guide for artery repair	0.00	6.00	6.00	0.38	6.38	6.38	XXX
76936	26	A	Echo guide for artery repair	1.99	1.24	1.24	0.10	3.33	3.33	XXX
76938	.....	A	Echo exam for drainage	0.67	1.76	1.76	0.15	2.58	2.58	XXX
76938	TC	A	Echo exam for drainage	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76938	26	A	Echo exam for drainage	0.67	0.31	0.31	0.05	1.03	1.03	XXX
76941	.....	A	Echo guide for transfusion	1.34	2.07	2.07	0.19	3.60	3.60	XXX
76941	TC	A	Echo guide for transfusion	0.00	1.46	1.46	0.09	1.55	1.55	XXX
76941	26	A	Echo guide for transfusion	1.34	0.61	0.61	0.10	2.05	2.05	XXX
76942	.....	A	Echo guide for biopsy	0.67	1.76	1.76	0.15	2.58	2.58	XXX
76942	TC	A	Echo guide for biopsy	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76942	26	A	Echo guide for biopsy	0.67	0.31	0.31	0.05	1.03	1.03	XXX
76945	.....	A	Echo guide, villus sampling	0.67	2.07	2.07	0.19	2.93	2.93	XXX
76945	TC	A	Echo guide, villus sampling	0.00	1.46	1.46	0.09	1.55	1.55	XXX
76945	26	A	Echo guide, villus sampling	0.67	0.61	0.61	0.10	1.38	1.38	XXX
76946	.....	A	Echo guide for amniocentesis	0.38	1.62	1.62	0.13	2.13	2.13	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.17	0.17	0.03	0.58	0.58	XXX
76948	.....	A	Echo guide, ova aspiration	0.38	1.62	1.62	0.13	2.13	2.13	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76948	26	A	Echo guide, ova aspiration	0.38	0.17	0.17	0.03	0.58	0.58	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
76950	.....	A	Echo guidance radiotherapy	0.58	1.51	1.51	0.12	2.21	2.21	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76950	26	A	Echo guidance radiotherapy	0.58	0.27	0.27	0.04	0.89	0.89	XXX
76960	.....	A	Echo guidance radiotherapy	0.58	1.51	1.51	0.12	2.21	2.21	XXX
76960	TC	A	Echo guidance radiotherapy	0.00	1.24	1.24	0.08	1.32	1.32	XXX
76960	26	A	Echo guidance radiotherapy	0.58	0.27	0.27	0.04	0.89	0.89	XXX
76965	.....	A	Echo guidance radiotherapy	1.34	6.78	6.78	0.52	8.64	8.64	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	5.31	5.31	0.33	5.64	5.64	XXX
76965	26	A	Echo guidance radiotherapy	1.34	#1.47	#1.47	0.19	3.00	3.00	XXX
76970	.....	A	Ultrasound exam follow-up	0.40	1.18	1.18	0.10	1.68	1.68	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	1.00	1.00	0.07	1.07	1.07	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.18	0.18	0.03	0.61	0.61	XXX
76975	.....	A	GI endoscopic ultrasound	0.81	1.79	1.79	0.15	2.75	2.75	XXX
76975	TC	A	GI endoscopic ultrasound	0.00	1.45	1.45	0.10	1.55	1.55	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.34	0.34	0.05	1.20	1.20	XXX
76986	.....	A	Echo exam at surgery	1.20	3.03	3.03	0.25	4.48	4.48	XXX
76986	TC	A	Echo exam at surgery	0.00	2.50	2.50	0.17	2.67	2.67	XXX
76986	26	A	Echo exam at surgery	1.20	0.53	0.53	0.08	1.81	1.81	XXX
76999	.....	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77261	.....	A	Radiation therapy planning	1.39	0.62	0.62	0.09	2.10	2.10	XXX
77262	.....	A	Radiation therapy planning	2.11	0.94	0.94	0.14	3.19	3.19	XXX
77263	.....	A	Radiation therapy planning	3.14	1.40	1.40	0.20	4.74	4.74	XXX
77280	.....	A	Set radiation therapy field	0.70	3.63	3.63	0.26	4.59	4.59	XXX
77280	TC	A	Set radiation therapy field	0.00	3.31	3.31	0.21	3.52	3.52	XXX
77280	26	A	Set radiation therapy field	0.70	0.32	0.32	0.05	1.07	1.07	XXX
77285	.....	A	Set radiation therapy field	1.05	5.77	5.77	0.41	7.23	7.23	XXX
77285	TC	A	Set radiation therapy field	0.00	5.31	5.31	0.34	5.65	5.65	XXX
77285	26	A	Set radiation therapy field	1.05	0.46	0.46	0.07	1.58	1.58	XXX
77290	.....	A	Set radiation therapy field	1.56	6.90	6.90	0.50	8.96	8.96	XXX
77290	TC	A	Set radiation therapy field	0.00	6.20	6.20	0.39	6.59	6.59	XXX
77290	26	A	Set radiation therapy field	1.56	0.70	0.70	0.11	2.37	2.37	XXX
77295	.....	A	Set radiation therapy field	4.57	28.68	28.68	1.93	35.18	35.18	XXX
77295	TC	A	Set radiation therapy field	0.00	26.62	26.62	1.70	28.32	28.32	XXX
77295	26	A	Set radiation therapy field	4.57	2.06	2.06	0.23	6.86	6.86	XXX
77299	.....	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77300	.....	A	Radiation therapy dose plan	0.62	1.56	1.56	0.12	2.30	2.30	XXX
77300	TC	A	Radiation therapy dose plan	0.00	1.28	1.28	0.08	1.36	1.36	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.28	0.28	0.04	0.94	0.94	XXX
77305	.....	A	Radiation therapy dose plan	0.70	2.09	2.09	0.17	2.96	2.96	XXX
77305	TC	A	Radiation therapy dose plan	0.00	1.77	1.77	0.12	1.89	1.89	XXX
77305	26	A	Radiation therapy dose plan	0.70	0.32	0.32	0.05	1.07	1.07	XXX
77310	.....	A	Radiation therapy dose plan	1.05	2.68	2.68	0.22	3.95	3.95	XXX
77310	TC	A	Radiation therapy dose plan	0.00	2.22	2.22	0.15	2.37	2.37	XXX
77310	26	A	Radiation therapy dose plan	1.05	0.46	0.46	0.07	1.58	1.58	XXX
77315	.....	A	Radiation therapy dose plan	1.56	3.23	3.23	0.28	5.07	5.07	XXX
77315	TC	A	Radiation therapy dose plan	0.00	2.53	2.53	0.17	2.70	2.70	XXX
77315	26	A	Radiation therapy dose plan	1.56	0.70	0.70	0.11	2.37	2.37	XXX
77321	.....	A	Radiation therapy port plan	0.95	4.28	4.28	0.30	5.53	5.53	XXX
77321	TC	A	Radiation therapy port plan	0.00	3.85	3.85	0.24	4.09	4.09	XXX
77321	26	A	Radiation therapy port plan	0.95	0.43	0.43	0.06	1.44	1.44	XXX
77326	.....	A	Radiation therapy dose plan	0.93	2.67	2.67	0.21	3.81	3.81	XXX
77326	TC	A	Radiation therapy dose plan	0.00	2.25	2.25	0.15	2.40	2.40	XXX
77326	26	A	Radiation therapy dose plan	0.93	0.42	0.42	0.06	1.41	1.41	XXX
77327	.....	A	Radiation therapy dose plan	1.39	3.93	3.93	0.30	5.62	5.62	XXX
77327	TC	A	Radiation therapy dose plan	0.00	3.31	3.31	0.21	3.52	3.52	XXX
77327	26	A	Radiation therapy dose plan	1.39	0.62	0.62	0.09	2.10	2.10	XXX
77328	.....	A	Radiation therapy dose plan	2.09	5.66	5.66	0.44	8.19	8.19	XXX
77328	TC	A	Radiation therapy dose plan	0.00	4.73	4.73	0.30	5.03	5.03	XXX
77328	26	A	Radiation therapy dose plan	2.09	0.93	0.93	0.14	3.16	3.16	XXX
77331	.....	A	Special radiation dosimetry	0.87	0.87	0.87	0.09	1.83	1.83	XXX
77331	TC	A	Special radiation dosimetry	0.00	0.48	0.48	0.03	0.51	0.51	XXX
77331	26	A	Special radiation dosimetry	0.87	0.39	0.39	0.06	1.32	1.32	XXX
77332	.....	A	Radiation treatment aid(s)	0.54	1.53	1.53	0.12	2.19	2.19	XXX
77332	TC	A	Radiation treatment aid(s)	0.00	1.28	1.28	0.08	1.36	1.36	XXX
77332	26	A	Radiation treatment aid(s)	0.54	0.25	0.25	0.04	0.83	0.83	XXX
77333	.....	A	Radiation treatment aid(s)	0.84	2.19	2.19	0.18	3.21	3.21	XXX
77333	TC	A	Radiation treatment aid(s)	0.00	1.81	1.81	0.12	1.93	1.93	XXX
77333	26	A	Radiation treatment aid(s)	0.84	0.38	0.38	0.06	1.28	1.28	XXX
77334	.....	A	Radiation treatment aid(s)	1.24	3.64	3.64	0.27	5.15	5.15	XXX
77334	TC	A	Radiation treatment aid(s)	0.00	3.10	3.10	0.19	3.29	3.29	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
77334	26	A	Radiation treatment aid(s)	1.24	0.54	0.54	0.08	1.86	1.86	XXX
77336	.....	A	Radiation physics consult	0.00	2.84	2.84	0.18	3.02	3.02	XXX
77370	.....	A	Radiation physics consult	0.00	3.33	3.33	0.21	3.54	3.54	XXX
77399	.....	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77401	.....	A	Radiation treatment delivery	0.00	1.69	1.69	0.11	1.80	1.80	XXX
77402	.....	A	Radiation treatment delivery	0.00	1.69	1.69	0.11	1.80	1.80	XXX
77403	.....	A	Radiation treatment delivery	0.00	1.69	1.69	0.11	1.80	1.80	XXX
77404	.....	A	Radiation treatment delivery	0.00	1.69	1.69	0.11	1.80	1.80	XXX
77406	.....	A	Radiation treatment delivery	0.00	1.69	1.69	0.11	1.80	1.80	XXX
77407	.....	A	Radiation treatment delivery	0.00	1.99	1.99	0.13	2.12	2.12	XXX
77408	.....	A	Radiation treatment delivery	0.00	1.99	1.99	0.13	2.12	2.12	XXX
77409	.....	A	Radiation treatment delivery	0.00	1.99	1.99	0.13	2.12	2.12	XXX
77411	.....	A	Radiation treatment delivery	0.00	1.99	1.99	0.13	2.12	2.12	XXX
77412	.....	A	Radiation treatment delivery	0.00	2.22	2.22	0.15	2.37	2.37	XXX
77413	.....	A	Radiation treatment delivery	0.00	2.22	2.22	0.15	2.37	2.37	XXX
77414	.....	A	Radiation treatment delivery	0.00	2.22	2.22	0.15	2.37	2.37	XXX
77416	.....	A	Radiation treatment delivery	0.00	2.22	2.22	0.15	2.37	2.37	XXX
77417	.....	A	Radiology port film(s)	0.00	0.56	0.56	0.04	0.60	0.60	XXX
77419	.....	A	Weekly radiation therapy	3.60	1.61	1.61	0.23	5.44	5.44	XXX
77420	.....	A	Weekly radiation therapy	1.61	0.72	0.72	0.11	2.44	2.44	XXX
77425	.....	A	Weekly radiation therapy	2.44	1.10	1.10	0.17	3.71	3.71	XXX
77430	.....	A	Weekly radiation therapy	3.60	1.61	1.61	0.23	5.44	5.44	XXX
77431	.....	A	Radiation therapy management	1.81	0.81	0.81	0.12	2.74	2.74	XXX
77432	.....	A	Stereotactic radiation trmt	7.93	4.94	4.94	0.40	13.27	13.27	XXX
77470	.....	A	Special radiation treatment	2.09	11.55	11.55	0.80	14.44	14.44	XXX
77470	TC	A	Special radiation treatment	0.00	10.62	10.62	0.66	11.28	11.28	XXX
77470	26	A	Special radiation treatment	2.09	0.93	0.93	0.14	3.16	3.16	XXX
77499	.....	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77600	.....	R	Hyperthermia treatment	1.56	3.60	3.60	0.29	5.45	5.45	ZZZ
77600	TC	R	Hyperthermia treatment	0.00	2.90	2.90	0.18	3.08	3.08	ZZZ
77600	26	R	Hyperthermia treatment	1.56	0.70	0.70	0.11	2.37	2.37	ZZZ
77605	.....	R	Hyperthermia treatment	2.09	4.80	4.80	0.39	7.28	7.28	ZZZ
77605	TC	R	Hyperthermia treatment	0.00	3.87	3.87	0.25	4.12	4.12	ZZZ
77605	26	R	Hyperthermia treatment	2.09	0.93	0.93	0.14	3.16	3.16	ZZZ
77610	.....	R	Hyperthermia treatment	1.56	3.60	3.60	0.29	5.45	5.45	ZZZ
77610	TC	R	Hyperthermia treatment	0.00	2.90	2.90	0.18	3.08	3.08	ZZZ
77610	26	R	Hyperthermia treatment	1.56	0.70	0.70	0.11	2.37	2.37	ZZZ
77615	.....	R	Hyperthermia treatment	2.09	4.80	4.80	0.39	7.28	7.28	ZZZ
77615	TC	R	Hyperthermia treatment	0.00	3.87	3.87	0.25	4.12	4.12	ZZZ
77615	26	R	Hyperthermia treatment	2.09	0.93	0.93	0.14	3.16	3.16	ZZZ
77620	.....	R	Hyperthermia treatment	1.56	3.60	3.60	0.29	5.45	5.45	ZZZ
77620	TC	R	Hyperthermia treatment	0.00	2.90	2.90	0.18	3.08	3.08	ZZZ
77620	26	R	Hyperthermia treatment	1.56	0.70	0.70	0.11	2.37	2.37	ZZZ
77750	.....	A	Infuse radioactive materials	*4.91	3.32	3.32	0.38	8.61	8.61	090
77750	TC	A	Infuse radioactive materials	0.00	1.27	1.27	0.08	1.35	1.35	090
77750	26	A	Infuse radioactive materials	*4.91	2.05	2.05	0.30	7.26	7.26	090
77761	.....	A	Radioelement application	*3.81	3.98	3.98	0.39	8.18	8.18	090
77761	TC	A	Radioelement application	0.00	2.39	2.39	0.16	2.55	2.55	090
77761	26	A	Radioelement application	*3.81	1.59	1.59	0.23	5.63	5.63	090
77762	.....	A	Radioelement application	*5.72	5.83	5.83	0.57	12.12	12.12	090
77762	TC	A	Radioelement application	0.00	3.44	3.44	0.22	3.66	3.66	090
77762	26	A	Radioelement application	*5.72	2.39	2.39	0.35	8.46	8.46	090
77763	.....	A	Radioelement application	*8.57	7.86	7.86	0.77	17.20	17.20	090
77763	TC	A	Radioelement application	0.00	4.28	4.28	0.27	4.55	4.55	090
77763	26	A	Radioelement application	*8.57	3.58	3.58	0.50	12.65	12.65	090
77776	.....	A	Radioelement application	4.66	4.16	4.16	0.45	9.27	9.27	XXX
77776	TC	A	Radioelement application	0.00	2.07	2.07	0.14	2.21	2.21	XXX
77776	26	A	Radioelement application	4.66	2.09	2.09	0.31	7.06	7.06	XXX
77777	.....	A	Radioelement application	*7.48	7.17	7.17	0.71	15.36	15.36	090
77777	TC	A	Radioelement application	0.00	4.04	4.04	0.26	4.30	4.30	090
77777	26	A	Radioelement application	*7.48	3.13	3.13	0.45	11.06	11.06	090
77778	.....	A	Radioelement application	*11.19	9.58	9.58	0.98	21.75	21.75	090
77778	TC	A	Radioelement application	0.00	4.89	4.89	0.31	5.20	5.20	090
77778	26	A	Radioelement application	*11.19	4.69	4.69	0.67	16.55	16.55	090
77781	.....	A	High intensity brachytherapy	*1.66	20.04	20.04	1.32	23.02	23.02	090
77781	TC	A	High intensity brachytherapy	0.00	19.35	19.35	1.21	20.56	20.56	090
77781	26	A	High intensity brachytherapy	*1.66	0.69	0.69	0.11	2.46	2.46	090
77782	.....	A	High intensity brachytherapy	*2.49	20.40	20.40	1.37	24.26	24.26	090
77782	TC	A	High intensity brachytherapy	0.00	19.35	19.35	1.21	20.56	20.56	090
77782	26	A	High intensity brachytherapy	*2.49	1.05	1.05	0.16	3.70	3.70	090

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
77783	.....	A	High intensity brachytherapy	*3.73	20.90	20.90	1.44	26.07	26.07	090
77783	TC	A	High intensity brachytherapy	0.00	19.35	19.35	1.21	20.56	20.56	090
77783	26	A	High intensity brachytherapy	*3.73	1.55	1.55	0.23	5.51	5.51	090
77784	.....	A	High intensity brachytherapy	*5.61	21.69	21.69	1.56	28.86	28.86	090
77784	TC	A	High intensity brachytherapy	0.00	19.35	19.35	1.21	20.56	20.56	090
77784	26	A	High intensity brachytherapy	*5.61	2.34	2.34	0.35	8.30	8.30	090
77789	.....	A	Radioelement application	*1.12	0.89	0.89	0.10	2.11	2.11	090
77789	TC	A	Radioelement application	0.00	0.43	0.43	0.03	0.46	0.46	090
77789	26	A	Radioelement application	*1.12	0.46	0.46	0.07	1.65	1.65	090
77790	.....	A	Radioelement handling	1.05	0.94	0.94	0.10	2.09	2.09	XXX
77790	TC	A	Radioelement handling	0.00	0.48	0.48	0.03	0.51	0.51	XXX
77790	26	A	Radioelement handling	1.05	0.46	0.46	0.07	1.58	1.58	XXX
77799	.....	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78000	.....	A	Thyroid, single uptake	0.19	1.01	1.01	0.07	1.27	1.27	XXX
78000	TC	A	Thyroid, single uptake	0.00	0.92	0.92	0.06	0.98	0.98	XXX
78000	26	A	Thyroid, single uptake	0.19	0.09	0.09	0.01	0.29	0.29	XXX
78001	.....	A	Thyroid, multiple uptakes	0.26	1.36	1.36	0.10	1.72	1.72	XXX
78001	TC	A	Thyroid, multiple uptakes	0.00	1.24	1.24	0.08	1.32	1.32	XXX
78001	26	A	Thyroid, multiple uptakes	0.26	0.12	0.12	0.02	0.40	0.40	XXX
78003	.....	A	Thyroid suppress/stimul	0.33	1.07	1.07	0.08	1.48	1.48	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	0.92	0.92	0.06	0.98	0.98	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.15	0.15	0.02	0.50	0.50	XXX
78006	.....	A	Thyroid, imaging with uptake	0.49	2.49	2.49	0.18	3.16	3.16	XXX
78006	TC	A	Thyroid, imaging with uptake	0.00	2.27	2.27	0.15	2.42	2.42	XXX
78006	26	A	Thyroid, imaging with uptake	0.49	0.22	0.22	0.03	0.74	0.74	XXX
78007	.....	A	Thyroid, image, mult uptakes	0.50	2.68	2.68	0.19	3.37	3.37	XXX
78007	TC	A	Thyroid, image, mult uptakes	0.00	2.45	2.45	0.16	2.61	2.61	XXX
78007	26	A	Thyroid, image, mult uptakes	0.50	0.23	0.23	0.03	0.76	0.76	XXX
78010	.....	A	Thyroid imaging	0.39	1.90	1.90	0.14	2.43	2.43	XXX
78010	TC	A	Thyroid imaging	0.00	1.73	1.73	0.11	1.84	1.84	XXX
78010	26	A	Thyroid imaging	0.39	0.17	0.17	0.03	0.59	0.59	XXX
78011	.....	A	Thyroid imaging with flow	0.45	2.50	2.50	0.18	3.13	3.13	XXX
78011	TC	A	Thyroid imaging with flow	0.00	2.29	2.29	0.15	2.44	2.44	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.21	0.21	0.03	0.69	0.69	XXX
78015	.....	A	Thyroid met imaging	0.67	2.76	2.76	0.21	3.64	3.64	XXX
78015	TC	A	Thyroid met imaging	0.00	2.45	2.45	0.16	2.61	2.61	XXX
78015	26	A	Thyroid met imaging	0.67	0.31	0.31	0.05	1.03	1.03	XXX
78016	.....	A	Thyroid met imaging/studies	0.82	3.70	3.70	0.27	4.79	4.79	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	3.32	3.32	0.21	3.53	3.53	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.38	0.38	0.06	1.26	1.26	XXX
78017	.....	A	Thyroid met imaging, mult	0.87	3.94	3.94	0.28	5.09	5.09	XXX
78017	TC	A	Thyroid met imaging, mult	0.00	3.55	3.55	0.22	3.77	3.77	XXX
78017	26	A	Thyroid met imaging, mult	0.87	0.39	0.39	0.06	1.32	1.32	XXX
78018	.....	A	Thyroid, met imaging, body	0.95	5.60	5.60	0.39	6.94	6.94	XXX
78018	TC	A	Thyroid, met imaging, body	0.00	5.17	5.17	0.33	5.50	5.50	XXX
78018	26	A	Thyroid, met imaging, body	0.95	0.43	0.43	0.06	1.44	1.44	XXX
78070	.....	A	Parathyroid nuclear imaging	0.82	1.96	1.96	0.15	2.93	2.93	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	1.73	1.73	0.11	1.84	1.84	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.23	0.23	0.04	1.09	1.09	XXX
78075	.....	A	Adrenal nuclear imaging	0.74	5.51	5.51	0.38	6.63	6.63	XXX
78075	TC	A	Adrenal nuclear imaging	0.00	5.17	5.17	0.33	5.50	5.50	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.34	0.34	0.05	1.13	1.13	XXX
78099	.....	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78102	.....	A	Bone marrow imaging, ltd	0.55	2.19	2.19	0.17	2.91	2.91	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	1.94	1.94	0.13	2.07	2.07	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.25	0.25	0.04	0.84	0.84	XXX
78103	.....	A	Bone marrow imaging, mult	0.75	3.36	3.36	0.24	4.35	4.35	XXX
78103	TC	A	Bone marrow imaging, mult	0.00	3.02	3.02	0.19	3.21	3.21	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.34	0.34	0.05	1.14	1.14	XXX
78104	.....	A	Bone marrow imaging, body	0.80	4.25	4.25	0.30	5.35	5.35	XXX
78104	TC	A	Bone marrow imaging, body	0.00	3.88	3.88	0.25	4.13	4.13	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.37	0.37	0.05	1.22	1.22	XXX
78110	.....	A	Plasma volume, single	0.19	0.99	0.99	0.07	1.25	1.25	XXX
78110	TC	A	Plasma volume, single	0.00	0.90	0.90	0.06	0.96	0.96	XXX
78110	26	A	Plasma volume, single	0.19	0.09	0.09	0.01	0.29	0.29	XXX
78111	.....	A	Plasma volume, multiple	0.22	2.55	2.55	0.18	2.95	2.95	XXX
78111	TC	A	Plasma volume, multiple	0.00	2.45	2.45	0.16	2.61	2.61	XXX
78111	26	A	Plasma volume, multiple	0.22	0.10	0.10	0.02	0.34	0.34	XXX
78120	.....	A	Red cell mass, single	0.23	1.76	1.76	0.13	2.12	2.12	XXX
78120	TC	A	Red cell mass, single	0.00	1.65	1.65	0.11	1.76	1.76	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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
78120	26	A	Red cell mass, single	0.23	0.11	0.11	0.02	0.36	0.36	XXX
78121	.....	A	Red cell mass, multiple	0.32	2.92	2.92	0.19	3.43	3.43	XXX
78121	TC	A	Red cell mass, multiple	0.00	2.77	2.77	0.17	2.94	2.94	XXX
78121	26	A	Red cell mass, multiple	0.32	0.15	0.15	0.02	0.49	0.49	XXX
78122	.....	A	Blood volume	0.45	4.59	4.59	0.31	5.35	5.35	XXX
78122	TC	A	Blood volume	0.00	4.39	4.39	0.28	4.67	4.67	XXX
78122	26	A	Blood volume	0.45	0.20	0.20	0.03	0.68	0.68	XXX
78130	.....	A	Red cell survival study	0.61	3.00	3.00	0.21	3.82	3.82	XXX
78130	TC	A	Red cell survival study	0.00	2.72	2.72	0.17	2.89	2.89	XXX
78130	26	A	Red cell survival study	0.61	0.28	0.28	0.04	0.93	0.93	XXX
78135	.....	A	Red cell survival kinetics	0.64	4.93	4.93	0.34	5.91	5.91	XXX
78135	TC	A	Red cell survival kinetics	0.00	4.64	4.64	0.30	4.94	4.94	XXX
78135	26	A	Red cell survival kinetics	0.64	0.29	0.29	0.04	0.97	0.97	XXX
78140	.....	A	Red cell sequestration	0.61	4.03	4.03	0.28	4.92	4.92	XXX
78140	TC	A	Red cell sequestration	0.00	3.75	3.75	0.24	3.99	3.99	XXX
78140	26	A	Red cell sequestration	0.61	0.28	0.28	0.04	0.93	0.93	XXX
78160	.....	A	Plasma iron turnover	0.33	3.64	3.64	0.24	4.21	4.21	XXX
78160	TC	A	Plasma iron turnover	0.00	3.49	3.49	0.22	3.71	3.71	XXX
78160	26	A	Plasma iron turnover	0.33	0.15	0.15	0.02	0.50	0.50	XXX
78162	.....	A	Iron absorption exam	0.45	3.25	3.25	0.22	3.92	3.92	XXX
78162	TC	A	Iron absorption exam	0.00	3.05	3.05	0.19	3.24	3.24	XXX
78162	26	A	Iron absorption exam	0.45	0.20	0.20	0.03	0.68	0.68	XXX
78170	.....	A	Red cell iron utilization	0.41	5.24	5.24	0.35	6.00	6.00	XXX
78170	TC	A	Red cell iron utilization	0.00	5.06	5.06	0.32	5.38	5.38	XXX
78170	26	A	Red cell iron utilization	0.41	0.18	0.18	0.03	0.62	0.62	XXX
78172	.....	C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78172	26	A	Total body iron estimation	0.53	0.25	0.25	0.04	0.82	0.82	XXX
78185	.....	A	Spleen imaging	0.40	2.43	2.43	0.18	3.01	3.01	XXX
78185	TC	A	Spleen imaging	0.00	2.25	2.25	0.15	2.40	2.40	XXX
78185	26	A	Spleen imaging	0.40	0.18	0.18	0.03	0.61	0.61	XXX
78190	.....	A	Platelet survival, kinetics	1.09	5.93	5.93	0.42	7.44	7.44	XXX
78190	TC	A	Platelet survival, kinetics	0.00	5.45	5.45	0.35	5.80	5.80	XXX
78190	26	A	Platelet survival, kinetics	1.09	0.48	0.48	0.07	1.64	1.64	XXX
78191	.....	A	Platelet survival	0.61	7.27	7.27	0.48	8.36	8.36	XXX
78191	TC	A	Platelet survival	0.00	6.99	6.99	0.44	7.43	7.43	XXX
78191	26	A	Platelet survival	0.61	0.28	0.28	0.04	0.93	0.93	XXX
78195	.....	A	Lymph system imaging	1.20	4.20	4.20	0.30	5.70	5.70	XXX
78195	TC	A	Lymph system imaging	0.00	3.88	3.88	0.25	4.13	4.13	XXX
78195	26	A	Lymph system imaging	1.20	0.32	0.32	0.05	1.57	1.57	XXX
78199	.....	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78201	.....	A	Liver imaging	0.44	2.44	2.44	0.18	3.06	3.06	XXX
78201	TC	A	Liver imaging	0.00	2.25	2.25	0.15	2.40	2.40	XXX
78201	26	A	Liver imaging	0.44	0.19	0.19	0.03	0.66	0.66	XXX
78202	.....	A	Liver imaging with flow	0.51	2.98	2.98	0.21	3.70	3.70	XXX
78202	TC	A	Liver imaging with flow	0.00	2.75	2.75	0.17	2.92	2.92	XXX
78202	26	A	Liver imaging with flow	0.51	0.23	0.23	0.04	0.78	0.78	XXX
78205	.....	A	Liver imaging (3D)	0.71	5.96	5.96	0.41	7.08	7.08	XXX
78205	TC	A	Liver imaging (3D)	0.00	5.63	5.63	0.36	5.99	5.99	XXX
78205	26	A	Liver imaging (3D)	0.71	0.33	0.33	0.05	1.09	1.09	XXX
78215	.....	A	Liver and spleen imaging	0.49	3.02	3.02	0.20	3.71	3.71	XXX
78215	TC	A	Liver and spleen imaging	0.00	2.80	2.80	0.17	2.97	2.97	XXX
78215	26	A	Liver and spleen imaging	0.49	0.22	0.22	0.03	0.74	0.74	XXX
78216	.....	A	Liver & spleen image, flow	0.57	3.58	3.58	0.25	4.40	4.40	XXX
78216	TC	A	Liver & spleen image, flow	0.00	3.32	3.32	0.21	3.53	3.53	XXX
78216	26	A	Liver & spleen image, flow	0.57	0.26	0.26	0.04	0.87	0.87	XXX
78220	.....	A	Liver function study	0.49	3.77	3.77	0.25	4.51	4.51	XXX
78220	TC	A	Liver function study	0.00	3.55	3.55	0.22	3.77	3.77	XXX
78220	26	A	Liver function study	0.49	0.22	0.22	0.03	0.74	0.74	XXX
78223	.....	A	Hepatobiliary imaging	0.84	3.87	3.87	0.28	4.99	4.99	XXX
78223	TC	A	Hepatobiliary imaging	0.00	3.49	3.49	0.22	3.71	3.71	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.38	0.38	0.06	1.28	1.28	XXX
78230	.....	A	Salivary gland imaging	0.45	2.28	2.28	0.17	2.90	2.90	XXX
78230	TC	A	Salivary gland imaging	0.00	2.07	2.07	0.14	2.21	2.21	XXX
78230	26	A	Salivary gland imaging	0.45	0.21	0.21	0.03	0.69	0.69	XXX
78231	.....	A	Serial salivary imaging	0.52	3.26	3.26	0.23	4.01	4.01	XXX
78231	TC	A	Serial salivary imaging	0.00	3.02	3.02	0.19	3.21	3.21	XXX
78231	26	A	Serial salivary imaging	0.52	0.24	0.24	0.04	0.80	0.80	XXX
78232	.....	A	Salivary gland function exam	0.47	3.59	3.59	0.24	4.30	4.30	XXX
78232	TC	A	Salivary gland function exam	0.00	3.37	3.37	0.21	3.58	3.58	XXX
78232	26	A	Salivary gland function exam	0.47	0.22	0.22	0.03	0.72	0.72	XXX
78258	.....	A	Esophageal motility study	0.74	3.09	3.09	0.22	4.05	4.05	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
78258	TC	A	Esophageal motility study	0.00	2.75	2.75	0.17	2.92	2.92	XXX
78258	26	A	Esophageal motility study	0.74	0.34	0.34	0.05	1.13	1.13	XXX
78261	.....	A	Gastric mucosa imaging	0.69	4.23	4.23	0.30	5.22	5.22	XXX
78261	TC	A	Gastric mucosa imaging	0.00	3.91	3.91	0.25	4.16	4.16	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.32	0.32	0.05	1.06	1.06	XXX
78262	.....	A	Gastroesophageal reflux exam	0.68	4.36	4.36	0.31	5.35	5.35	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	4.05	4.05	0.26	4.31	4.31	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.31	0.31	0.05	1.04	1.04	XXX
78264	.....	A	Gastric emptying study	0.78	4.29	4.29	0.30	5.37	5.37	XXX
78264	TC	A	Gastric emptying study	0.00	3.93	3.93	0.25	4.18	4.18	XXX
78264	26	A	Gastric emptying study	0.78	0.36	0.36	0.05	1.19	1.19	XXX
78270	.....	A	Vit B–12 absorption exam	0.20	1.57	1.57	0.11	1.88	1.88	XXX
78270	TC	A	Vit B–12 absorption exam	0.00	1.47	1.47	0.10	1.57	1.57	XXX
78270	26	A	Vit B–12 absorption exam	0.20	0.10	0.10	0.01	0.31	0.31	XXX
78271	.....	A	Vit B–12 absorp exam, IF	0.20	1.67	1.67	0.11	1.98	1.98	XXX
78271	TC	A	Vit B–12 absorp exam, IF	0.00	1.57	1.57	0.10	1.67	1.67	XXX
78271	26	A	Vit B–12 absorp exam, IF	0.20	0.10	0.10	0.01	0.31	0.31	XXX
78272	.....	A	Vit B–12 absorp, combined	0.27	2.34	2.34	0.17	2.78	2.78	XXX
78272	TC	A	Vit B–12 absorp, combined	0.00	2.21	2.21	0.15	2.36	2.36	XXX
78272	26	A	Vit B–12 absorp, combined	0.27	0.13	0.13	0.02	0.42	0.42	XXX
78278	.....	A	Acute GI blood loss imaging	0.99	5.09	5.09	0.37	6.45	6.45	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	4.64	4.64	0.30	4.94	4.94	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.45	0.45	0.07	1.51	1.51	XXX
78282	.....	C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78282	26	A	GI protein loss exam	0.38	0.17	0.17	0.03	0.58	0.58	XXX
78290	.....	A	Meckel's divert exam	0.68	3.21	3.21	0.23	4.12	4.12	XXX
78290	TC	A	Meckel's divert exam	0.00	2.90	2.90	0.18	3.08	3.08	XXX
78290	26	A	Meckel's divert exam	0.68	0.31	0.31	0.05	1.04	1.04	XXX
78291	.....	A	Leveen/shunt patency exam	0.88	3.31	3.31	0.24	4.43	4.43	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	2.92	2.92	0.18	3.10	3.10	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.39	0.39	0.06	1.33	1.33	XXX
78299	.....	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78300	.....	A	Bone imaging, limited area	0.62	2.66	2.66	0.20	3.48	3.48	XXX
78300	TC	A	Bone imaging, limited area	0.00	2.37	2.37	0.16	2.53	2.53	XXX
78300	26	A	Bone imaging, limited area	0.62	0.29	0.29	0.04	0.95	0.95	XXX
78305	.....	A	Bone imaging, multiple areas	0.83	3.87	3.87	0.28	4.98	4.98	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	3.49	3.49	0.22	3.71	3.71	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.38	0.38	0.06	1.27	1.27	XXX
78306	.....	A	Bone imaging, whole body	0.86	4.46	4.46	0.32	5.64	5.64	XXX
78306	TC	A	Bone imaging, whole body	0.00	4.07	4.07	0.26	4.33	4.33	XXX
78306	26	A	Bone imaging, whole body	0.86	0.39	0.39	0.06	1.31	1.31	XXX
78315	.....	A	Bone imaging, 3 phase	1.02	5.00	5.00	0.36	6.38	6.38	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	4.55	4.55	0.29	4.84	4.84	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.45	0.45	0.07	1.54	1.54	XXX
78320	.....	A	Bone imaging (3D)	1.04	6.09	6.09	0.43	7.56	7.56	XXX
78320	TC	A	Bone imaging (3D)	0.00	5.63	5.63	0.36	5.99	5.99	XXX
78320	26	A	Bone imaging (3D)	1.04	0.46	0.46	0.07	1.57	1.57	XXX
78350	.....	A	Bone mineral, single photon	0.22	0.82	0.82	0.07	1.11	1.11	XXX
78350	TC	A	Bone mineral, single photon	0.00	0.72	0.72	0.05	0.77	0.77	XXX
78350	26	A	Bone mineral, single photon	0.22	0.10	0.10	0.02	0.34	0.34	XXX
78351	.....	N	Bone mineral, dual photon	+0.30	0.19	0.19	0.02	0.51	0.51	XXX
78399	.....	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414	.....	C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78414	26	A	Non-imaging heart function	0.45	0.20	0.20	0.03	0.68	0.68	XXX
78428	.....	A	Cardiac shunt imaging	0.78	2.51	2.51	0.19	3.48	3.48	XXX
78428	TC	A	Cardiac shunt imaging	0.00	2.15	2.15	0.14	2.29	2.29	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.36	0.36	0.05	1.19	1.19	XXX
78445	.....	A	Vascular flow imaging	0.49	2.01	2.01	0.15	2.65	2.65	XXX
78445	TC	A	Vascular flow imaging	0.00	1.77	1.77	0.11	1.88	1.88	XXX
78445	26	A	Vascular flow imaging	0.49	0.24	0.24	0.04	0.77	0.77	XXX
78455	.....	A	Venous thrombosis study	0.73	4.13	4.13	0.29	5.15	5.15	XXX
78455	TC	A	Venous thrombosis study	0.00	3.80	3.80	0.24	4.04	4.04	XXX
78455	26	A	Venous thrombosis study	0.73	0.33	0.33	0.05	1.11	1.11	XXX
78457	.....	A	Venous thrombosis imaging	0.77	2.88	2.88	0.22	3.87	3.87	XXX
78457	TC	A	Venous thrombosis imaging	0.00	2.53	2.53	0.17	2.70	2.70	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.35	0.35	0.05	1.17	1.17	XXX
78458	.....	A	Ven thrombosis images, bilat	0.90	4.23	4.23	0.30	5.43	5.43	XXX
78458	TC	A	Ven thrombosis images, bilat	0.00	3.83	3.83	0.24	4.07	4.07	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
78458	26	A	Ven thrombosis images, bilat	0.90	0.40	0.40	0.06	1.36	1.36	XXX
78459	.....	I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78459	TC	I	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78459	26	I	Heart muscle imaging (PET)	+1.88	1.34	1.34	0.10	3.32	3.32	XXX
78460	.....	A	Heart muscle blood single	0.86	2.64	2.64	0.21	3.71	3.71	XXX
78460	TC	A	Heart muscle blood single	0.00	2.25	2.25	0.15	2.40	2.40	XXX
78460	26	A	Heart muscle blood single	0.86	0.39	0.39	0.06	1.31	1.31	XXX
78461	.....	A	Heart muscle blood multiple	1.23	5.04	5.04	0.37	6.64	6.64	XXX
78461	TC	A	Heart muscle blood multiple	0.00	4.50	4.50	0.29	4.79	4.79	XXX
78461	26	A	Heart muscle blood multiple	1.23	0.54	0.54	0.08	1.85	1.85	XXX
78464	.....	A	Heart image (3D) single	1.09	7.22	7.22	0.50	8.81	8.81	XXX
78464	TC	A	Heart image (3D) single	0.00	6.74	6.74	0.43	7.17	7.17	XXX
78464	26	A	Heart image (3D) single	1.09	0.48	0.48	0.07	1.64	1.64	XXX
78465	.....	A	Heart image (3D) multiple	1.46	11.89	11.89	0.80	14.15	14.15	XXX
78465	TC	A	Heart image (3D) multiple	0.00	11.24	11.24	0.70	11.94	11.94	XXX
78465	26	A	Heart image (3D) multiple	1.46	0.65	0.65	0.10	2.21	2.21	XXX
78466	.....	A	Heart infarct image	0.69	2.82	2.82	0.22	3.73	3.73	XXX
78466	TC	A	Heart infarct image	0.00	2.50	2.50	0.17	2.67	2.67	XXX
78466	26	A	Heart infarct image	0.69	0.32	0.32	0.05	1.06	1.06	XXX
78468	.....	A	Heart infarct image, EF	0.80	3.85	3.85	0.27	4.92	4.92	XXX
78468	TC	A	Heart infarct image, EF	0.00	3.49	3.49	0.22	3.71	3.71	XXX
78468	26	A	Heart infarct image, EF	0.80	0.36	0.36	0.05	1.21	1.21	XXX
78469	.....	A	Heart infarct image (3D)	0.92	5.39	5.39	0.38	6.69	6.69	XXX
78469	TC	A	Heart infarct image (3D)	0.00	4.98	4.98	0.32	5.30	5.30	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.41	0.41	0.06	1.39	1.39	XXX
78472	.....	A	Gated heart, resting	0.98	5.69	5.69	0.41	7.08	7.08	XXX
78472	TC	A	Gated heart, resting	0.00	5.25	5.25	0.34	5.59	5.59	XXX
78472	26	A	Gated heart, resting	0.98	0.44	0.44	0.07	1.49	1.49	XXX
78473	.....	A	Gated heart, multiple	1.47	8.52	8.52	0.59	10.58	10.58	XXX
78473	TC	A	Gated heart, multiple	0.00	7.87	7.87	0.49	8.36	8.36	XXX
78473	26	A	Gated heart, multiple	1.47	0.65	0.65	0.10	2.22	2.22	XXX
78478	.....	A	Heart wall motion (add-on)	0.62	1.76	1.76	0.14	2.52	2.52	XXX
78478	TC	A	Heart wall motion (add-on)	0.00	1.48	1.48	0.10	1.58	1.58	XXX
78478	26	A	Heart wall motion (add-on)	0.62	0.28	0.28	0.04	0.94	0.94	XXX
78480	.....	A	Heart function, (add-on)	0.62	1.76	1.76	0.14	2.52	2.52	XXX
78480	TC	A	Heart function, (add-on)	0.00	1.48	1.48	0.10	1.58	1.58	XXX
78480	26	A	Heart function, (add-on)	0.62	0.28	0.28	0.04	0.94	0.94	XXX
78481	.....	A	Heart first pass single	0.98	5.42	5.42	0.39	6.79	6.79	XXX
78481	TC	A	Heart first pass single	0.00	4.98	4.98	0.32	5.30	5.30	XXX
78481	26	A	Heart first pass single	0.98	0.44	0.44	0.07	1.49	1.49	XXX
78483	.....	A	Heart first pass multiple	1.47	8.15	8.15	0.57	10.19	10.19	XXX
78483	TC	A	Heart first pass multiple	0.00	7.50	7.50	0.47	7.97	7.97	XXX
78483	26	A	Heart first pass multiple	1.47	0.65	0.65	0.10	2.22	2.22	XXX
78491	.....	I	Heart image (pet) single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78491	TC	I	Heart image (pet) single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78491	26	I	Heart image (pet) single	+1.50	1.34	1.34	0.10	2.94	2.94	XXX
78492	.....	I	Heart image (pet) multiple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492	TC	I	Heart image (pet) multiple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78492	26	I	Heart image (pet) multiple	+1.87	1.34	1.34	0.10	3.31	3.31	XXX
78499	.....	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78580	.....	A	Lung perfusion imaging	0.74	3.61	3.61	0.26	4.61	4.61	XXX
78580	TC	A	Lung perfusion imaging	0.00	3.27	3.27	0.21	3.48	3.48	XXX
78580	26	A	Lung perfusion imaging	0.74	0.34	0.34	0.05	1.13	1.13	XXX
78584	.....	A	Lung V/Q image single breath	0.99	3.50	3.50	0.26	4.75	4.75	XXX
78584	TC	A	Lung V/Q image single breath	0.00	3.05	3.05	0.19	3.24	3.24	XXX
78584	26	A	Lung V/Q image single breath	0.99	0.45	0.45	0.07	1.51	1.51	XXX
78585	.....	A	Lung V/Q imaging	1.09	5.85	5.85	0.41	7.35	7.35	XXX
78585	TC	A	Lung V/Q imaging	0.00	5.37	5.37	0.34	5.71	5.71	XXX
78585	26	A	Lung V/Q imaging	1.09	0.48	0.48	0.07	1.64	1.64	XXX
78586	.....	A	Aerosol lung image, single	0.40	2.65	2.65	0.19	3.24	3.24	XXX
78586	TC	A	Aerosol lung image, single	0.00	2.47	2.47	0.16	2.63	2.63	XXX
78586	26	A	Aerosol lung image, single	0.40	0.18	0.18	0.03	0.61	0.61	XXX
78587	.....	A	Aerosol lung image, multiple	0.49	2.89	2.89	0.20	3.58	3.58	XXX
78587	TC	A	Aerosol lung image, multiple	0.00	2.67	2.67	0.17	2.84	2.84	XXX
78587	26	A	Aerosol lung image, multiple	0.49	0.22	0.22	0.03	0.74	0.74	XXX
78591	.....	A	Vent image, 1 breath, 1 proj	0.40	2.90	2.90	0.20	3.50	3.50	XXX
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.72	2.72	0.17	2.89	2.89	XXX
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.18	0.18	0.03	0.61	0.61	XXX
78593	.....	A	Vent image, 1 proj, gas	0.49	3.51	3.51	0.24	4.24	4.24	XXX
78593	TC	A	Vent image, 1 proj, gas	0.00	3.29	3.29	0.21	3.50	3.50	XXX
78593	26	A	Vent image, 1 proj, gas	0.49	0.22	0.22	0.03	0.74	0.74	XXX
78594	.....	A	Vent image, mult proj, gas	0.53	5.00	5.00	0.34	5.87	5.87	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
78594	TC	A	Vent image, mult proj, gas	0.00	4.75	4.75	0.30	5.05	5.05	XXX
78594	26	A	Vent image, mult proj, gas	0.53	0.25	0.25	0.04	0.82	0.82	XXX
78596	.....	A	Lung differential function	1.27	7.30	7.30	0.52	9.09	9.09	XXX
78596	TC	A	Lung differential function	0.00	6.74	6.74	0.43	7.17	7.17	XXX
78596	26	A	Lung differential function	1.27	0.56	0.56	0.09	1.92	1.92	XXX
78599	.....	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78600	.....	A	Brain imaging, ltd static	0.44	2.95	2.95	0.20	3.59	3.59	XXX
78600	TC	A	Brain imaging, ltd static	0.00	2.75	2.75	0.17	2.92	2.92	XXX
78600	26	A	Brain imaging, ltd static	0.44	0.20	0.20	0.03	0.67	0.67	XXX
78601	.....	A	Brain ltd imaging & flow	0.51	3.48	3.48	0.24	4.23	4.23	XXX
78601	TC	A	Brain ltd imaging & flow	0.00	3.24	3.24	0.20	3.44	3.44	XXX
78601	26	A	Brain ltd imaging & flow	0.51	0.24	0.24	0.04	0.79	0.79	XXX
78605	.....	A	Brain imaging, complete	0.53	3.49	3.49	0.24	4.26	4.26	XXX
78605	TC	A	Brain imaging, complete	0.00	3.24	3.24	0.20	3.44	3.44	XXX
78605	26	A	Brain imaging, complete	0.53	0.25	0.25	0.04	0.82	0.82	XXX
78606	.....	A	Brain imaging comp & flow	0.64	3.98	3.98	0.27	4.89	4.89	XXX
78606	TC	A	Brain imaging comp & flow	0.00	3.69	3.69	0.23	3.92	3.92	XXX
78606	26	A	Brain imaging comp & flow	0.64	0.29	0.29	0.04	0.97	0.97	XXX
78607	.....	A	Brain imaging (3D)	1.23	6.79	6.79	0.47	8.49	8.49	XXX
78607	TC	A	Brain imaging (3D)	0.00	6.25	6.25	0.39	6.64	6.64	XXX
78607	26	A	Brain imaging (3D)	1.23	0.54	0.54	0.08	1.85	1.85	XXX
78608	.....	N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78609	.....	N	Brain imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78610	.....	A	Brain flow imaging only	0.30	1.64	1.64	0.12	2.06	2.06	XXX
78610	TC	A	Brain flow imaging only	0.00	1.50	1.50	0.10	1.60	1.60	XXX
78610	26	A	Brain flow imaging only	0.30	0.14	0.14	0.02	0.46	0.46	XXX
78615	.....	A	Cerebral blood flow imaging	0.42	3.86	3.86	0.26	4.54	4.54	XXX
78615	TC	A	Cerebral blood flow imaging	0.00	3.67	3.67	0.23	3.90	3.90	XXX
78615	26	A	Cerebral blood flow imaging	0.42	0.19	0.19	0.03	0.64	0.64	XXX
78630	.....	A	Cerebrospinal fluid scan	0.68	5.11	5.11	0.36	6.15	6.15	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	4.80	4.80	0.31	5.11	5.11	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.31	0.31	0.05	1.04	1.04	XXX
78635	.....	A	CSF ventriculography	0.61	2.70	2.70	0.20	3.51	3.51	XXX
78635	TC	A	CSF ventriculography	0.00	2.42	2.42	0.16	2.58	2.58	XXX
78635	26	A	CSF ventriculography	0.61	0.28	0.28	0.04	0.93	0.93	XXX
78645	.....	A	CSF shunt evaluation	0.57	3.53	3.53	0.25	4.35	4.35	XXX
78645	TC	A	CSF shunt evaluation	0.00	3.27	3.27	0.21	3.48	3.48	XXX
78645	26	A	CSF shunt evaluation	0.57	0.26	0.26	0.04	0.87	0.87	XXX
78647	.....	A	Cerebrospinal fluid scan	0.90	6.04	6.04	0.42	7.36	7.36	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	5.63	5.63	0.36	5.99	5.99	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.41	0.41	0.06	1.37	1.37	XXX
78650	.....	A	CSF leakage imaging	0.61	4.70	4.70	0.32	5.63	5.63	XXX
78650	TC	A	CSF leakage imaging	0.00	4.42	4.42	0.28	4.70	4.70	XXX
78650	26	A	CSF leakage imaging	0.61	0.28	0.28	0.04	0.93	0.93	XXX
78660	.....	A	Nuclear exam of tear flow	0.53	2.27	2.27	0.17	2.97	2.97	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	2.02	2.02	0.13	2.15	2.15	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.25	0.25	0.04	0.82	0.82	XXX
78699	.....	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78700	.....	A	Kidney imaging, static	0.45	3.10	3.10	0.21	3.76	3.76	XXX
78700	TC	A	Kidney imaging, static	0.00	2.90	2.90	0.18	3.08	3.08	XXX
78700	26	A	Kidney imaging, static	0.45	0.20	0.20	0.03	0.68	0.68	XXX
78701	.....	A	Kidney imaging with flow	0.49	3.61	3.61	0.24	4.34	4.34	XXX
78701	TC	A	Kidney imaging with flow	0.00	3.39	3.39	0.21	3.60	3.60	XXX
78701	26	A	Kidney imaging with flow	0.49	0.22	0.22	0.03	0.74	0.74	XXX
78704	.....	A	Imaging renogram	0.74	4.11	4.11	0.29	5.14	5.14	XXX
78704	TC	A	Imaging renogram	0.00	3.77	3.77	0.24	4.01	4.01	XXX
78704	26	A	Imaging renogram	0.74	0.34	0.34	0.05	1.13	1.13	XXX
78707	.....	A	Kidney flow & function image	0.96	4.68	4.68	0.33	5.97	5.97	XXX
78707	TC	A	Kidney flow & function image	0.00	4.26	4.26	0.27	4.53	4.53	XXX
78707	26	A	Kidney flow & function image	0.96	0.42	0.42	0.06	1.44	1.44	XXX
78708	.....	A	Kidney flow & function image	1.21	4.68	4.68	0.33	6.22	6.22	XXX
78708	TC	A	Kidney flow & function image	0.00	4.26	4.26	0.27	4.53	4.53	XXX
78708	26	A	Kidney flow & function image	1.21	0.42	0.42	0.06	1.69	1.69	XXX
78709	.....	A	Kidney flow & function image	1.41	4.68	4.68	0.33	6.42	6.42	XXX
78709	TC	A	Kidney flow & function image	0.00	4.26	4.26	0.27	4.53	4.53	XXX
78709	26	A	Kidney flow & function image	1.41	0.42	0.42	0.06	1.89	1.89	XXX
78710	.....	A	Kidney imaging (3D)	0.66	5.93	5.93	0.41	7.00	7.00	XXX
78710	TC	A	Kidney imaging (3D)	0.00	5.63	5.63	0.36	5.99	5.99	XXX
78710	26	A	Kidney imaging (3D)	0.66	0.30	0.30	0.05	1.01	1.01	XXX
78715	.....	A	Renal vascular flow exam	0.30	1.64	1.64	0.12	2.06	2.06	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
78715	TC	A	Renal vascular flow exam	0.00	1.50	1.50	0.10	1.60	1.60	XXX
78715	26	A	Renal vascular flow exam	0.30	0.14	0.14	0.02	0.46	0.46	XXX
78725	.....	A	Kidney function study	0.38	1.87	1.87	0.14	2.39	2.39	XXX
78725	TC	A	Kidney function study	0.00	1.70	1.70	0.11	1.81	1.81	XXX
78725	26	A	Kidney function study	0.38	0.17	0.17	0.03	0.58	0.58	XXX
78726	.....	D	Kidney function w/intervent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78726	TC	D	Kidney function w/intervent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78726	26	D	Kidney function w/intervent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78727	.....	D	Kidney transplant evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78727	TC	D	Kidney transplant evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78727	26	D	Kidney transplant evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78730	.....	A	Urinary bladder retention	0.36	1.55	1.55	0.11	2.02	2.02	XXX
78730	TC	A	Urinary bladder retention	0.00	1.39	1.39	0.09	1.48	1.48	XXX
78730	26	A	Urinary bladder retention	0.36	0.16	0.16	0.02	0.54	0.54	XXX
78740	.....	A	Ureteral reflux study	0.57	2.28	2.28	0.17	3.02	3.02	XXX
78740	TC	A	Ureteral reflux study	0.00	2.02	2.02	0.13	2.15	2.15	XXX
78740	26	A	Ureteral reflux study	0.57	0.26	0.26	0.04	0.87	0.87	XXX
78760	.....	A	Testicular imaging	0.66	2.85	2.85	0.21	3.72	3.72	XXX
78760	TC	A	Testicular imaging	0.00	2.55	2.55	0.17	2.72	2.72	XXX
78760	26	A	Testicular imaging	0.66	0.30	0.30	0.04	1.00	1.00	XXX
78761	.....	A	Testicular imaging & flow	0.71	3.38	3.38	0.24	4.33	4.33	XXX
78761	TC	A	Testicular imaging & flow	0.00	3.05	3.05	0.19	3.24	3.24	XXX
78761	26	A	Testicular imaging & flow	0.71	0.33	0.33	0.05	1.09	1.09	XXX
78799	.....	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78800	.....	A	Tumor imaging, limited area	0.66	3.54	3.54	0.24	4.44	4.44	XXX
78800	TC	A	Tumor imaging, limited area	0.00	3.24	3.24	0.20	3.44	3.44	XXX
78800	26	A	Tumor imaging, limited area	0.66	0.30	0.30	0.04	1.00	1.00	XXX
78801	.....	A	Tumor imaging, mult areas	0.79	4.39	4.39	0.31	5.49	5.49	XXX
78801	TC	A	Tumor imaging, mult areas	0.00	4.03	4.03	0.26	4.29	4.29	XXX
78801	26	A	Tumor imaging, mult areas	0.79	0.36	0.36	0.05	1.20	1.20	XXX
78802	.....	A	Tumor imaging, whole body	0.86	5.66	5.66	0.40	6.92	6.92	XXX
78802	TC	A	Tumor imaging, whole body	0.00	5.27	5.27	0.34	5.61	5.61	XXX
78802	26	A	Tumor imaging, whole body	0.86	0.39	0.39	0.06	1.31	1.31	XXX
78803	.....	A	Tumor imaging (3D)	1.09	6.73	6.73	0.46	8.28	8.28	XXX
78803	TC	A	Tumor imaging (3D)	0.00	6.25	6.25	0.39	6.64	6.64	XXX
78803	26	A	Tumor imaging (3D)	1.09	0.48	0.48	0.07	1.64	1.64	XXX
78805	.....	A	Abscess imaging, ltd area	0.73	3.57	3.57	0.25	4.55	4.55	XXX
78805	TC	A	Abscess imaging, ltd area	0.00	3.24	3.24	0.20	3.44	3.44	XXX
78805	26	A	Abscess imaging, ltd area	0.73	0.33	0.33	0.05	1.11	1.11	XXX
78806	.....	A	Abscess imaging, whole body	0.86	6.51	6.51	0.45	7.82	7.82	XXX
78806	TC	A	Abscess imaging, whole body	0.00	6.13	6.13	0.39	6.52	6.52	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.38	0.38	0.06	1.30	1.30	XXX
78807	.....	A	Nuclear localization/abscess	1.09	6.73	6.73	0.46	8.28	8.28	XXX
78807	TC	A	Nuclear localization/abscess	0.00	6.25	6.25	0.39	6.64	6.64	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.48	0.48	0.07	1.64	1.64	XXX
78810	.....	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78810	TC	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78810	26	N	Tumor imaging (PET)	+1.93	1.37	1.37	0.10	3.40	3.40	XXX
78890	.....	B	Nuclear medicine data proc	+0.05	1.26	1.26	0.08	1.39	1.39	XXX
78890	TC	B	Nuclear medicine data proc	+0.00	1.24	1.24	0.08	1.32	1.32	XXX
78890	26	B	Nuclear medicine data proc	+0.05	0.02	0.02	0.00	0.07	0.07	XXX
78891	.....	B	Nuclear med data proc	+0.10	2.55	2.55	0.18	2.83	2.83	XXX
78891	TC	B	Nuclear med data proc	+0.00	2.50	2.50	0.17	2.67	2.67	XXX
78891	26	B	Nuclear med data proc	+0.10	0.05	0.05	0.01	0.16	0.16	XXX
78990	.....	I	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	.....	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79000	.....	A	Intial hyperthyroid therapy	1.80	3.31	3.31	0.29	5.40	5.40	XXX
79000	TC	A	Intial hyperthyroid therapy	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79000	26	A	Intial hyperthyroid therapy	1.80	0.81	0.81	0.12	2.73	2.73	XXX
79001	.....	A	Repeat hyperthyroid therapy	1.05	1.70	1.70	0.15	2.90	2.90	XXX
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.24	1.24	0.08	1.32	1.32	XXX
79001	26	A	Repeat hyperthyroid therapy	1.05	0.46	0.46	0.07	1.58	1.58	XXX
79020	.....	A	Thyroid ablation	1.81	3.31	3.31	0.29	5.41	5.41	XXX
79020	TC	A	Thyroid ablation	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79020	26	A	Thyroid ablation	1.81	0.81	0.81	0.12	2.74	2.74	XXX
79030	.....	A	Thyroid ablation, carcinoma	2.10	3.44	3.44	0.31	5.85	5.85	XXX
79030	TC	A	Thyroid ablation, carcinoma	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79030	26	A	Thyroid ablation, carcinoma	2.10	0.94	0.94	0.14	3.18	3.18	XXX
79035	.....	A	Thyroid metastatic therapy	2.52	3.63	3.63	0.34	6.49	6.49	XXX
79035	TC	A	Thyroid metastatic therapy	0.00	2.50	2.50	0.17	2.67	2.67	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
79035	26	A	Thyroid metastatic therapy	2.52	1.13	1.13	0.17	3.82	3.82	XXX
79100	.....	A	Hematopoetic nuclear therapy	1.32	3.08	3.08	0.26	4.66	4.66	XXX
79100	TC	A	Hematopoetic nuclear therapy	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79100	26	A	Hematopoetic nuclear therapy	1.32	0.58	0.58	0.09	1.99	1.99	XXX
79200	.....	A	Intracavitary nuc treatment	1.99	3.39	3.39	0.31	5.69	5.69	XXX
79200	TC	A	Intracavitary nuc treatment	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79200	26	A	Intracavitary nuc treatment	1.99	0.89	0.89	0.14	3.02	3.02	XXX
79300	.....	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79300	26	A	Interstitial nuclear therapy	1.60	0.71	0.71	0.11	2.42	2.42	XXX
79400	.....	A	Nonhemato nuclear therapy	1.96	3.37	3.37	0.30	5.63	5.63	XXX
79400	TC	A	Nonhemato nuclear therapy	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79400	26	A	Nonhemato nuclear therapy	1.96	0.87	0.87	0.13	2.96	2.96	XXX
79420	.....	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79420	TC	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79420	26	A	Intravascular nuc therapy	1.51	0.67	0.67	0.10	2.28	2.28	XXX
79440	.....	A	Nuclear joint therapy	1.99	3.39	3.39	0.31	5.69	5.69	XXX
79440	TC	A	Nuclear joint therapy	0.00	2.50	2.50	0.17	2.67	2.67	XXX
79440	26	A	Nuclear joint therapy	1.99	0.89	0.89	0.14	3.02	3.02	XXX
79900	.....	C	Provide ther radiopharm(s)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	.....	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80002	.....	D	1–2 clinical chem tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80003	.....	D	3 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80004	.....	D	124 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80005	.....	D	5 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80006	.....	D	6 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80007	.....	D	7 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80008	.....	D	8 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80009	.....	D	129 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80010	.....	D	110 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80011	.....	D	11 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80012	.....	D	12 clinical chemistry tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80016	.....	D	13–16 blood/urine tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80018	.....	D	112/317–18 blood/urine tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80019	.....	D	12/31/9719 blood/urine tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80049	.....	X	Metabolic panel, basic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80050	.....	N	General health panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80051	.....	X	Electrolyte panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80054	.....	X	Comprehen metabolic panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80055	.....	I	Obstetric panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80058	.....	X	Hepatic function panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80059	.....	X	Hepatitis panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80061	.....	X	Lipid panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80072	.....	X	Arthritis panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80090	.....	X	Torch antibody panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80091	.....	X	Thyroid panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80092	.....	X	Thyroid panel w/TSH	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80100	.....	X	Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80101	.....	X	Drug screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80102	.....	X	Drug confirmation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80103	.....	X	Drug analysis, tissue prep	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80150	.....	X	Assay of amikacin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80152	.....	X	Assay of amitriptyline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80154	.....	X	Assay of benzodiazepines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80156	.....	X	Assay carbamazepine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80158	.....	X	Assay of cyclosporine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80160	.....	X	Assay of desipramine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80162	.....	X	Assay for digoxin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80164	.....	X	Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80166	.....	X	Assay of doxepin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80168	.....	X	Assay of ethosuximide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80170	.....	X	Gentamicin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80172	.....	X	Assay for gold	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80174	.....	X	Assay of imipramine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80176	.....	X	Assay for lidocaine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80178	.....	X	Assay for lithium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80182	.....	X	Assay for nortriptyline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80184	.....	X	Assay for phenobarbital	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80185	.....	X	Assay for phenytoin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80186	.....	X	Assay for phenytoin, free	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80188	.....	X	Assay for primidone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80190	.....	X	Assay for procainamide	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
80192	.....	X	Assay for procainamide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80194	.....	X	Assay for quinidine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80196	.....	X	Assay for salicylate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80197	.....	X	Assay for tacrolimus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80198	.....	X	Assay for theophylline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80200	.....	X	Assay for tobramycin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80201	.....	X	Assay for topiramate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80202	.....	X	Assay for vancomycin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80299	.....	X	Quantitative assay, drug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80400	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80402	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80406	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80408	.....	X	Aldosterone suppression eval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80410	.....	X	Calcitonin stimul panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80412	.....	X	CRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80414	.....	X	Testosterone response	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80415	.....	X	Estradiol response panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80416	.....	X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80417	.....	X	Renin stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80418	.....	X	Pituitary evaluation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80420	.....	X	Dexamethasone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80422	.....	X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80424	.....	X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80426	.....	X	Gonadotropin hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80428	.....	X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80430	.....	X	Growth hormone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80432	.....	X	Insulin suppression panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80434	.....	X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80435	.....	X	Insulin tolerance panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80436	.....	X	Metyrapone panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80438	.....	X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80439	.....	X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80440	.....	X	TRH stimulation panel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
80500	.....	A	Lab pathology consultation	0.37	0.20	0.20	0.01	0.58	0.58	XXX
80502	.....	A	Lab pathology consultation	1.33	0.33	0.33	0.02	1.68	1.68	XXX
81000	.....	X	Urinalysis, nonauto, w/scope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81001	.....	X	Urinalysis, auto, w/scope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81002	.....	X	Urinalysis nonauto w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81003	.....	X	Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81005	.....	X	Urinalysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81007	.....	X	Urine screen for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81015	.....	X	Microscopic exam of urine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81020	.....	X	Urinalysis, glass test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81025	.....	X	Urine pregnancy test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81050	.....	X	Urinalysis, volume measure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
81099	.....	X	Urinalysis test procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82000	.....	X	Assay blood acetaldehyde	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82003	.....	X	Assay acetaminophen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82009	.....	X	Test for acetone/ketones	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82010	.....	X	Acetone assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82013	.....	X	Acetylcholinesterase assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82024	.....	X	ACTH	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82030	.....	X	ADP & AMP	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82040	.....	X	Assay serum albumin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82042	.....	X	Assay urine albumin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82043	.....	X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82044	.....	X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82055	.....	X	Assay ethanol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82075	.....	X	Assay breath ethanol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82085	.....	X	Assay of aldolase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82088	.....	X	Aldosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82101	.....	X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82103	.....	X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82104	.....	X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82105	.....	X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82106	.....	X	Alpha-fetoprotein; amniotic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82108	.....	X	Assay, aluminum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82128	.....	X	Test for amino acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82130	.....	X	Amino acids analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82131	.....	X	Amino acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82135	.....	X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82140	.....	X	Assay of ammonia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82143	.....	X	Amniotic fluid scan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82145	.....	X	Assay of amphetamines	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
82150	.....	X	Assay of amylase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82154	.....	X	Androstanediol glucuronide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82157	.....	X	Assay of androstenedione	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82160	.....	X	Androsterone assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82163	.....	X	Assay of angiotensin II	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82164	.....	X	Angiotensin I enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82172	.....	X	Apolipoprotein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82175	.....	X	Assay of arsenic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82180	.....	X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82190	.....	X	Atomic absorption	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82205	.....	X	Assay of barbiturates	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82232	.....	X	Beta-2 protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82239	.....	X	Bile acids, total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82240	.....	X	Bile acids, cholylglycine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82250	.....	X	Assay bilirubin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82251	.....	X	Assay bilirubin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82252	.....	X	Fecal bilirubin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82270	.....	X	Test feces for blood	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82273	.....	X	Test for blood, other source	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82286	.....	X	Assay of bradykinin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82300	.....	X	Assay cadmium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82306	.....	X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82307	.....	X	Assay of vitamin D	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82308	.....	X	Assay of calcitonin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82310	.....	X	Assay calcium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82330	.....	X	Assay calcium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82331	.....	X	Calcium infusion test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82340	.....	X	Assay calcium in urine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82355	.....	X	Calculus (stone) analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82360	.....	X	Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82365	.....	X	Calculus (stone) assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82370	.....	X	X-ray assay, calculus (stone)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82374	.....	X	Assay blood carbon dioxide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82375	.....	X	Assay blood carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82376	.....	X	Test for carbon monoxide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82378	.....	X	Carcinoembryonic antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82380	.....	X	Assay carotene	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82382	.....	X	Assay urine catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82383	.....	X	Assay blood catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82384	.....	X	Assay three catecholamines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82387	.....	X	Cathepsin-D	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82390	.....	X	Assay ceruloplasmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82397	.....	X	Chemiluminescent assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82415	.....	X	Assay chloramphenicol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82435	.....	X	Assay blood chloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82436	.....	X	Assay urine chloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82438	.....	X	Assay other fluid chlorides	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82441	.....	X	Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82465	.....	X	Assay serum cholesterol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82480	.....	X	Assay serum cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82482	.....	X	Assay rbc cholinesterase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82485	.....	X	Assay chondroitin sulfate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82486	.....	X	Gas/liquid chromatography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82487	.....	X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82488	.....	X	Paper chromatography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82489	.....	X	Thin layer chromatography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82491	.....	X	Chromotography, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82495	.....	X	Assay chromium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82507	.....	X	Assay citrate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82520	.....	X	Assay for cocaine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82523	.....	X	Collagen crosslinks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82525	.....	X	Assay copper	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82528	.....	X	Assay corticosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82530	.....	X	Cortisol, free	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82533	.....	X	Total cortisol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82540	.....	X	Assay creatine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82550	.....	X	Assay CK (CPK)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82552	.....	X	Assay CPK in blood	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82553	.....	X	Creatine, MB fraction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82554	.....	X	Creatine, isoforms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82565	.....	X	Assay creatinine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82570	.....	X	Assay urine creatinine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82575	.....	X	Creatinine clearance test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82585	.....	X	Assay cryofibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
82595	.....	X	Assay cryoglobulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82600	.....	X	Assay cyanide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82607	.....	X	Vitamin B–12	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82608	.....	X	B–12 binding capacity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82615	.....	X	Test for urine cystines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82626	.....	X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82627	.....	X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82633	.....	X	Desoxycorticosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82634	.....	X	Deoxycortisol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82638	.....	X	Assay dibucaine number	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82646	.....	X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82649	.....	X	Assay of dihydromorphinone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82651	.....	X	Dihydrotestosterone assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82652	.....	X	Assay, dihydroxyvitamin D	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82654	.....	X	Assay of dimethadione	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82664	.....	X	Electrophoretic test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82666	.....	X	Epiandrosterone assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82668	.....	X	Erythropoietin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82670	.....	X	Estradiol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82671	.....	X	Estrogens assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82672	.....	X	Estrogen assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82677	.....	X	Estriol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82679	.....	X	Estrone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82690	.....	X	Ethchlorvynol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82693	.....	X	Ethylene glycol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82696	.....	X	Etiocholanolone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82705	.....	X	Fats/lipids, feces, qualitativ	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82710	.....	X	Fats/lipids, feces, quantitati	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82715	.....	X	Fecal fat assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82725	.....	X	Assay blood fatty acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82728	.....	X	Assay ferritin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82735	.....	X	Assay fluoride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82742	.....	X	Assay of flurazepam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82746	.....	X	Blood folic acid serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82747	.....	X	Folic acid, RBC	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82757	.....	X	Assay semen fructose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82759	.....	X	RBC galactokinase assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82760	.....	X	Assay galactose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82775	.....	X	Assay galactose transferase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82776	.....	X	Galactose transferase test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82784	.....	X	Assay gammaglobulin IgM	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82785	.....	X	Assay, gammaglobulin IgE	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82787	.....	X	IgG1, 2, 3 and 4	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82800	.....	X	Blood pH	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82803	.....	X	Blood gases: pH, pO2 & pCO2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82805	.....	X	Blood gases W/02 saturation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82810	.....	X	Blood gases, O2 sat only	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82820	.....	X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82926	.....	X	Assay gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82928	.....	X	Assay gastric acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82938	.....	X	Gastrin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82941	.....	X	Assay of gastrin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82943	.....	X	Assay of glucagon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82946	.....	X	Glucagon tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82947	.....	X	Assay quantitative, glucose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82948	.....	X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82950	.....	X	Glucose test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82951	.....	X	Glucose tolerance test (GTT)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82952	.....	X	GTT-added samples	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82953	.....	X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82955	.....	X	Assay G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82960	.....	X	Test for G6PD enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82962	.....	X	Glucose blood test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82963	.....	X	Glucosidase assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82965	.....	X	Assay GDH enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82975	.....	X	Assay glutamine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82977	.....	X	Assay of GGT	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82978	.....	X	Glutathione assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82979	.....	X	Assay RBC glutathione enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82980	.....	X	Assay of glutethimide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
82985	.....	X	Glycated protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83001	.....	X	Gonadotropin (FSH)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83002	.....	X	Gonadotropin (LH)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83003	.....	X	Assay growth hormone (HGH)	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
83008	.....	X	Assay guanosine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83010	.....	X	Quant assay haptoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83012	.....	X	Assay haptoglobins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83015	.....	X	Heavy metal screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83018	.....	X	Quantitative screen, metals	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83019	.....	X	Breath isotope test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020	.....	X	Assay hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83020	26	A	Assay hemoglobin	0.37	0.20	0.20	0.01	0.58	0.58	XXX
83026	.....	X	Hemoglobin, copper sulfate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83030	.....	X	Fetal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83033	.....	X	Fetal fecal hemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83036	.....	X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83045	.....	X	Blood methemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83050	.....	X	Blood methemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83051	.....	X	Assay plasma hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83055	.....	X	Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83060	.....	X	Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83065	.....	X	Hemoglobin heat assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83068	.....	X	Hemoglobin stability screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83069	.....	X	Assay urine hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83070	.....	X	Qualt assay hemosiderin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83071	.....	X	Quant assay of hemosiderin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83088	.....	X	Assay histamine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83150	.....	X	Assay for HVA	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83491	.....	X	Assay of corticosteroids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83497	.....	X	Assay 5-HIAA	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83498	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83499	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83500	.....	X	Assay free hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83505	.....	X	Assay total hydroxyproline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83516	.....	X	Immunoassay, nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83518	.....	X	Immunoassay, dipstick	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83519	.....	X	Immunoassay nonantibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83520	.....	X	Immunoassay, RIA	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83525	.....	X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83527	.....	X	Assay of insulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83528	.....	X	Assay intrinsic factor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83540	.....	X	Assay iron	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83550	.....	X	Iron binding test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83570	.....	X	Assay IDH enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83582	.....	X	Assay ketogenic steroids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83586	.....	X	Assay 17-(17-KS)ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83593	.....	X	Fractionation ketosteroids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83605	.....	X	Lactic acid assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83615	.....	X	Lactate (LD) (LDH) enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83625	.....	X	Assay LDH enzymes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83632	.....	X	Placental lactogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83633	.....	X	Test urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83634	.....	X	Assay urine for lactose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83655	.....	X	Assay for lead	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83661	.....	X	Assay L/S ratio	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83662	.....	X	L/S ratio, foam stability	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83670	.....	X	Assay LAP enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83690	.....	X	Assay lipase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83715	.....	X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83717	.....	X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83718	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83719	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83721	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83727	.....	X	LRH hormone assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83735	.....	X	Assay magnesium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83775	.....	X	Assay of md enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83785	.....	X	Assay of manganese	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83805	.....	X	Assay of meprobamate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83825	.....	X	Assay mercury	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83835	.....	X	Assay metanephrines	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83840	.....	X	Assay methadone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83857	.....	X	Assay methemalbumin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83858	.....	X	Assay methsuximide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83864	.....	X	Mucopolysaccharides	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83866	.....	X	Mucopolysaccharides screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83872	.....	X	Assay synovial fluid mucin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83873	.....	X	Assay, CSF protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83874	.....	X	Myoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
83883	.....	X	Nephelometry, not specified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83885	.....	X	Assay for nickel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83887	.....	X	Assay nicotine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83890	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83892	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83894	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83896	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83898	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83902	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912	.....	X	Genetic examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83912	26	A	Genetic examination	0.37	0.20	0.20	0.01	0.58	0.58	XXX
83915	.....	X	Assay nucleotidase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83916	.....	X	Oligoclonal bands	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83918	.....	X	Assay organic acids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83925	.....	X	Opiates	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83930	.....	X	Assay blood osmolality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83935	.....	X	Assay urine osmolality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83937	.....	X	Assay for osteocalcin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83945	.....	X	Assay oxalate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83970	.....	X	Assay of parathormone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83986	.....	X	Assay body fluid acidity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
83992	.....	X	Assay for phencyclidine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84022	.....	X	Assay of phenothiazine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84030	.....	X	Assay blood PKU	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84035	.....	X	Assay phenylketones	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84060	.....	X	Assay acid phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84061	.....	X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84066	.....	X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84075	.....	X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84078	.....	X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84080	.....	X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84081	.....	X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84085	.....	X	Assay RBC PG6D enzyme	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84087	.....	X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84100	.....	X	Assay phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84105	.....	X	Assay urine phosphorus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84106	.....	X	Test for porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84110	.....	X	Assay porphobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84119	.....	X	Test urine for porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84120	.....	X	Assay urine porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84126	.....	X	Assay feces porphyrins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84127	.....	X	Porphyrins, feces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84132	.....	X	Assay serum potassium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84133	.....	X	Assay urine potassium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84134	.....	X	Prealbumin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84135	.....	X	Assay pregnanediol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84138	.....	X	Assay pregnanetriol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84140	.....	X	Assay for pregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84143	.....	X	Assay/17-hydroxypregnenolone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84144	.....	X	Assay progesterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84146	.....	X	Assay for prolactin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84150	.....	X	Assay of prostaglandin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84153	.....	X	Prostate specific antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84155	.....	X	Assay protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84160	.....	X	Assay serum protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165	.....	X	Assay serum proteins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84165	26	A	Assay serum proteins	0.37	0.20	0.20	0.01	0.58	0.58	XXX
84181	.....	X	Western blot test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84181	26	A	Western blot test	0.37	0.20	0.20	0.01	0.58	0.58	XXX
84182	.....	X	Protein, western blot test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84182	26	A	Protein, western blot test	0.37	0.20	0.20	0.01	0.58	0.58	XXX
84202	.....	X	Assay RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84203	.....	X	Test RBC protoporphyrin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84206	.....	X	Assay of proinsulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84207	.....	X	Assay vitamin B–6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84210	.....	X	Assay pyruvate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84220	.....	X	Assay pyruvate kinase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84228	.....	X	Assay quinine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84233	.....	X	Assay estrogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84234	.....	X	Assay progesterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84235	.....	X	Assay endocrine hormone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84238	.....	X	Assay non-endocrine receptor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84244	.....	X	Assay of renin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84252	.....	X	Assay vitamin B–2	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
84255	.....	X	Assay selenium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84260	.....	X	Assay serotonin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84270	.....	X	Sex hormone globulin (SHBG)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84275	.....	X	Assay sialic acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84285	.....	X	Assay silica	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84295	.....	X	Assay serum sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84300	.....	X	Assay urine sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84305	.....	X	Somatomedin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84307	.....	X	Somatostatin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84311	.....	X	Spectrophotometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84315	.....	X	Body fluid specific gravity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84375	.....	X	Chromatogram assay, sugars	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84392	.....	X	Assay urine sulfate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84402	.....	X	Testosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84403	.....	X	Assay total testosterone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84425	.....	X	Assay vitamin B–1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84430	.....	X	Assay thiocyanate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84432	.....	X	Thyroglobulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84436	.....	X	Assay, total thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84437	.....	X	Assay neonatal thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84439	.....	X	Assay, free thyroxine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84442	.....	X	Thyroid activity (TBG) assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84443	.....	X	Assay thyroid stim hormone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84445	.....	X	Thyroid immunoglobulins TSI	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84446	.....	X	Assay vitamin E	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84449	.....	X	Assay for transcortin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84450	.....	X	Transferase (AST) (SGOT)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84460	.....	X	Alanine amino (ALT) (SGPT)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84466	.....	X	Transferrin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84478	.....	X	Assay triglycerides	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84479	.....	X	Assay thyroid (t–3 or t–4)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84480	.....	X	Assay triiodothyronine (t–3)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84481	.....	X	Free assay (FT–3)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84482	.....	X	T3 reverse	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84484	.....	X	Troponin, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84485	.....	X	Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84488	.....	X	Test feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84490	.....	X	Assay feces for trypsin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84510	.....	X	Assay tyrosine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84512	.....	X	Troponin, qual	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84520	.....	X	Assay urea nitrogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84525	.....	X	Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84540	.....	X	Assay urine urea-N	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84545	.....	X	Urea-N clearance test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84550	.....	X	Assay blood uric acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84560	.....	X	Assay urine uric acid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84577	.....	X	Assay feces urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84578	.....	X	Test urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84580	.....	X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84583	.....	X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84585	.....	X	Assay urine VMA	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84586	.....	X	VIP assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84588	.....	X	Assay vasopressin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84590	.....	X	Assay vitamin-A	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84597	.....	X	Assay vitamin-K	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84600	.....	X	Assay for volatiles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84620	.....	X	Xylose tolerance test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84630	.....	X	Assay zinc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84681	.....	X	Assay C-peptide	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84702	.....	X	Chorionic gonadotropin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84703	.....	X	Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84830	.....	X	Ovulation tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
84999	.....	X	Clinical chemistry test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85002	.....	X	Bleeding time test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85007	.....	X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85008	.....	X	Nondifferential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85009	.....	X	Differential WBC count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85013	.....	X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85014	.....	X	Hematocrit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85018	.....	X	Hemoglobin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85021	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85022	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85023	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85024	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
85025	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85027	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85029	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85030	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85031	.....	X	Manual hemogram, complete cbc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85041	.....	X	Red blood cell (RBC) count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85044	.....	X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85045	.....	X	Reticulocyte count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85048	.....	X	White blood cell (WBC) count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85060	.....	A	Blood smear interpretation	0.45	0.22	0.22	0.02	0.69	0.69	XXX
85095	.....	A	Bone marrow aspiration	1.08	0.67	0.67	0.05	1.80	1.80	XXX
85097	.....	A	Bone marrow interpretation	0.94	0.48	0.48	0.04	1.46	1.46	XXX
85102	.....	A	Bone marrow biopsy	1.37	0.80	0.80	0.05	2.22	2.22	XXX
85130	.....	X	Chromogenic substrate assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85170	.....	X	Blood clot retraction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85175	.....	X	Blood clot lysis time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85210	.....	X	Blood clot factor II test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85220	.....	X	Blood clot factor V test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85230	.....	X	Blood clot factor VII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85240	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85244	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85245	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85246	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85247	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85250	.....	X	Blood clot factor IX test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85260	.....	X	Blood clot factor X test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85270	.....	X	Blood clot factor XI test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85280	.....	X	Blood clot factor XII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85290	.....	X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85291	.....	X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85292	.....	X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85293	.....	X	Blood clot factor assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85300	.....	X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85301	.....	X	Antithrombin III test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85302	.....	X	Blood clot inhibitor antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85303	.....	X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85305	.....	X	Blood clot inhibitor assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85306	.....	X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85335	.....	X	Factor inhibitor test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85337	.....	X	Thrombomodulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85345	.....	X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85347	.....	X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85348	.....	X	Coagulation time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85360	.....	X	Euglobulin lysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85362	.....	X	Fibrin degradation products	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85366	.....	X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85370	.....	X	Fibrinogen test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85378	.....	X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85379	.....	X	Fibrin degradation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85384	.....	X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85385	.....	X	Fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390	.....	X	Fibrinolysins screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85390	26	A	Fibrinolysins screen	0.37	0.20	0.20	0.01	0.58	0.58	XXX
85400	.....	X	Fibrinolytic plasmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85410	.....	X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85415	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85420	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85421	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85441	.....	X	Heinz bodies; direct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85445	.....	X	Heinz bodies; induced	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85460	.....	X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85461	.....	X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85475	.....	X	Hemolysin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85520	.....	X	Heparin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85525	.....	X	Heparin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85530	.....	X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85535	.....	X	Iron stain, blood cells	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85540	.....	X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85547	.....	X	RBC mechanical fragility	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85549	.....	X	Muramidase	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85555	.....	X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85557	.....	X	RBC osmotic fragility	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576	.....	X	Blood platelet aggregation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85576	26	A	Blood platelet aggregation	0.37	0.20	0.20	0.01	0.58	0.58	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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
85585	.....	X	Blood platelet estimation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85590	.....	X	Platelet manual count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85595	.....	X	Platelet count, automated	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85597	.....	X	Platelet neutralization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85610	.....	X	Prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85611	.....	X	Prothrombin test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85612	.....	X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85613	.....	X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85635	.....	X	Reptilase test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85651	.....	X	Rbc sed rate, nonauto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85652	.....	X	Rbc sed rate, auto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85660	.....	X	RBC sickle cell test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85670	.....	X	Thrombin time, plasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85675	.....	X	Thrombin time, titer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85705	.....	X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85730	.....	X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85732	.....	X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85810	.....	X	Blood viscosity examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
85999	.....	X	Hematology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86000	.....	X	Agglutinins; febrile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86003	.....	X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86005	.....	X	Allergen specific IgE	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86021	.....	X	WBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86022	.....	X	Platelet antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86023	.....	X	Immunoglobulin assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86038	.....	X	Antinuclear antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86039	.....	X	Antinuclear antibodies (ANA)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86060	.....	X	Antistreptolysin O titer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86063	.....	X	Antistreptolysin O screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86077	.....	A	Physician blood bank service	0.94	0.30	0.30	0.02	1.26	1.26	XXX
86078	.....	A	Physician blood bank service	0.94	0.34	0.34	0.02	1.30	1.30	XXX
86079	.....	A	Physician blood bank service	0.94	0.33	0.33	0.02	1.29	1.29	XXX
86140	.....	X	C-reactive protein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86147	.....	X	Cardiolipin antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86148	.....	X	Phospholipid antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86155	.....	X	Chemotaxis assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86156	.....	X	Cold agglutinin screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86157	.....	X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86160	.....	X	Complement, antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86161	.....	X	Complement/function activity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86162	.....	X	Complement, total (CH50)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86171	.....	X	Complement fixation, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86185	.....	X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86215	.....	X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86225	.....	X	DNA antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86226	.....	X	DNA antibody, single strand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86235	.....	X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86243	.....	X	Fc receptor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255	.....	X	Fluorescent antibody; screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86255	26	A	Fluorescent antibody; screen	0.37	0.20	0.20	0.01	0.58	0.58	XXX
86256	.....	X	Fluorescent antibody; titer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86256	26	A	Fluorescent antibody; titer	0.37	0.20	0.20	0.01	0.58	0.58	XXX
86277	.....	X	Growth hormone antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86280	.....	X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86287	.....	D	12/Hepatitis B (HBsAg)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86289	.....	D	Hepatitis BC antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86290	.....	D	12/Hepatitis BC antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86291	.....	D	Hepatitis BS antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86293	.....	D	Hepatitis Be antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86295	.....	D	12/Hepatitis Be antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86296	.....	D	Hepatitis A antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86299	.....	D	Hepatitis A antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86302	.....	D	Hepatitis C antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86303	.....	D	Hepatitis C antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86306	.....	D	Hepatitis, delta agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86308	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86309	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86310	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86311	.....	D	12/31/97HIV antigen test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86313	.....	D	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86315	.....	D	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86316	.....	X	Immunoassay, tumor antigen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86317	.....	X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86318	.....	X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
86320	.....	X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.20	0.20	0.01	0.58	0.58	XXX
86325	.....	X	Other immunoelectrophoresis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.20	0.20	0.01	0.58	0.58	XXX
86327	.....	X	Immunoelectrophoresis assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.20	0.20	0.01	0.63	0.63	XXX
86329	.....	X	Immunodiffusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86331	.....	X	Immunodiffusion ouchterlony	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86332	.....	X	Immune complex assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334	.....	X	Immunofixation procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86334	26	A	Immunofixation procedure	0.37	0.20	0.20	0.01	0.58	0.58	XXX
86337	.....	X	Insulin antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86340	.....	X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86341	.....	X	Islet cell antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86343	.....	X	Leukocyte histamine release	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86344	.....	X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86353	.....	X	Lymphocyte transformation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86359	.....	X	T cells, total count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86360	.....	X	T cell absolute count/ratio	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86361	.....	X	T cell absolute count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86376	.....	X	Microsomal antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86378	.....	X	Migration inhibitory factor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86382	.....	X	Neutralization test, viral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86384	.....	X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86403	.....	X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86406	.....	X	Particle agglutination test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86430	.....	X	Rheumatoid factor test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86431	.....	X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86485	.....	C	Skin test, candida	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86490	.....	A	Coccidioidomycosis skin test	0.00	0.28	0.28	0.02	0.30	0.30	XXX
86510	.....	A	Histoplasmosis skin test	0.00	0.30	0.30	0.02	0.32	0.32	XXX
86580	.....	A	TB intradermal test	0.00	0.24	0.24	0.02	0.26	0.26	XXX
86585	.....	A	TB tine test	0.00	0.19	0.19	0.01	0.20	0.20	XXX
86586	.....	C	Skin test, unlisted	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86588	.....	X	Streptocollus, direct screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86590	.....	X	Streptokinase, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86592	.....	X	Blood serology, qualitative	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86593	.....	X	Blood serology, quantitative	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86602	.....	X	Antinomyces antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86603	.....	X	Adenovirus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86606	.....	X	Aspergillus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86609	.....	X	Bacterium, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86612	.....	X	Blastomyces, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86615	.....	X	Bordetella antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86617	.....	X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86618	.....	X	Lyme disease antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86619	.....	X	Borrelia antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86622	.....	X	Brucella, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86625	.....	X	Campylobacter, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86628	.....	X	Candida, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86631	.....	X	Chlamydia, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86632	.....	X	Chlamydia, IgM, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86635	.....	X	Coccidioides, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86638	.....	X	Q fever antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86641	.....	X	Cryptococcus antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86644	.....	X	CMV antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86645	.....	X	CMV antibody, IgM	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86648	.....	X	Diphtheria antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86651	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86652	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86653	.....	X	Encephalitis, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86654	.....	X	Encephalitis, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86658	.....	X	Enterovirus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86663	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86664	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86665	.....	X	Epstein-barr, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86668	.....	X	Francisella tularensis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86671	.....	X	Fungus, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86674	.....	X	Giardia lamblia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86677	.....	X	Helicobacter pylori	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86682	.....	X	Helminth, antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86684	.....	X	Hemophilus influenza	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86687	.....	X	HTLV I	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86688	.....	X	HTLV–II	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
86689	.....	X	HTLV/HIV confirmatory test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86692	.....	X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86694	.....	X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86695	.....	X	Herpes simplex test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86698	.....	X	Histoplasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86701	.....	X	HIV–1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86702	.....	X	HIV–2	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86703	.....	X	HIV–1/HIV–2, single assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86704	.....	X	Hep b core ab test, igg & m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86705	.....	X	Hep b core ab test, igm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86706	.....	X	Hepatitis b surface ab test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86707	.....	X	Hepatitis be ab test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86708	.....	X	Hep a ab test, igg & m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86709	.....	X	Hep a ab test, igm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86710	.....	X	Influenza virus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86713	.....	X	Legionella	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86717	.....	X	Leishmania	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86720	.....	X	Leptospira	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86723	.....	X	Listeria monocytogenes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86727	.....	X	Lymph choriomeningitis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86729	.....	X	Lympho venereum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86732	.....	X	Mucormycosis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86735	.....	X	Mumps	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86738	.....	X	Mycoplasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86741	.....	X	Neisseria meningitidis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86744	.....	X	Nocardia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86747	.....	X	Parvovirus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86750	.....	X	Malaria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86753	.....	X	Protozoa, not elsewhere	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86756	.....	X	Respiratory virus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86759	.....	X	Rotavirus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86762	.....	X	Rubella	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86765	.....	X	Rubeola	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86768	.....	X	Salmonella	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86771	.....	X	Shigella	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86774	.....	X	Tetanus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86777	.....	X	Toxoplasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86778	.....	X	Toxoplasma, IgM	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86781	.....	X	Treponema pallidum confirm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86784	.....	X	Trichinella	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86787	.....	X	Varicella-zoster	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86790	.....	X	Virus, not specified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86793	.....	X	Yersinia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86800	.....	X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86803	.....	X	Hepatitis c ab test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86804	.....	X	Hep c ab test, confirm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86805	.....	X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86806	.....	X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86807	.....	X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86808	.....	X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86812	.....	X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86813	.....	X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86816	.....	X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86817	.....	X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86821	.....	X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86822	.....	X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86849	.....	X	Immunology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86850	.....	X	RBC antibody screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86860	.....	X	RBC antibody elution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86870	.....	X	RBC antibody identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86880	.....	X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86885	.....	X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86886	.....	X	Coombs test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86890	.....	X	Autologous blood process	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86891	.....	X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86900	.....	X	Blood typing, ABO	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86901	.....	X	Blood typing, Rh (D)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86903	.....	X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86904	.....	X	Blood typing, patient serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86905	.....	X	Blood typing, RBC antigens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86906	.....	X	Blood typing, Rh phenotype	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86910	.....	N	Blood typing, paternity test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86911	.....	N	Blood typing, antigen system	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86915	.....	X	Bone marrow	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
86920	.....	X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86921	.....	X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86922	.....	X	Compatibility test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86927	.....	X	Plasma, fresh frozen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86930	.....	X	Frozen blood prep	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86931	.....	X	Frozen blood thaw	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86932	.....	X	Frozen blood, freeze/thaw	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86940	.....	X	Hemolysins/agglutinins auto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86941	.....	X	Hemolysins/agglutinins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86945	.....	X	Blood product/irradiation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86950	.....	X	Leukacyte transfusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86965	.....	X	Pooling blood platelets	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86970	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86971	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86972	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86975	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86976	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86977	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86978	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86985	.....	X	Split blood or products	0.00	0.00	0.00	0.00	0.00	0.00	XXX
86999	.....	X	Transfusion procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87001	.....	X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87003	.....	X	Small animal inoculation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87015	.....	X	Specimen concentration	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87040	.....	X	Blood culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87045	.....	X	Stool culture for bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87060	.....	X	Nose/throat culture,bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87070	.....	X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87072	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87075	.....	X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87076	.....	X	Bacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87081	.....	X	Bacteria culture screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87082	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87083	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87084	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87085	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87086	.....	X	Urine culture, colony count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87087	.....	X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87088	.....	X	Urine bacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87101	.....	X	Skin fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87102	.....	X	Fungus isolation culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87103	.....	X	Blood fungus culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87106	.....	X	Fungus identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87109	.....	X	Mycoplasma culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87110	.....	X	Culture, chlamydia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87116	.....	X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87117	.....	X	Mycobacteria culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87118	.....	X	Mycobacteria identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87140	.....	X	Culture typing, fluorescent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87143	.....	X	Culture typing, GLC method	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87145	.....	X	Culture typing, phage method	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87147	.....	X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87151	.....	X	Culture typing, serologic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87155	.....	X	Culture typing, precipitin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87158	.....	X	Culture typing, added method	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87163	.....	X	Special microbiology culture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164	.....	X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87164	26	A	Dark field examination	0.37	0.20	0.20	0.01	0.58	0.58	XXX
87166	.....	X	Dark field examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87174	.....	X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87175	.....	X	Assay, endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87176	.....	X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87177	.....	X	Ova and parasites smears	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87178	.....	D	Microbe identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87179	.....	D	Microbe identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87181	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87184	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87186	.....	X	Antibiotic sensitivity, MIC	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87187	.....	X	Antibiotic sensitivity, MBC	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87188	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87190	.....	X	TB antibiotic sensitivity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87192	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87197	.....	X	Bactericidal level, serum	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87205	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
87206	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87207	26	A	Smear, stain & interpret	0.37	0.20	0.20	0.01	0.58	0.58	XXX
87208	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87210	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87211	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87220	.....	X	Tissue exam for fungi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87230	.....	X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87250	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87252	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87253	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87260	.....	X	Adenovirus ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87265	.....	X	Pertussis ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87270	.....	X	Chylmd trach ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87272	.....	X	Cryptosporidum ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87274	.....	X	Herpes simplex ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87276	.....	X	Influenza ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87278	.....	X	Legion pneumo ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87280	.....	X	Resp syncytial ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87285	.....	X	Trepon pallidum ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87290	.....	X	Varicella ag, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87299	.....	X	Ag detection nos, dfa	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87301	.....	X	Adenovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87320	.....	X	Chylmd trach ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87324	.....	X	Clostridium ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87328	.....	X	Cryptospor ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87332	.....	X	Cytomegalovirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87335	.....	X	E coli 0157 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87340	.....	X	Hepatitis b surface ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87350	.....	X	Hepatitis b ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87380	.....	X	Hepatitis delta ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87385	.....	X	Histoplasma capsul ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87390	.....	X	HIV-1 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87391	.....	X	HIV-2 ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87420	.....	X	Resp syncytial ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87425	.....	X	Rotavirus ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87430	.....	X	Strep a ag, eia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87449	.....	X	Ag detect nos, eia, mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87450	.....	X	Ag detect nos, eia, single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87470	.....	X	Bartonella, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87471	.....	X	Bartonella, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87472	.....	X	Bartonella, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87475	.....	X	Lyme dis, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87476	.....	X	Lyme dis, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87477	.....	X	Lyme dis, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87480	.....	X	Candida, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87481	.....	X	Candida, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87482	.....	X	Candida, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87485	.....	X	Chylmd pneum, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87486	.....	X	Chylmd pneum, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87487	.....	X	Chylmd pneum, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87490	.....	X	Chylmd trach, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87491	.....	X	Chylmd trach, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87492	.....	X	Chylmd trach, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87495	.....	X	Cytomeg, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87496	.....	X	Cytomeg, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87497	.....	X	Cytomeg, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87510	.....	X	Gardner vag, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87511	.....	X	Gardner vag, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87512	.....	X	Gardner vag, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87515	.....	X	Hepatitis b, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87516	.....	X	Hepatitis b, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87517	.....	X	Hepatitis b, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87520	.....	X	Hepatitis c, rna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87521	.....	X	Hepatitis c, rna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87522	.....	X	Hepatitis c, rna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87525	.....	X	Hepatitis g , dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87526	.....	X	Hepatitis g, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87527	.....	X	Hepatitis g, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87528	.....	X	Hsv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87529	.....	X	Hsv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87530	.....	X	Hsv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87531	.....	X	Hhv–6, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87532	.....	X	Hhv–6, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
87533	.....	X	Hhv–6, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87534	.....	X	Hiv–1, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87535	.....	X	Hiv–1, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87536	.....	X	Hiv–1, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87537	.....	X	Hiv–2, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87538	.....	X	Hiv–2, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87539	.....	X	Hiv–2, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87540	.....	X	Legion pneumo, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87541	.....	X	Legion pneumo, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87542	.....	X	Legion pneumo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87550	.....	X	Mycobacteria, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87551	.....	X	Mycobacteria, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87552	.....	X	Mycobacteria, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87555	.....	X	M. tuberculo, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87556	.....	X	M. tuberculo, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87557	.....	X	M. tuberculo, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87560	.....	X	M. avium-intra, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87561	.....	X	M. avium-intra, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87562	.....	X	M. avium-intra, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87580	.....	X	M. pneumon, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87581	.....	X	M. pneumon, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87582	.....	X	M. pneumon, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87590	.....	X	N. gonorrhoeae, dna, dir prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87591	.....	X	N. gonorrhoeae, dna, amp prob	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87592	.....	X	N. gonorrhoeae, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87620	.....	X	Hpv, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87621	.....	X	Hpv, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87622	.....	X	Hpv, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87650	.....	X	Strep a, dna, dir probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87651	.....	X	Strep a, dna, amp probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87652	.....	X	Strep a, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87797	.....	X	Detect agent nos, dna, dir	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87798	.....	X	Detect agent nos, dna, amp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87799	.....	X	Detect agent nos, dna, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87810	.....	X	Chylmd trach assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87850	.....	X	N. gonorrhoeae assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87880	.....	X	Strep a assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87899	.....	X	Agent nos assay w/optic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
87999	.....	X	Microbiology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88000	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88005	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88007	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88012	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88014	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88016	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88020	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88025	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88027	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88028	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88029	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88036	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88037	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88040	.....	N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88045	.....	N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88099	.....	N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88104	.....	A	Cytopathology, fluids	0.56	0.44	0.44	0.04	1.04	1.04	XXX
88104	TC	A	Cytopathology, fluids	0.00	0.21	0.21	0.02	0.23	0.23	XXX
88104	26	A	Cytopathology, fluids	0.56	0.23	0.23	0.02	0.81	0.81	XXX
88106	.....	A	Cytopathology, fluids	0.56	0.37	0.37	0.03	0.96	0.96	XXX
88106	TC	A	Cytopathology, fluids	0.00	0.17	0.17	0.02	0.19	0.19	XXX
88106	26	A	Cytopathology, fluids	0.56	0.20	0.20	0.01	0.77	0.77	XXX
88107	.....	A	Cytopathology, fluids	0.76	0.47	0.47	0.04	1.27	1.27	XXX
88107	TC	A	Cytopathology, fluids	0.00	0.23	0.23	0.02	0.25	0.25	XXX
88107	26	A	Cytopathology, fluids	0.76	0.24	0.24	0.02	1.02	1.02	XXX
88108	.....	A	Cytopath, concentrate tech	0.56	0.47	0.47	0.04	1.07	1.07	XXX
88108	TC	A	Cytopath, concentrate tech	0.00	0.23	0.23	0.02	0.25	0.25	XXX
88108	26	A	Cytopath, concentrate tech	0.56	0.24	0.24	0.02	0.82	0.82	XXX
88125	.....	A	Forensic cytopathology	0.26	0.11	0.11	0.00	0.37	0.37	XXX
88125	TC	A	Forensic cytopathology	0.00	0.04	0.04	0.00	0.04	0.04	XXX
88125	26	A	Forensic cytopathology	0.26	0.07	0.07	0.00	0.33	0.33	XXX
88130	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88140	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88141	.....	A	Cytopath cerv/vag interpret	0.42	0.32	0.32	0.04	0.78	0.78	XXX
88142	.....	X	Cytopath cerv/vag thin layer	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
88150	.....	X	Cytopath cerv/vag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88151	.....	D	Cytopathology interpretation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88151	26	D	Cytopathology interpretation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88152	.....	X	Cytopath cerv/vag auto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88155	.....	X	Cytopath cerv/vag index	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88156	.....	X	Cytopath cerv/vag tbs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88157	.....	D	1TBS smear (bethesda system)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88157	26	D	1TBS smear (bethesda system)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88158	.....	X	Cytopath cerv/vag tbs auto	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88160	.....	A	Cytopath smear, other source	0.50	0.33	0.33	0.03	0.86	0.86	XXX
88160	TC	A	Cytopath smear, other source	0.00	0.16	0.16	0.02	0.18	0.18	XXX
88160	26	A	Cytopath smear, other source	0.50	0.17	0.17	0.01	0.68	0.68	XXX
88161	.....	A	Cytopath smear, other source	0.50	0.39	0.39	0.03	0.92	0.92	XXX
88161	TC	A	Cytopath smear, other source	0.00	0.19	0.19	0.02	0.21	0.21	XXX
88161	26	A	Cytopath smear, other source	0.50	0.20	0.20	0.01	0.71	0.71	XXX
88162	.....	A	Cytopath smear, other source	0.76	0.79	0.79	0.05	1.60	1.60	XXX
88162	TC	A	Cytopath smear, other source	0.00	0.38	0.38	0.02	0.40	0.40	XXX
88162	26	A	Cytopath smear, other source	0.76	0.41	0.41	0.03	1.20	1.20	XXX
88170	.....	A	Fine needle aspiration	1.27	0.99	0.99	0.09	2.35	2.35	XXX
88170	TC	A	Fine needle aspiration	0.00	0.47	0.47	0.04	0.51	0.51	XXX
88170	26	A	Fine needle aspiration	1.27	0.52	0.52	0.05	1.84	1.84	XXX
88171	.....	A	Fine needle aspiration	1.27	1.35	1.35	0.09	2.71	2.71	XXX
88171	TC	A	Fine needle aspiration	0.00	0.64	0.64	0.04	0.68	0.68	XXX
88171	26	A	Fine needle aspiration	1.27	0.71	0.71	0.05	2.03	2.03	XXX
88172	.....	A	Evaluation of smear	0.60	0.71	0.71	0.05	1.36	1.36	XXX
88172	TC	A	Evaluation of smear	0.00	0.35	0.35	0.02	0.37	0.37	XXX
88172	26	A	Evaluation of smear	0.60	0.36	0.36	0.03	0.99	0.99	XXX
88173	.....	A	Interpretation of smear	1.39	0.87	0.87	0.05	2.31	2.31	XXX
88173	TC	A	Interpretation of smear	0.00	0.42	0.42	0.02	0.44	0.44	XXX
88173	26	A	Interpretation of smear	1.39	0.45	0.45	0.03	1.87	1.87	XXX
88180	.....	A	Cell marker study	0.36	0.33	0.33	0.03	0.72	0.72	XXX
88180	TC	A	Cell marker study	0.00	0.16	0.16	0.02	0.18	0.18	XXX
88180	26	A	Cell marker study	0.36	0.17	0.17	0.01	0.54	0.54	XXX
88182	.....	A	Cell marker study	0.77	0.89	0.89	0.07	1.73	1.73	XXX
88182	TC	A	Cell marker study	0.00	0.44	0.44	0.04	0.48	0.48	XXX
88182	26	A	Cell marker study	0.77	0.45	0.45	0.03	1.25	1.25	XXX
88199	.....	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88230	.....	X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88233	.....	X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88235	.....	X	Tissue culture, placenta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88237	.....	X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88239	.....	X	Tissue culture, other	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88245	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88248	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88250	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88260	.....	X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88261	.....	X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88262	.....	X	Chromosome count: 15–20 cells	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88263	.....	X	Chromosome analysis: 45 cells	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88267	.....	X	Chromosome analysis: placenta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88269	.....	X	Chromosome analysis: amniotic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88280	.....	X	Chromosome karyotype study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88283	.....	X	Chromosome banding study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88285	.....	X	Chromosome count: additional	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88289	.....	X	Chromosome study: additional	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88299	.....	C	Cytogenetic study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88300	.....	A	Surg path, gross	0.08	0.20	0.20	0.01	0.29	0.29	XXX
88300	TC	A	Surg path, gross	0.00	0.10	0.10	0.00	0.10	0.10	XXX
88300	26	A	Surg path, gross	0.08	0.10	0.10	0.01	0.19	0.19	XXX
88302	.....	A	Tissue exam by pathologist	0.13	0.40	0.40	0.04	0.57	0.57	XXX
88302	TC	A	Tissue exam by pathologist	0.00	0.23	0.23	0.02	0.25	0.25	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.17	0.17	0.02	0.32	0.32	XXX
88304	.....	A	Tissue exam by pathologist	0.22	0.57	0.57	0.04	0.83	0.83	XXX
88304	TC	A	Tissue exam by pathologist	0.00	0.33	0.33	0.02	0.35	0.35	XXX
88304	26	A	Tissue exam by pathologist	0.22	#0.24	#0.24	0.02	0.48	0.48	XXX
88305	.....	A	Tissue exam by pathologist	0.75	1.03	1.03	0.08	1.86	1.86	XXX
88305	TC	A	Tissue exam by pathologist	0.00	0.50	0.50	0.04	0.54	0.54	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.53	0.53	0.04	1.32	1.32	XXX
88307	.....	A	Tissue exam by pathologist	1.59	1.52	1.52	0.12	3.23	3.23	XXX
88307	TC	A	Tissue exam by pathologist	0.00	0.74	0.74	0.06	0.80	0.80	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.78	0.78	0.06	2.43	2.43	XXX
88309	.....	A	Tissue exam by pathologist	2.28	1.92	1.92	0.13	4.33	4.33	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
88309	TC	A	Tissue exam by pathologist	0.00	0.93	0.93	0.06	0.99	0.99	XXX
88309	26	A	Tissue exam by pathologist	2.28	0.99	0.99	0.07	3.34	3.34	XXX
88311		A	Decalcify tissue	0.24	0.21	0.21	0.01	0.46	0.46	XXX
88311	TC	A	Decalcify tissue	0.00	0.10	0.10	0.00	0.10	0.10	XXX
88311	26	A	Decalcify tissue	0.24	0.11	0.11	0.01	0.36	0.36	XXX
88312		A	Special stains	0.54	0.26	0.26	0.01	0.81	0.81	XXX
88312	TC	A	Special stains	0.00	0.12	0.12	0.00	0.12	0.12	XXX
88312	26	A	Special stains	0.54	0.14	0.14	0.01	0.69	0.69	XXX
88313		A	Special stains	0.24	0.21	0.21	0.01	0.46	0.46	XXX
88313	TC	A	Special stains	0.00	0.10	0.10	0.00	0.10	0.10	XXX
88313	26	A	Special stains	0.24	0.11	0.11	0.01	0.36	0.36	XXX
88314		A	Histochemical stain	0.45	0.62	0.62	0.04	1.11	1.11	XXX
88314	TC	A	Histochemical stain	0.00	0.27	0.27	0.02	0.29	0.29	XXX
88314	26	A	Histochemical stain	0.45	0.35	0.35	0.02	0.82	0.82	XXX
88318		A	Chemical histochemistry	0.42	0.24	0.24	0.01	0.67	0.67	XXX
88318	TC	A	Chemical histochemistry	0.00	0.12	0.12	0.00	0.12	0.12	XXX
88318	26	A	Chemical histochemistry	0.42	0.12	0.12	0.01	0.55	0.55	XXX
88319		A	Enzyme histochemistry	0.53	0.49	0.49	0.04	1.06	1.06	XXX
88319	TC	A	Enzyme histochemistry	0.00	0.23	0.23	0.02	0.25	0.25	XXX
88319	26	A	Enzyme histochemistry	0.53	0.26	0.26	0.02	0.81	0.81	XXX
88321		A	Microslide consultation	1.30	0.41	0.41	0.03	1.74	1.74	XXX
88323		A	Microslide consultation	1.35	0.72	0.72	0.05	2.12	2.12	XXX
88323	TC	A	Microslide consultation	0.00	0.33	0.33	0.02	0.35	0.35	XXX
88323	26	A	Microslide consultation	1.35	0.39	0.39	0.03	1.77	1.77	XXX
88325		A	Comprehensive review of data	2.22	0.47	0.47	0.04	2.73	2.73	XXX
88329		A	Pathology consult in surgery	0.67	0.37	0.37	0.03	1.07	1.07	XXX
88331		A	Pathology consult in surgery	1.19	1.10	1.10	0.08	2.37	2.37	XXX
88331	TC	A	Pathology consult in surgery	0.00	0.54	0.54	0.04	0.58	0.58	XXX
88331	26	A	Pathology consult in surgery	1.19	0.56	0.56	0.04	1.79	1.79	XXX
88332		A	Pathology consult in surgery	0.59	0.56	0.56	0.04	1.19	1.19	XXX
88332	TC	A	Pathology consult in surgery	0.00	0.27	0.27	0.02	0.29	0.29	XXX
88332	26	A	Pathology consult in surgery	0.59	0.29	0.29	0.02	0.90	0.90	XXX
88342		A	Immunocytochemistry	0.85	0.64	0.64	0.04	1.53	1.53	XXX
88342	TC	A	Immunocytochemistry	0.00	0.31	0.31	0.02	0.33	0.33	XXX
88342	26	A	Immunocytochemistry	0.85	0.33	0.33	0.02	1.20	1.20	XXX
88346		A	Immunofluorescent study	0.86	0.58	0.58	0.04	1.48	1.48	XXX
88346	TC	A	Immunofluorescent study	0.00	0.27	0.27	0.02	0.29	0.29	XXX
88346	26	A	Immunofluorescent study	0.86	0.31	0.31	0.02	1.19	1.19	XXX
88347		A	Immunofluorescent study	0.86	0.42	0.42	0.04	1.32	1.32	XXX
88347	TC	A	Immunofluorescent study	0.00	0.27	0.27	0.02	0.29	0.29	XXX
88347	26	A	Immunofluorescent study	0.86	0.15	0.15	0.02	1.03	1.03	XXX
88348		A	Electron microscopy	1.51	2.28	2.28	0.16	3.95	3.95	XXX
88348	TC	A	Electron microscopy	0.00	1.09	1.09	0.08	1.17	1.17	XXX
88348	26	A	Electron microscopy	1.51	1.19	1.19	0.08	2.78	2.78	XXX
88349		A	Scanning electron microscopy	0.76	1.55	1.55	0.12	2.43	2.43	XXX
88349	TC	A	Scanning electron microscopy	0.00	0.76	0.76	0.06	0.82	0.82	XXX
88349	26	A	Scanning electron microscopy	0.76	0.79	0.79	0.06	1.61	1.61	XXX
88355		A	Analysis, skeletal muscle	1.85	1.74	1.74	0.13	3.72	3.72	XXX
88355	TC	A	Analysis, skeletal muscle	0.00	0.82	0.82	0.06	0.88	0.88	XXX
88355	26	A	Analysis, skeletal muscle	1.85	0.92	0.92	0.07	2.84	2.84	XXX
88356		A	Analysis, nerve	3.02	2.66	2.66	0.18	5.86	5.86	XXX
88356	TC	A	Analysis, nerve	0.00	1.27	1.27	0.08	1.35	1.35	XXX
88356	26	A	Analysis, nerve	3.02	1.39	1.39	0.10	4.51	4.51	XXX
88358		A	Analysis, tumor	2.82	2.32	2.32	0.16	5.30	5.30	XXX
88358	TC	A	Analysis, tumor	0.00	1.16	1.16	0.08	1.24	1.24	XXX
88358	26	A	Analysis, tumor	2.82	1.16	1.16	0.08	4.06	4.06	XXX
88362		A	Nerve teasing preparations	2.17	1.97	1.97	0.13	4.27	4.27	XXX
88362	TC	A	Nerve teasing preparations	0.00	0.97	0.97	0.06	1.03	1.03	XXX
88362	26	A	Nerve teasing preparations	2.17	1.00	1.00	0.07	3.24	3.24	XXX
88365		A	Tissue hybridization	0.93	0.75	0.75	0.05	1.73	1.73	XXX
88365	TC	A	Tissue hybridization	0.00	0.37	0.37	0.02	0.39	0.39	XXX
88365	26	A	Tissue hybridization	0.93	0.38	0.38	0.03	1.34	1.34	XXX
88371		X	Protein, western blot tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88371	26	A	Protein, western blot tissue	0.37	0.20	0.20	0.01	0.58	0.58	XXX
88372		X	Protein analysis w/probe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88372	26	A	Protein analysis w/probe	0.37	0.20	0.20	0.01	0.58	0.58	XXX
88399		C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89050		X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89051		X	Body fluid cell count	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060		X	Exam, synovial fluid crystals	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89060	26	A	Exam, synovial fluid crystals	0.37	0.20	0.20	0.01	0.58	0.58	XXX
89100		A	Sample intestinal contents	0.60	0.42	0.42	0.03	1.05	1.05	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
89105	.....	A	Sample intestinal contents	0.50	0.39	0.39	0.03	0.92	0.92	XXX
89125	.....	X	Specimen fat stain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89130	.....	A	Sample stomach contents	0.45	0.41	0.41	0.03	0.89	0.89	XXX
89132	.....	A	Sample stomach contents	0.19	0.19	0.19	0.02	0.40	0.40	XXX
89135	.....	A	Sample stomach contents	0.79	0.58	0.58	0.04	1.41	1.41	XXX
89136	.....	A	Sample stomach contents	0.21	0.22	0.22	0.02	0.45	0.45	XXX
89140	.....	A	Sample stomach contents	0.94	0.81	0.81	0.07	1.82	1.82	XXX
89141	.....	A	Sample stomach contents	0.85	0.73	0.73	0.06	1.64	1.64	XXX
89160	.....	X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89190	.....	X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89250	.....	X	Fertilization of oocyte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89251	.....	X	Culture oocyte w/embryos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89252	.....	X	Assist oocyte fertilization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89253	.....	X	Embryo hatching	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89254	.....	X	Oocyte identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89255	.....	X	Prepare embryo for transfer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89256	.....	X	Prepare cryopreserved embryo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89257	.....	X	Sperm identification	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89258	.....	X	Cryopreservation, embryo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89259	.....	X	Cryopreservation, sperm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89260	.....	X	Sperm isolation, simple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89261	.....	X	Sperm isolation, complex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89300	.....	X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89310	.....	X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89320	.....	X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89325	.....	X	Sperm antibody test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89329	.....	X	Sperm evaluation test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89330	.....	X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89350	.....	A	Sputum specimen collection	0.00	0.39	0.39	0.03	0.42	0.42	XXX
89355	.....	X	Exam feces for starch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89360	.....	A	Collect sweat for test	0.00	0.43	0.43	0.03	0.46	0.46	XXX
89365	.....	X	Water load test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	.....	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	TC	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
89399	26	C	Pathology lab procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90700	.....	E	DTaP immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90701	.....	E	DTP immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90702	.....	E	DT immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90703	.....	E	Tetanus immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90704	.....	E	Mumps immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90705	.....	E	Measles immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90706	.....	E	Rubella immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90707	.....	E	MMR virus immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90708	.....	E	Measles-rubella immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90709	.....	E	Rubella & mumps immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90710	.....	E	Combined vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90711	.....	E	Combined vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90712	.....	E	Oral poliovirus immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90713	.....	E	Poliomyelitis immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90714	.....	E	Typhoid immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90716	.....	E	Chicken pox vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90717	.....	E	Yellow fever immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90718	.....	E	Td immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90719	.....	E	Diphtheria immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90720	.....	E	DTP/HIB vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90721	.....	E	Dtap/hib vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90724	.....	X	Influenza immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90725	.....	E	Cholera immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90726	.....	E	Rabies immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90727	.....	E	Plague immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90728	.....	E	BCG immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90730	.....	E	Hepatitis A vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90732	.....	X	Pneumococcal immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90733	.....	E	Meningococcal immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90735	.....	E	Encephalitis virus vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90737	.....	E	Influenza B immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90741	.....	E	Passive immunization, ISG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90742	.....	E	Special passive immunization	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90744	.....	X	Hepatitis B vaccine, under 11	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90745	.....	X	Hepatitis B vaccine, 11–19	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90746	.....	X	Hepatitis B vaccine, over 20	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90747	.....	X	Hepatitis B vaccine, ill pat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90748	.....	X	Hepatitis b/hib vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90749	.....	C	Immunization procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
90780	.....	A	IV infusion therapy, 1 hour	0.00	1.06	1.06	0.08	1.14	1.14	XXX
90781	.....	A	IV infusion, additional hour	0.00	0.53	0.53	0.04	0.57	0.57	XXX
90782	.....	T	Injection (SC)/(IM)	0.00	0.10	0.10	0.01	0.11	0.11	XXX
90783	.....	T	Injection (IA)	0.00	0.39	0.39	0.03	0.42	0.42	XXX
90784	.....	T	Injection (IV)	0.00	0.45	0.45	0.04	0.49	0.49	XXX
90788	.....	T	Injection of antibiotic	0.00	0.11	0.11	0.01	0.12	0.12	XXX
90799	.....	C	Therapeutic/diag injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90801	.....	A	Psy dx interview	2.80	0.67	0.67	0.09	3.56	3.56	XXX
90802	.....	A	Intac psy dx interview	3.01	0.38	0.38	0.05	3.44	3.44	XXX
90804	.....	A	Psytx, office (20–30)	1.11	0.35	0.35	0.05	1.51	1.51	XXX
90805	.....	A	Psytx, office (20–30) w/e&m	1.47	0.35	0.35	0.05	1.87	1.87	XXX
90806	.....	A	Psytx, office (45–50)	1.73	0.54	0.54	0.08	2.35	2.35	XXX
90807	.....	A	Psytx, office (45–50) w/e&m	2.00	0.54	0.54	0.08	2.62	2.62	XXX
90808	.....	A	Psytx, office (75–80)	2.76	1.05	1.05	0.15	3.96	3.96	XXX
90809	.....	A	Psytx, office (75–80) w/e&m	3.15	1.05	1.05	0.15	4.35	4.35	XXX
90810	.....	A	Intac psytx, office (20–30)	1.19	0.59	0.59	0.09	1.87	1.87	XXX
90811	.....	A	Intac psytx, off 20–30 w/e&m	1.58	0.59	0.59	0.09	2.26	2.26	XXX
90812	.....	A	Intac psytx, office (45–50)	1.86	0.59	0.59	0.09	2.54	2.54	XXX
90813	.....	A	Intac psytx, off 45–50 w/e&m	2.15	0.59	0.59	0.09	2.83	2.83	XXX
90814	.....	A	Intac psytx, office (75–80)	2.97	0.59	0.59	0.09	3.65	3.65	XXX
90815	.....	A	Intac psytx, off 75–80 w/e&m	3.39	0.59	0.59	0.09	4.07	4.07	XXX
90816	.....	A	Psytx, hosp (20–30)	1.24	0.35	0.35	0.05	1.64	1.64	XXX
90817	.....	A	Psytx, hosp (20–30) w/e&m	1.65	0.35	0.35	0.05	2.05	2.05	XXX
90818	.....	A	Psytx, hosp (45–50)	1.94	0.54	0.54	0.08	2.56	2.56	XXX
90819	.....	A	Psytx, hosp (45–50) w/e&m	2.24	0.54	0.54	0.08	2.86	2.86	XXX
90820	.....	D	Diagnostic interview	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90821	.....	A	Psytx, hosp (75–80)	3.09	1.05	1.05	0.15	4.29	4.29	XXX
90822	.....	A	Psytx, hosp (75–80) w/e&m	3.53	1.05	1.05	0.15	4.73	4.73	XXX
90823	.....	A	Intac psytx, hosp (20–30)	1.33	0.59	0.59	0.09	2.01	2.01	XXX
90824	.....	A	Intac psytx, hsp 20–30 w/e&m	1.77	0.59	0.59	0.09	2.45	2.45	XXX
90825	.....	D	1Evaluation of tests/records	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90826	.....	A	Intac psytx, hosp (45–50)	2.08	0.59	0.59	0.09	2.76	2.76	XXX
90827	.....	A	Intac psytx, hsp 45–50 w/e&m	2.41	0.59	0.59	0.09	3.09	3.09	XXX
90828	.....	A	Intac psytx, hosp (75–80)	3.32	0.59	0.59	0.09	4.00	4.00	XXX
90829	.....	A	Intac psytx, hsp 75–80 w/e&m	3.80	0.59	0.59	0.09	4.48	4.48	XXX
90835	.....	D	Special interview	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90841	.....	D	Psychotherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90842	.....	D	Psychotherapy, 75–80 min.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90843	.....	D	Psychotherapy, 20–30 min.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90844	.....	D	Psychotherapy, 45–50 min.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90845	.....	A	Psychoanalysis	1.79	0.41	0.41	0.05	2.25	2.25	XXX
90846	.....	R	Family psytx w/o patient	1.83	0.62	0.62	0.08	2.53	2.53	XXX
90847	.....	R	Family psytx w/patient	2.21	0.58	0.58	0.08	2.87	2.87	XXX
90849	.....	R	Multiple family group psytx	0.59	0.26	0.26	0.03	0.88	0.88	XXX
90853	.....	A	Group psychotherapy	0.59	0.26	0.26	0.03	0.88	0.88	XXX
90855	.....	D	12/3 Individual psychotherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90857	.....	A	Intac group psytx	0.63	0.15	0.15	0.02	0.80	0.80	XXX
90862	.....	A	Medication management	0.95	0.37	0.37	0.05	1.37	1.37	XXX
90865	.....	A	Narcosynthesis	2.84	0.50	0.50	0.07	3.41	3.41	XXX
90870	.....	A	Electroconvulsive therapy	1.88	0.55	0.55	0.08	2.51	2.51	000
90871	.....	A	Electroconvulsive therapy	2.72	0.83	0.83	0.13	3.68	3.68	000
90875	.....	N	Psychophysiological therapy	1.20	0.00	0.00	0.00	1.20	1.20	XXX
90876	.....	N	Psychophysiological therapy	1.90	0.00	0.00	0.00	1.90	1.90	XXX
90880	.....	A	Hypnotherapy	2.19	0.64	0.64	0.07	2.90	2.90	XXX
90882	.....	N	Environmental manipulation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90885	.....	B	Psy evaluation of records	+0.97	0.31	0.31	0.04	1.32	1.32	XXX
90887	.....	B	Consultation with family	+1.48	0.33	0.33	0.04	1.85	1.85	XXX
90889	.....	B	Preparation of report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90899	.....	C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90901	.....	A	Biofeedback, any method	0.41	0.97	0.97	0.07	1.45	1.45	000
90911	.....	A	Biofeedback peri/uro/rectal	0.89	1.13	1.13	0.27	2.29	2.29	000
90918	.....	A	ESRD related services, month	11.18	2.19	2.19	0.14	13.51	13.51	XXX
90919	.....	A	ESRD related services, month	8.54	2.19	2.19	0.14	10.87	10.87	XXX
90920	.....	A	ESRD related services, month	7.27	2.19	2.19	0.14	9.60	9.60	XXX
90921	.....	A	ESRD related services, month	4.47	2.19	2.19	0.14	6.80	6.80	XXX
90922	.....	A	ESRD related services, day	0.37	0.07	0.07	0.01	0.45	0.45	XXX
90923	.....	A	Esrd related services, day	0.28	0.07	0.07	0.01	0.36	0.36	XXX
90924	.....	A	Esrd related services, day	0.24	0.07	0.07	0.01	0.32	0.32	XXX
90925	.....	A	Esrd related services, day	0.15	0.07	0.07	0.01	0.23	0.23	XXX
90935	.....	A	Hemodialysis, one evaluation	1.22	#1.34	#1.34	0.10	2.66	2.66	000
90937	.....	A	Hemodialysis, repeated eval.	2.11	#2.32	#2.32	0.18	4.61	4.61	000
90945	.....	A	Dialysis, one evaluation	1.28	1.27	1.27	0.08	2.63	2.63	000
90947	.....	A	Dialysis, repeated eval.	2.16	2.09	2.09	0.14	4.39	4.39	000
90989	.....	X	Dialysis training/complete	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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
90993	.....	X	Dialysis training/incomplete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
90997	.....	A	Hemoperfusion	1.84	#2.02	#2.02	0.16	4.02	4.02	000
90999	.....	C	Dialysis procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91000	.....	A	Esophageal intubation	0.73	0.66	0.66	0.06	1.45	1.45	000
91000	TC	A	Esophageal intubation	0.00	0.07	0.07	0.01	0.08	0.08	000
91000	26	A	Esophageal intubation	0.73	0.59	0.59	0.05	1.37	1.37	000
91010	.....	A	Esophagus motility study	1.25	2.16	2.16	0.17	3.58	3.58	000
91010	TC	A	Esophagus motility study	0.00	0.78	0.78	0.06	0.84	0.84	000
91010	26	A	Esophagus motility study	1.25	#1.38	#1.38	0.11	2.74	2.74	000
91011	.....	A	Esophagus motility study	1.50	2.63	2.63	0.18	4.31	4.31	000
91011	TC	A	Esophagus motility study	0.00	0.98	0.98	0.07	1.05	1.05	000
91011	26	A	Esophagus motility study	1.50	#1.65	#1.65	0.11	3.26	3.26	000
91012	.....	A	Esophagus motility study	1.46	2.71	2.71	0.23	4.40	4.40	000
91012	TC	A	Esophagus motility study	0.00	1.10	1.10	0.08	1.18	1.18	000
91012	26	A	Esophagus motility study	1.46	#1.61	#1.61	0.15	3.22	3.22	000
91020	.....	A	Gastric motility	1.44	2.31	2.31	0.18	3.93	3.93	000
91020	TC	A	Gastric motility	0.00	0.73	0.73	0.06	0.79	0.79	000
91020	26	A	Gastric motility	1.44	#1.58	#1.58	0.12	3.14	3.14	000
91030	.....	A	Acid perfusion of esophagus	0.91	0.56	0.56	0.05	1.52	1.52	000
91030	TC	A	Acid perfusion of esophagus	0.00	0.21	0.21	0.02	0.23	0.23	000
91030	26	A	Acid perfusion of esophagus	0.91	0.35	0.35	0.03	1.29	1.29	000
91032	.....	A	Esophagus, acid reflux test	1.21	1.96	1.96	0.16	3.33	3.33	000
91032	TC	A	Esophagus, acid reflux test	0.00	0.71	0.71	0.06	0.77	0.77	000
91032	26	A	Esophagus, acid reflux test	1.21	1.25	1.25	0.10	2.56	2.56	000
91033	.....	A	Prolonged acid reflux test	1.30	2.71	2.71	0.25	4.26	4.26	000
91033	TC	A	Prolonged acid reflux test	0.00	1.28	1.28	0.11	1.39	1.39	000
91033	26	A	Prolonged acid reflux test	1.30	#1.43	#1.43	0.14	2.87	2.87	000
91052	.....	A	Gastric analysis test	0.79	0.82	0.82	0.07	1.68	1.68	000
91052	TC	A	Gastric analysis test	0.00	0.32	0.32	0.03	0.35	0.35	000
91052	26	A	Gastric analysis test	0.79	0.50	0.50	0.04	1.33	1.33	000
91055	.....	A	Gastric intubation for smear	0.94	0.80	0.80	0.06	1.80	1.80	000
91055	TC	A	Gastric intubation for smear	0.00	0.29	0.29	0.02	0.31	0.31	000
91055	26	A	Gastric intubation for smear	0.94	0.51	0.51	0.04	1.49	1.49	000
91060	.....	A	Gastric saline load test	0.45	0.71	0.71	0.06	1.22	1.22	000
91060	TC	A	Gastric saline load test	0.00	0.21	0.21	0.02	0.23	0.23	000
91060	26	A	Gastric saline load test	0.45	0.50	0.50	0.04	0.99	0.99	000
91065	.....	A	Breath hydrogen test	0.20	0.56	0.56	0.05	0.81	0.81	000
91065	TC	A	Breath hydrogen test	0.00	0.34	0.34	0.02	0.36	0.36	000
91065	26	A	Breath hydrogen test	0.20	#0.22	#0.22	0.03	0.45	0.45	000
91100	.....	A	Pass intestine bleeding tube	1.08	0.56	0.56	0.05	1.69	1.69	000
91105	.....	A	Gastric intubation treatment	0.37	#0.41	#0.41	0.04	0.82	0.82	000
91122	.....	A	Anal pressure record	1.77	1.73	1.73	0.22	3.72	3.72	000
91122	TC	A	Anal pressure record	0.00	0.67	0.67	0.09	0.76	0.76	000
91122	26	A	Anal pressure record	1.77	1.06	1.06	0.13	2.96	2.96	000
91299	.....	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92002	.....	A	Eye exam, new patient	0.88	0.49	0.49	0.02	1.39	1.39	XXX
92004	.....	A	Eye exam, new patient	1.67	0.57	0.57	0.02	2.26	2.26	XXX
92012	.....	A	Eye exam established pt	0.67	0.44	0.44	0.02	1.13	1.13	XXX
92014	.....	A	Eye exam & treatment	1.10	0.54	0.54	0.02	1.66	1.66	XXX
92015	.....	N	Refraction	+0.38	0.32	0.32	0.02	0.72	0.72	XXX
92018	.....	A	New eye exam & treatment	1.51	0.47	0.47	0.03	2.01	2.01	XXX
92019	.....	A	Eye exam & treatment	1.31	0.47	0.47	0.03	1.81	1.81	XXX
92020	.....	A	Special eye evaluation	0.37	0.29	0.29	0.01	0.67	0.67	XXX
92060	.....	A	Special eye evaluation	0.69	0.39	0.39	0.02	1.10	1.10	XXX
92060	TC	A	Special eye evaluation	0.00	0.18	0.18	0.01	0.19	0.19	XXX
92060	26	A	Special eye evaluation	0.69	0.21	0.21	0.01	0.91	0.91	XXX
92065	.....	A	Orthoptic/pleoptic training	0.37	0.36	0.36	0.01	0.74	0.74	XXX
92065	TC	A	Orthoptic/pleoptic training	0.00	0.16	0.16	0.00	0.16	0.16	XXX
92065	26	A	Orthoptic/pleoptic training	0.37	0.20	0.20	0.01	0.58	0.58	XXX
92070	.....	A	Fitting of contact lens	0.70	1.20	1.20	0.06	1.96	1.96	XXX
92081	.....	A	Visual field examination(s)	0.36	0.32	0.32	0.01	0.69	0.69	XXX
92081	TC	A	Visual field examination(s)	0.00	0.15	0.15	0.00	0.15	0.15	XXX
92081	26	A	Visual field examination(s)	0.36	0.17	0.17	0.01	0.54	0.54	XXX
92082	.....	A	Visual field examination(s)	0.44	0.49	0.49	0.02	0.95	0.95	XXX
92082	TC	A	Visual field examination(s)	0.00	0.19	0.19	0.01	0.20	0.20	XXX
92082	26	A	Visual field examination(s)	0.44	0.30	0.30	0.01	0.75	0.75	XXX
92083	.....	A	Visual field examination(s)	0.50	0.83	0.83	0.04	1.37	1.37	XXX
92083	TC	A	Visual field examination(s)	0.00	0.28	0.28	0.01	0.29	0.29	XXX
92083	26	A	Visual field examination(s)	0.50	0.55	0.55	0.03	1.08	1.08	XXX
92100	.....	A	Serial tonometry exam(s)	0.92	0.25	0.25	0.01	1.18	1.18	XXX
92120	.....	A	Tonography & eye evaluation	0.81	0.31	0.31	0.02	1.14	1.14	XXX
92130	.....	A	Water provocation tonography	0.81	0.49	0.49	0.02	1.32	1.32	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
92140	.....	A	Glaucoma provocative tests	0.50	0.30	0.30	0.01	0.81	0.81	XXX
92225	.....	A	Special eye exam, initial	0.38	0.45	0.45	0.02	0.85	0.85	XXX
92226	.....	A	Special eye exam, subsequent	0.33	0.40	0.40	0.02	0.75	0.75	XXX
92230	.....	A	Eye exam with photos	0.60	0.69	0.69	0.04	1.33	1.33	XXX
92235	.....	A	Eye exam with photos	0.81	1.58	1.58	0.09	2.48	2.48	XXX
92235	TC	A	Eye exam with photos	0.00	0.99	0.99	0.06	1.05	1.05	XXX
92235	26	A	Eye exam with photos	0.81	0.59	0.59	0.03	1.43	1.43	XXX
92240	.....	A	Icg angiography	1.10	1.58	1.58	0.09	2.77	2.77	XXX
92240	TC	A	Icg angiography	0.00	0.99	0.99	0.06	1.05	1.05	XXX
92240	26	A	Icg angiography	1.10	0.59	0.59	0.03	1.72	1.72	XXX
92250	.....	A	Eye exam with photos	0.44	0.42	0.42	0.02	0.88	0.88	XXX
92250	TC	A	Eye exam with photos	0.00	0.17	0.17	0.01	0.18	0.18	XXX
92250	26	A	Eye exam with photos	0.44	0.25	0.25	0.01	0.70	0.70	XXX
92260	.....	A	Ophthalmoscopy/dynamometry	0.20	0.54	0.54	0.03	0.77	0.77	XXX
92265	.....	A	Eye muscle evaluation	0.81	0.29	0.29	0.02	1.12	1.12	XXX
92265	TC	A	Eye muscle evaluation	0.00	0.22	0.22	0.02	0.24	0.24	XXX
92265	26	A	Eye muscle evaluation	0.81	0.07	0.07	0.00	0.88	0.88	XXX
92270	.....	A	Electro-oculography	0.81	0.67	0.67	0.05	1.53	1.53	XXX
92270	TC	A	Electro-oculography	0.00	0.30	0.30	0.02	0.32	0.32	XXX
92270	26	A	Electro-oculography	0.81	0.37	0.37	0.03	1.21	1.21	XXX
92275	.....	A	Electroretinography	1.01	0.90	0.90	0.05	1.96	1.96	XXX
92275	TC	A	Electroretinography	0.00	0.39	0.39	0.02	0.41	0.41	XXX
92275	26	A	Electroretinography	1.01	0.51	0.51	0.03	1.55	1.55	XXX
92283	.....	A	Color vision examination	0.17	0.29	0.29	0.01	0.47	0.47	XXX
92283	TC	A	Color vision examination	0.00	0.12	0.12	0.00	0.12	0.12	XXX
92283	26	A	Color vision examination	0.17	0.17	0.17	0.01	0.35	0.35	XXX
92284	.....	A	Dark adaptation eye exam	0.24	0.45	0.45	0.02	0.71	0.71	XXX
92284	TC	A	Dark adaptation eye exam	0.00	0.17	0.17	0.01	0.18	0.18	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.28	0.28	0.01	0.53	0.53	XXX
92285	.....	A	Eye photography	0.20	0.29	0.29	0.01	0.50	0.50	XXX
92285	TC	A	Eye photography	0.00	0.11	0.11	0.00	0.11	0.11	XXX
92285	26	A	Eye photography	0.20	0.18	0.18	0.01	0.39	0.39	XXX
92286	.....	A	Internal eye photography	0.66	1.22	1.22	0.07	1.95	1.95	XXX
92286	TC	A	Internal eye photography	0.00	0.39	0.39	0.02	0.41	0.41	XXX
92286	26	A	Internal eye photography	0.66	0.83	0.83	0.05	1.54	1.54	XXX
92287	.....	A	Internal eye photography	0.81	1.52	1.52	0.08	2.41	2.41	XXX
92310	.....	N	Contact lens fitting	+1.17	#1.29	#1.29	0.00	2.46	2.46	XXX
92311	.....	A	Contact lens fitting	1.08	0.90	0.90	0.03	2.01	2.01	XXX
92312	.....	A	Contact lens fitting	1.26	1.16	1.16	0.03	2.45	2.45	XXX
92313	.....	A	Contact lens fitting	0.92	0.88	0.88	0.03	1.83	1.83	XXX
92314	.....	N	Prescription of contact lens	+0.69	#0.76	#0.76	0.00	1.45	1.45	XXX
92315	.....	A	Prescription of contact lens	0.45	0.66	0.66	0.03	1.14	1.14	XXX
92316	.....	A	Prescription of contact lens	0.68	0.95	0.95	0.04	1.67	1.67	XXX
92317	.....	A	Prescription of contact lens	0.45	0.39	0.39	0.02	0.86	0.86	XXX
92325	.....	A	Modification of contact lens	0.00	0.38	0.38	0.01	0.39	0.39	XXX
92326	.....	A	Replacement of contact lens	0.00	1.56	1.56	0.06	1.62	1.62	XXX
92330	.....	A	Fitting of artificial eye	1.08	1.13	1.13	0.09	2.30	2.30	XXX
92335	.....	A	Fitting of artificial eye	0.45	1.97	1.97	0.11	2.53	2.53	XXX
92340	.....	N	Fitting of spectacles	+0.37	0.42	#0.41	0.00	0.79	0.78	XXX
92341	.....	N	Fitting of spectacles	+0.47	0.53	#0.52	0.00	1.00	0.99	XXX
92342	.....	N	Fitting of spectacles	+0.53	0.60	#0.58	0.00	1.13	1.11	XXX
92352	.....	B	Special spectacles fitting	+0.37	0.30	0.30	0.01	0.68	0.68	XXX
92353	.....	B	Special spectacles fitting	+0.50	0.40	0.40	0.01	0.91	0.91	XXX
92354	.....	B	Special spectacles fitting	+0.00	8.44	8.44	0.10	8.54	8.54	XXX
92355	.....	B	Special spectacles fitting	+0.00	4.13	4.13	0.01	4.14	4.14	XXX
92358	.....	B	Eye prosthesis service	+0.00	0.92	0.92	0.05	0.97	0.97	XXX
92370	.....	N	Repair & adjust spectacles	+0.32	0.36	#0.35	0.00	0.68	0.67	XXX
92371	.....	B	Repair & adjust spectacles	+0.00	0.59	0.59	0.02	0.61	0.61	XXX
92390	.....	N	Supply of spectacles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92391	.....	N	Supply of contact lenses	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92392	.....	I	Supply of low vision aids	+0.00	3.85	3.85	0.02	3.87	3.87	XXX
92393	.....	I	Supply of artificial eye	+0.00	11.96	11.96	0.67	12.63	12.63	XXX
92395	.....	I	Supply of spectacles	+0.00	1.31	1.31	0.10	1.41	1.41	XXX
92396	.....	I	Supply of contact lenses	+0.00	2.19	2.19	0.08	2.27	2.27	XXX
92499	.....	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92502	.....	A	Ear and throat examination	1.51	1.12	1.12	0.12	2.75	2.75	000
92504	.....	A	Ear microscopy examination	0.18	0.26	0.26	0.02	0.46	0.46	XXX
92506	.....	A	Speech & hearing evaluation	0.86	0.52	0.52	0.05	1.43	1.43	XXX
92507	.....	A	Speech/hearing therapy	0.52	0.33	0.33	0.03	0.88	0.88	XXX
92508	.....	A	Speech/hearing therapy	0.26	0.18	0.18	0.02	0.46	0.46	XXX
92510	.....	A	Rehab for ear implant	1.50	1.36	1.36	0.15	3.01	3.01	XXX
92511	.....	A	Nasopharyngoscopy	0.84	0.85	0.85	0.09	1.78	1.78	000

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
92512	.....	A	Nasal function studies	0.55	0.47	0.47	0.05	1.07	1.07	XXX
92516	.....	A	Facial nerve function test	0.43	0.39	0.39	0.04	0.86	0.86	XXX
92520	.....	A	Laryngeal function studies	0.76	0.53	0.53	0.05	1.34	1.34	XXX
92525	.....	A	Oral function evaluation	1.50	1.02	1.02	0.11	2.63	2.63	XXX
92526	.....	A	Oral function therapy	0.55	0.47	0.47	0.05	1.07	1.07	XXX
92531	.....	B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92532	.....	B	Positional nystagmus study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92533	.....	B	Caloric vestibular test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92534	.....	B	Optokinetic nystagmus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92541	.....	A	Spontaneous nystagmus test	0.40	0.67	0.67	0.07	1.14	1.14	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	0.22	0.22	0.02	0.24	0.24	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.45	0.45	0.05	0.90	0.90	XXX
92542	.....	A	Positional nystagmus test	0.33	0.61	0.61	0.07	1.01	1.01	XXX
92542	TC	A	Positional nystagmus test	0.00	0.25	0.25	0.03	0.28	0.28	XXX
92542	26	A	Positional nystagmus test	0.33	0.36	0.36	0.04	0.73	0.73	XXX
92543	.....	A	Caloric vestibular test	0.38	0.82	0.82	0.09	1.29	1.29	XXX
92543	TC	A	Caloric vestibular test	0.00	0.40	0.40	0.04	0.44	0.44	XXX
92543	26	A	Caloric vestibular test	0.38	0.42	0.42	0.05	0.85	0.85	XXX
92544	.....	A	Optokinetic nystagmus test	0.26	0.47	0.47	0.05	0.78	0.78	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	0.20	0.20	0.02	0.22	0.22	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.27	0.27	0.03	0.56	0.56	XXX
92545	.....	A	Oscillating tracking test	0.23	0.40	0.40	0.04	0.67	0.67	XXX
92545	TC	A	Oscillating tracking test	0.00	0.20	0.20	0.02	0.22	0.22	XXX
92545	26	A	Oscillating tracking test	0.23	0.20	0.20	0.02	0.45	0.45	XXX
92546	.....	A	Sinusoidal rotational test	0.29	0.53	0.53	0.05	0.87	0.87	XXX
92546	TC	A	Sinusoidal rotational test	0.00	0.23	0.23	0.02	0.25	0.25	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.30	0.30	0.03	0.62	0.62	XXX
92547	.....	A	Supplemental electrical test	0.00	0.53	0.53	0.06	0.59	0.59	XXX
92548	.....	A	Posturography	0.50	1.85	1.85	0.19	2.54	2.54	XXX
92548	TC	A	Posturography	0.00	1.40	1.40	0.14	1.54	1.54	XXX
92548	26	A	Posturography	0.50	0.45	0.45	0.05	1.00	1.00	XXX
92551	.....	N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92552	.....	A	Pure tone audiometry, air	0.00	0.42	0.42	0.04	0.46	0.46	XXX
92553	.....	A	Audiometry, air & bone	0.00	0.63	0.63	0.07	0.70	0.70	XXX
92555	.....	A	Speech threshold audiometry	0.00	0.36	0.36	0.04	0.40	0.40	XXX
92556	.....	A	Speech audiometry, complete	0.00	0.54	0.54	0.06	0.60	0.60	XXX
92557	.....	A	Comprehensive hearing test	0.00	1.13	1.13	0.13	1.26	1.26	XXX
92559	.....	N	Group audiometric testing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92560	.....	N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92561	.....	A	Bekesy audiometry, diagnosis	0.00	0.68	0.68	0.07	0.75	0.75	XXX
92562	.....	A	Loudness balance test	0.00	0.39	0.39	0.04	0.43	0.43	XXX
92563	.....	A	Tone decay hearing test	0.00	0.36	0.36	0.04	0.40	0.40	XXX
92564	.....	A	Sisi hearing test	0.00	0.45	0.45	0.05	0.50	0.50	XXX
92565	.....	A	Stenger test, pure tone	0.00	0.38	0.38	0.04	0.42	0.42	XXX
92567	.....	A	Tympanometry	0.00	0.50	0.50	0.06	0.56	0.56	XXX
92568	.....	A	Acoustic reflex testing	0.00	0.36	0.36	0.04	0.40	0.40	XXX
92569	.....	A	Acoustic reflex decay test	0.00	0.39	0.39	0.04	0.43	0.43	XXX
92571	.....	A	Filtered speech hearing test	0.00	0.37	0.37	0.04	0.41	0.41	XXX
92572	.....	A	Staggered spondaic word test	0.00	0.08	0.08	0.01	0.09	0.09	XXX
92573	.....	A	Lombard test	0.00	0.33	0.33	0.04	0.37	0.37	XXX
92575	.....	A	Sensorineural acuity test	0.00	0.29	0.29	0.03	0.32	0.32	XXX
92576	.....	A	Synthetic sentence test	0.00	0.42	0.42	0.05	0.47	0.47	XXX
92577	.....	A	Stenger test, speech	0.00	0.68	0.68	0.08	0.76	0.76	XXX
92579	.....	A	Visual audiometry (vra)	0.00	0.69	0.69	0.07	0.76	0.76	XXX
92582	.....	A	Conditioning play audiometry	0.00	0.69	0.69	0.07	0.76	0.76	XXX
92583	.....	A	Select picture audiometry	0.00	0.85	0.85	0.09	0.94	0.94	XXX
92584	.....	A	Electrocochleography	0.00	2.36	2.36	0.25	2.61	2.61	XXX
92585	.....	A	Auditory evoked potential	0.50	3.25	3.25	0.31	4.06	4.06	XXX
92585	TC	A	Auditory evoked potential	0.00	1.76	1.76	0.17	1.93	1.93	XXX
92585	26	A	Auditory evoked potential	0.50	1.49	1.49	0.14	2.13	2.13	XXX
92587	.....	A	Evoked auditory test	0.13	1.35	1.35	0.13	1.61	1.61	XXX
92587	TC	A	Evoked auditory test	0.00	1.24	1.24	0.12	1.36	1.36	XXX
92587	26	A	Evoked auditory test	0.13	0.11	0.11	0.01	0.25	0.25	XXX
92588	.....	A	Evoked auditory test	0.36	1.70	1.70	0.16	2.22	2.22	XXX
92588	TC	A	Evoked auditory test	0.00	1.40	1.40	0.14	1.54	1.54	XXX
92588	26	A	Evoked auditory test	0.36	0.30	0.30	0.02	0.68	0.68	XXX
92589	.....	A	Auditory function test(s)	0.00	0.51	0.51	0.06	0.57	0.57	XXX
92590	.....	N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92591	.....	N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92592	.....	N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92593	.....	N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92594	.....	N	Electro hearing aid test, one	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92595	.....	N	Electro hearing aid test, both	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92596	.....	A	Ear protector evaluation	0.00	0.56	0.56	0.06	0.62	0.62	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
92597	.....	A	Oral speech device eval	1.35	1.01	1.01	0.11	2.47	2.47	XXX
92598	.....	A	Modify oral speech device	0.99	0.66	0.66	0.07	1.72	1.72	XXX
92599	.....	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	TC	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92599	26	C	ENT procedure/service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
92950	.....	A	Heart/lung resuscitation (CPR)	3.80	2.27	2.27	0.17	6.24	6.24	000
92953	.....	A	Temporary external pacing	0.23	#0.25	#0.25	0.15	0.63	0.63	000
92960	.....	A	Heart electroconversion	2.25	1.88	1.88	0.16	4.29	4.29	000
92970	.....	A	Cardioassist, internal	3.52	3.47	3.47	0.41	7.40	7.40	000
92971	.....	A	Cardioassist, external	1.77	1.11	1.11	0.08	2.96	2.96	000
92975	.....	A	Dissolve clot, heart vessel	7.25	5.71	5.71	0.42	13.38	13.38	000
92977	.....	A	Dissolve clot, heart vessel	0.00	7.68	7.68	0.54	8.22	8.22	XXX
92978	.....	A	Intravas us, heart (add-on)	1.80	5.41	5.41	0.36	7.57	7.57	ZZZ
92978	TC	A	Intravas us, heart (add-on)	0.00	4.35	4.35	0.28	4.63	4.63	ZZZ
92978	26	A	Intravas us, heart (add-on)	1.80	1.06	1.06	0.08	2.94	2.94	ZZZ
92979	.....	A	Intravas us, heart (add-on)	1.44	3.03	3.03	0.20	4.67	4.67	ZZZ
92979	TC	A	Intravas us, heart (add-on)	0.00	2.18	2.18	0.14	2.32	2.32	ZZZ
92979	26	A	Intravas us, heart (add-on)	1.44	0.85	0.85	0.06	2.35	2.35	ZZZ
92980	.....	A	Insert intracoronary stent	14.84	#16.32	#16.32	1.22	32.38	32.38	000
92981	.....	A	Insert intracoronary stent	4.17	#4.59	#4.59	0.44	9.20	9.20	ZZZ
92982	.....	A	Coronary artery dilation	10.98	#12.08	#12.08	1.22	24.28	24.28	000
92984	.....	A	Coronary artery dilation	2.97	#3.27	#3.27	0.44	6.68	6.68	ZZZ
92986	.....	A	Revision of aortic valve	*21.80	12.04	12.04	0.90	34.74	34.74	090
92987	.....	A	Revision of mitral valve	*22.70	12.20	12.20	0.91	35.81	35.81	090
92990	.....	A	Revision of pulmonary valve	*17.34	9.59	9.59	0.71	27.64	27.64	090
92992	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	090
92993	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	0.00	0.00	090
92995	.....	A	Coronary atherectomy	12.09	#13.30	#13.30	1.22	26.61	26.61	000
92996	.....	A	Coronary atherectomy	3.26	#3.59	#3.59	0.44	7.29	7.29	ZZZ
92997	.....	A	Pul art balloon repair, perc	12.00	#13.20	#13.20	1.22	26.42	26.42	000
92998	.....	A	Pul art balloon repair, perc	6.00	3.80	3.80	0.44	10.24	10.24	ZZZ
93000	.....	A	Electrocardiogram, complete	0.17	0.59	0.59	0.04	0.80	0.80	XXX
93005	.....	A	Electrocardiogram, tracing	0.00	0.43	0.43	0.03	0.46	0.46	XXX
93010	.....	A	Electrocardiogram report	0.17	0.16	0.16	0.01	0.34	0.34	XXX
93012	.....	A	Transmission of ecg	0.00	2.25	2.25	0.22	2.47	2.47	XXX
93014	.....	A	Report on transmitted ecg	0.52	0.40	0.40	0.05	0.97	0.97	XXX
93015	.....	A	Cardiovascular stress test	0.75	2.32	2.32	0.18	3.25	3.25	XXX
93016	.....	A	Cardiovascular stress test	0.45	0.39	0.39	0.03	0.87	0.87	XXX
93017	.....	A	Cardiovascular stress test	0.00	1.60	1.60	0.12	1.72	1.72	XXX
93018	.....	A	Cardiovascular stress test	0.30	#0.33	#0.33	0.03	0.66	0.66	XXX
93024	.....	A	Cardiac drug stress test	1.17	2.36	2.36	0.23	3.76	3.76	XXX
93024	TC	A	Cardiac drug stress test	0.00	1.07	1.07	0.09	1.16	1.16	XXX
93024	26	A	Cardiac drug stress test	1.17	#1.29	#1.29	0.14	2.60	2.60	XXX
93040	.....	A	Rhythm ECG with report	0.16	0.26	0.26	0.02	0.44	0.44	XXX
93041	.....	A	Rhythm ECG, tracing	0.00	0.14	0.14	0.01	0.15	0.15	XXX
93042	.....	A	Rhythm ECG, report	0.16	0.12	0.12	0.01	0.29	0.29	XXX
93224	.....	A	ECG monitor/report, 24 hrs	0.52	3.83	3.83	0.31	4.66	4.66	XXX
93225	.....	A	ECG monitor/record, 24 hrs	0.00	1.18	1.18	0.09	1.27	1.27	XXX
93226	.....	A	ECG monitor/report, 24 hrs	0.00	2.08	2.08	0.16	2.24	2.24	XXX
93227	.....	A	ECG monitor/review, 24 hrs	0.52	#0.57	#0.57	0.06	1.15	1.15	XXX
93230	.....	A	ECG monitor/report, 24 hrs	0.52	4.09	4.09	0.34	4.95	4.95	XXX
93231	.....	A	ECG monitor/record, 24 hrs	0.00	1.45	1.45	0.11	1.56	1.56	XXX
93232	.....	A	ECG monitor/report, 24 hrs	0.00	2.07	2.07	0.15	2.22	2.22	XXX
93233	.....	A	ECG monitor/review, 24 hrs	0.52	#0.57	#0.57	0.08	1.17	1.17	XXX
93235	.....	A	ECG monitor/report, 24 hrs	0.45	3.00	3.00	0.23	3.68	3.68	XXX
93236	.....	A	ECG monitor/report, 24 hrs	0.00	2.50	2.50	0.17	2.67	2.67	XXX
93237	.....	A	ECG monitor/review, 24 hrs	0.45	#0.50	#0.50	0.06	1.01	1.01	XXX
93268	.....	A	ECG record/review	0.52	3.83	3.83	0.36	4.71	4.71	XXX
93270	.....	A	ECG recording	0.00	1.18	1.18	0.09	1.27	1.27	XXX
93271	.....	A	ECG/monitoring and anaylsis	0.00	2.25	2.25	0.22	2.47	2.47	XXX
93272	.....	A	ECG/review, interpret only	0.52	0.40	0.40	0.05	0.97	0.97	XXX
93278	.....	A	ECG/signal-averaged	0.25	1.38	1.38	0.18	1.81	1.81	XXX
93278	TC	A	ECG/signal-averaged	0.00	1.10	1.10	0.12	1.22	1.22	XXX
93278	26	A	ECG/signal-averaged	0.25	#0.28	#0.28	0.06	0.59	0.59	XXX
93303	.....	A	Echo transthoracic	1.30	4.68	4.68	0.36	6.34	6.34	XXX
93303	TC	A	Echo transthoracic	0.00	3.68	3.68	0.27	3.95	3.95	XXX
93303	26	A	Echo transthoracic	1.30	1.00	1.00	0.09	2.39	2.39	XXX
93304	.....	A	Echo transthoracic	0.75	2.53	2.53	0.19	3.47	3.47	XXX
93304	TC	A	Echo transthoracic	0.00	1.85	1.85	0.14	1.99	1.99	XXX
93304	26	A	Echo transthoracic	0.75	0.68	0.68	0.05	1.48	1.48	XXX
93307	.....	A	Echo exam of heart	0.92	4.68	4.68	0.36	5.96	5.96	XXX
93307	TC	A	Echo exam of heart	0.00	3.68	3.68	0.27	3.95	3.95	XXX
93307	26	A	Echo exam of heart	0.92	1.00	1.00	0.09	2.01	2.01	XXX
93308	.....	A	Echo exam of heart	0.53	2.43	2.43	0.19	3.15	3.15	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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
93308	TC	A	Echo exam of heart	0.00	1.85	1.85	0.14	1.99	1.99	XXX
93308	26	A	Echo exam of heart	0.53	#0.58	#0.58	0.05	1.16	1.16	XXX
93312	.....	A	Echo transesophageal	2.20	4.95	4.95	0.45	7.60	7.60	XXX
93312	TC	A	Echo transesophageal	0.00	3.60	3.60	0.33	3.93	3.93	XXX
93312	26	A	Echo transesophageal	2.20	1.35	1.35	0.12	3.67	3.67	XXX
93313	.....	A	Echo transesophageal	0.95	0.67	0.67	0.06	1.68	1.68	XXX
93314	.....	A	Echo transesophageal	1.25	4.27	4.27	0.39	5.91	5.91	XXX
93314	TC	A	Echo transesophageal	0.00	3.60	3.60	0.33	3.93	3.93	XXX
93314	26	A	Echo transesophageal	1.25	0.67	0.67	0.06	1.98	1.98	XXX
93315	.....	A	Echo transesophageal	2.78	4.95	4.95	0.45	8.18	8.18	XXX
93315	TC	A	Echo transesophageal	0.00	3.60	3.60	0.33	3.93	3.93	XXX
93315	26	A	Echo transesophageal	2.78	1.35	1.35	0.12	4.25	4.25	XXX
93316	.....	A	Echo transesophageal	0.95	0.67	0.67	0.06	1.68	1.68	XXX
93317	.....	A	Echo transesophageal	1.83	4.27	4.27	0.39	6.49	6.49	XXX
93317	TC	A	Echo transesophageal	0.00	3.60	3.60	0.33	3.93	3.93	XXX
93317	26	A	Echo transesophageal	1.83	0.67	0.67	0.06	2.56	2.56	XXX
93320	.....	A	Doppler echo exam, heart	0.38	2.05	2.05	0.18	2.61	2.61	ZZZ
93320	TC	A	Doppler echo exam, heart	0.00	1.63	1.63	0.13	1.76	1.76	ZZZ
93320	26	A	Doppler echo exam, heart	0.38	#0.42	#0.42	0.05	0.85	0.85	ZZZ
93321	.....	A	Doppler echo exam, heart	0.15	1.23	1.23	0.11	1.49	1.49	ZZZ
93321	TC	A	Doppler echo exam, heart	0.00	1.06	1.06	0.09	1.15	1.15	ZZZ
93321	26	A	Doppler echo exam, heart	0.15	#0.17	#0.17	0.02	0.34	0.34	ZZZ
93325	.....	A	Doppler color flow	0.07	2.80	2.80	0.25	3.12	3.12	ZZZ
93325	TC	A	Doppler color flow	0.00	2.76	2.76	0.24	3.00	3.00	ZZZ
93325	26	A	Doppler color flow	0.07	0.04	0.04	0.01	0.12	0.12	ZZZ
93350	.....	A	Echo transthoracic	0.78	2.54	2.54	0.24	3.56	3.56	XXX
93350	TC	A	Echo transthoracic	0.00	1.68	1.68	0.14	1.82	1.82	XXX
93350	26	A	Echo transthoracic	0.78	#0.86	#0.86	0.10	1.74	1.74	XXX
93501	.....	A	Right heart catheterization	3.02	19.43	19.43	1.54	23.99	23.99	000
93501	TC	A	Right heart catheterization	0.00	16.11	16.11	1.20	17.31	17.31	000
93501	26	A	Right heart catheterization	3.02	#3.32	#3.32	0.34	6.68	6.68	000
93503	.....	A	Insert/place heart catheter	2.91	2.37	2.37	0.36	5.64	5.64	000
93505	.....	A	Biopsy of heart lining	4.38	4.92	4.92	0.46	9.76	9.76	000
93505	TC	A	Biopsy of heart lining	0.00	1.89	1.89	0.18	2.07	2.07	000
93505	26	A	Biopsy of heart lining	4.38	3.03	3.03	0.28	7.69	7.69	000
93508	.....	A	Cath placement, angiography	4.10	14.79	14.79	0.98	19.87	19.87	000
93508	TC	A	Cath placement, angiography	0.00	12.01	12.01	0.75	12.76	12.76	000
93508	26	A	Cath placement, angiography	4.10	2.78	2.78	0.23	7.11	7.11	000
93510	.....	A	Left heart catheterization	4.33	38.28	38.28	2.86	45.47	45.47	000
93510	TC	A	Left heart catheterization	0.00	35.22	35.22	2.63	37.85	37.85	000
93510	26	A	Left heart catheterization	4.33	3.06	3.06	0.23	7.62	7.62	000
93511	.....	A	Left heart catheterization	5.03	36.91	36.91	2.76	44.70	44.70	000
93511	TC	A	Left heart catheterization	0.00	34.29	34.29	2.56	36.85	36.85	000
93511	26	A	Left heart catheterization	5.03	2.62	2.62	0.20	7.85	7.85	000
93514	.....	A	Left heart catheterization	7.05	38.84	38.84	2.94	48.83	48.83	000
93514	TC	A	Left heart catheterization	0.00	34.29	34.29	2.56	36.85	36.85	000
93514	26	A	Left heart catheterization	7.05	4.55	4.55	0.38	11.98	11.98	000
93524	.....	A	Left heart catheterization	6.95	49.45	49.45	3.69	60.09	60.09	000
93524	TC	A	Left heart catheterization	0.00	44.80	44.80	3.35	48.15	48.15	000
93524	26	A	Left heart catheterization	6.95	4.65	4.65	0.34	11.94	11.94	000
93526	.....	A	Rt & Lt heart catheters	5.99	51.48	51.48	3.83	61.30	61.30	000
93526	TC	A	Rt & Lt heart catheters	0.00	46.03	46.03	3.44	49.47	49.47	000
93526	26	A	Rt & Lt heart catheters	5.99	5.45	5.45	0.39	11.83	11.83	000
93527	.....	A	Rt & Lt heart catheters	7.28	51.94	51.94	3.85	63.07	63.07	000
93527	TC	A	Rt & Lt heart catheters	0.00	44.80	44.80	3.35	48.15	48.15	000
93527	26	A	Rt & Lt heart catheters	7.28	7.14	7.14	0.50	14.92	14.92	000
93528	.....	A	Rt & Lt heart catheters	9.00	49.23	49.23	3.68	61.91	61.91	000
93528	TC	A	Rt & Lt heart catheters	0.00	44.80	44.80	3.35	48.15	48.15	000
93528	26	A	Rt & Lt heart catheters	9.00	4.43	4.43	0.33	13.76	13.76	000
93529	.....	A	Rt, Lt heart catheterization	4.80	47.73	47.73	3.57	56.10	56.10	000
93529	TC	A	Rt, Lt heart catheterization	0.00	44.80	44.80	3.35	48.15	48.15	000
93529	26	A	Rt, Lt heart catheterization	4.80	2.93	2.93	0.22	7.95	7.95	000
93530	.....	A	Rt heart cath, congenital	4.23	19.72	19.72	1.54	25.49	25.49	000
93530	TC	A	Rt heart cath, congenital	0.00	16.11	16.11	1.20	17.31	17.31	000
93530	26	A	Rt heart cath, congenital	4.23	3.61	3.61	0.34	8.18	8.18	000
93531	.....	A	R & l heart cath, congenital	8.35	51.48	51.48	3.83	63.66	63.66	000
93531	TC	A	R & l heart cath, congenital	0.00	46.03	46.03	3.44	49.47	49.47	000
93531	26	A	R & l heart cath, congenital	8.35	5.45	5.45	0.39	14.19	14.19	000
93532	.....	A	R & l heart cath, congenital	10.00	51.94	51.94	3.85	65.79	65.79	000
93532	TC	A	R & l heart cath, congenital	0.00	44.80	44.80	3.35	48.15	48.15	000
93532	26	A	R & l heart cath, congenital	10.00	7.14	7.14	0.50	17.64	17.64	000
93533	.....	A	R & l heart cath, congenital	6.70	47.73	47.73	3.57	58.00	58.00	000
93533	TC	A	R & l heart cath, congenital	0.00	44.80	44.80	3.35	48.15	48.15	000
93533	26	A	R & l heart cath, congenital	6.70	2.93	2.93	0.22	9.85	9.85	000

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
93536	.....	A	Insert circulation assi	4.85	#5.34	#5.34	0.71	10.90	10.90	000
93539	.....	A	Injection, cardiac cath	0.40	0.88	#0.44	0.20	1.48	1.04	000
93540	.....	A	Injection, cardiac cath	0.43	0.88	#0.47	0.20	1.51	1.10	000
93541	.....	A	Injection for lung angiogram	0.29	#0.32	#0.32	0.16	0.77	0.77	000
93542	.....	A	Injection for heart x-rays	0.29	#0.32	#0.32	0.16	0.77	0.77	000
93543	.....	A	Injection for heart x-rays	0.29	0.57	#0.32	0.11	0.97	0.72	000
93544	.....	A	Injection for aortography	0.25	0.57	#0.28	0.11	0.93	0.64	000
93545	.....	A	Injection for coronary x-rays	0.40	#0.44	#0.44	0.24	1.08	1.08	000
93555	.....	A	Imaging, cardiac cath	0.81	6.25	6.25	0.42	7.48	7.48	XXX
93555	TC	A	Imaging, cardiac cath	0.00	5.98	5.98	0.38	6.36	6.36	XXX
93555	26	A	Imaging, cardiac cath	0.81	0.27	0.27	0.04	1.12	1.12	XXX
93556	.....	A	Imaging, cardiac cath	0.83	9.88	9.88	0.65	11.36	11.36	XXX
93556	TC	A	Imaging, cardiac cath	0.00	9.43	9.43	0.58	10.01	10.01	XXX
93556	26	A	Imaging, cardiac cath	0.83	0.45	0.45	0.07	1.35	1.35	XXX
93561	.....	A	Cardiac output measurement	0.50	1.05	1.05	0.16	1.71	1.71	000
93561	TC	A	Cardiac output measurement	0.00	0.50	0.50	0.07	0.57	0.57	000
93561	26	A	Cardiac output measurement	0.50	#0.55	#0.55	0.09	1.14	1.14	000
93562	.....	A	Cardiac output measurement	0.16	0.48	0.48	0.10	0.74	0.74	000
93562	TC	A	Cardiac output measurement	0.00	0.30	0.30	0.04	0.34	0.34	000
93562	26	A	Cardiac output measurement	0.16	#0.18	#0.18	0.06	0.40	0.40	000
93600	.....	A	Bundle of His recording	2.12	4.19	4.19	0.38	6.69	6.69	000
93600	TC	A	Bundle of His recording	0.00	1.86	1.86	0.14	2.00	2.00	000
93600	26	A	Bundle of His recording	2.12	#2.33	#2.33	0.24	4.69	4.69	000
93602	.....	A	Intra-atrial recording	2.12	2.83	2.83	0.22	5.17	5.17	000
93602	TC	A	Intra-atrial recording	0.00	1.06	1.06	0.08	1.14	1.14	000
93602	26	A	Intra-atrial recording	2.12	1.77	1.77	0.14	4.03	4.03	000
93603	.....	A	Right ventricular recording	2.12	3.79	3.79	0.28	6.19	6.19	000
93603	TC	A	Right ventricular recording	0.00	1.60	1.60	0.12	1.72	1.72	000
93603	26	A	Right ventricular recording	2.12	2.19	2.19	0.16	4.47	4.47	000
93607	.....	A	Right ventricular recording	3.26	3.63	3.63	0.28	7.17	7.17	000
93607	TC	A	Right ventricular recording	0.00	1.42	1.42	0.11	1.53	1.53	000
93607	26	A	Right ventricular recording	3.26	2.21	2.21	0.17	5.64	5.64	000
93609	.....	A	Mapping of tachycardia	10.07	6.43	6.43	0.47	16.97	16.97	000
93609	TC	A	Mapping of tachycardia	0.00	2.59	2.59	0.19	2.78	2.78	000
93609	26	A	Mapping of tachycardia	10.07	3.84	3.84	0.28	14.19	14.19	000
93610	.....	A	Intra-atrial pacing	3.02	3.60	3.60	0.27	6.89	6.89	000
93610	TC	A	Intra-atrial pacing	0.00	1.29	1.29	0.10	1.39	1.39	000
93610	26	A	Intra-atrial pacing	3.02	2.31	2.31	0.17	5.50	5.50	000
93612	.....	A	Intraventricular pacing	3.02	3.88	3.88	0.29	7.19	7.19	000
93612	TC	A	Intraventricular pacing	0.00	1.54	1.54	0.12	1.66	1.66	000
93612	26	A	Intraventricular pacing	3.02	2.34	2.34	0.17	5.53	5.53	000
93615	.....	A	Esophageal recording	0.99	0.65	0.65	0.04	1.68	1.68	000
93615	TC	A	Esophageal recording	0.00	0.30	0.30	0.02	0.32	0.32	000
93615	26	A	Esophageal recording	0.99	0.35	0.35	0.02	1.36	1.36	000
93616	.....	A	Esophageal recording	1.49	1.66	1.66	0.10	3.25	3.25	000
93616	TC	A	Esophageal recording	0.00	0.30	0.30	0.02	0.32	0.32	000
93616	26	A	Esophageal recording	1.49	1.36	1.36	0.08	2.93	2.93	000
93618	.....	A	Heart rhythm pacing	4.26	8.47	8.47	0.72	13.45	13.45	000
93618	TC	A	Heart rhythm pacing	0.00	3.78	3.78	0.28	4.06	4.06	000
93618	26	A	Heart rhythm pacing	4.26	#4.69	#4.69	0.44	9.39	9.39	000
93619	.....	A	Electrophysiology evaluation	7.32	15.39	15.39	1.40	24.11	24.11	000
93619	TC	A	Electrophysiology evaluation	0.00	7.34	7.34	0.54	7.88	7.88	000
93619	26	A	Electrophysiology evaluation	7.32	#8.05	#8.05	0.86	16.23	16.23	000
93620	.....	A	Electrophysiology evaluation	11.59	21.29	21.29	1.55	34.43	34.43	000
93620	TC	A	Electrophysiology evaluation	0.00	8.54	8.54	0.60	9.14	9.14	000
93620	26	A	Electrophysiology evaluation	11.59	#12.75	#12.75	0.95	25.29	25.29	000
93621	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	000
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	000
93621	26	A	Electrophysiology evaluation	12.66	#13.93	#13.93	1.11	27.70	27.70	000
93622	.....	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	000
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	0.00	0.00	000
93622	26	A	Electrophysiology evaluation	12.74	#14.01	#14.01	1.07	27.82	27.82	000
93623	.....	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	000
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	0.00	0.00	000
93623	26	A	Stimulation, pacing heart	2.85	2.78	2.78	0.20	5.83	5.83	000
93624	.....	A	Electrophysiologic study	4.81	4.88	4.88	0.35	10.04	10.04	000
93624	TC	A	Electrophysiologic study	0.00	1.89	1.89	0.14	2.03	2.03	000
93624	26	A	Electrophysiologic study	4.81	2.99	2.99	0.21	8.01	8.01	000
93631	.....	A	Heart pacing, mapping	7.60	11.62	11.62	1.37	20.59	20.59	000
93631	TC	A	Heart pacing, mapping	0.00	5.86	5.86	0.70	6.56	6.56	000
93631	26	A	Heart pacing, mapping	7.60	5.76	5.76	0.67	14.03	14.03	000
93640	.....	A	Evaluation heart device	3.52	10.71	10.71	1.09	15.32	15.32	000
93640	TC	A	Evaluation heart device	0.00	6.84	6.84	0.48	7.32	7.32	000
93640	26	A	Evaluation heart device	3.52	#3.87	#3.87	0.61	8.00	8.00	000

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
93641	.....	A	Electrophysiology evaluation	5.93	13.36	13.36	1.09	20.38	20.38	000
93641	TC	A	Electrophysiology evaluation	0.00	6.84	6.84	0.48	7.32	7.32	000
93641	26	A	Electrophysiology evaluation	5.93	#6.52	#6.52	0.61	13.06	13.06	000
93642	.....	A	Electrophysiology evaluation	4.89	12.22	12.22	1.09	18.20	18.20	000
93642	TC	A	Electrophysiology evaluation	0.00	6.84	6.84	0.48	7.32	7.32	000
93642	26	A	Electrophysiology evaluation	4.89	#5.38	#5.38	0.61	10.88	10.88	000
93650	.....	A	Ablate heart dysrhythm focus	10.51	#11.56	#11.56	1.34	23.41	23.41	000
93651	.....	A	Ablate heart dysrhythm focus	16.25	17.83	17.83	1.34	35.42	35.42	000
93652	.....	A	Ablate heart dysrhythm focus	17.68	17.83	17.83	1.34	36.85	36.85	000
93660	.....	C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	000
93660	TC	C	Tilt table evaluation	0.00	0.00	0.00	0.00	0.00	0.00	000
93660	26	A	Tilt table evaluation	1.89	1.44	1.44	0.17	3.50	3.50	000
93720	.....	A	Total body plethysmography	0.17	0.89	0.86	0.10	1.16	1.13	XXX
93721	.....	A	Plethysmography tracing	0.00	0.67	0.67	0.07	0.74	0.74	XXX
93722	.....	A	Plethysmography report	0.17	0.22	#0.19	0.03	0.42	0.39	XXX
93724	.....	A	Analyze pacemaker system	4.89	6.66	6.66	0.50	12.05	12.05	000
93724	TC	A	Analyze pacemaker system	0.00	3.78	3.78	0.28	4.06	4.06	000
93724	26	A	Analyze pacemaker system	4.89	2.88	2.88	0.22	7.99	7.99	000
93731	.....	A	Analyze pacemaker system	0.45	0.79	0.79	0.07	1.31	1.31	XXX
93731	TC	A	Analyze pacemaker system	0.00	0.47	0.47	0.04	0.51	0.51	XXX
93731	26	A	Analyze pacemaker system	0.45	0.32	0.32	0.03	0.80	0.80	XXX
93732	.....	A	Analyze pacemaker system	0.92	0.91	0.91	0.08	1.91	1.91	XXX
93732	TC	A	Analyze pacemaker system	0.00	0.49	0.49	0.04	0.53	0.53	XXX
93732	26	A	Analyze pacemaker system	0.92	0.42	0.42	0.04	1.38	1.38	XXX
93733	.....	A	Telephone analysis, pacemaker	0.17	0.88	0.88	0.08	1.13	1.13	XXX
93733	TC	A	Telephone analysis, pacemaker	0.00	0.69	0.69	0.06	0.75	0.75	XXX
93733	26	A	Telephone analysis, pacemaker	0.17	#0.19	#0.19	0.02	0.38	0.38	XXX
93734	.....	A	Analyze pacemaker system	0.38	0.64	0.64	0.06	1.08	1.08	XXX
93734	TC	A	Analyze pacemaker system	0.00	0.33	0.33	0.03	0.36	0.36	XXX
93734	26	A	Analyze pacemaker system	0.38	0.31	0.31	0.03	0.72	0.72	XXX
93735	.....	A	Analyze pacemaker system	0.74	0.85	0.85	0.08	1.67	1.67	XXX
93735	TC	A	Analyze pacemaker system	0.00	0.42	0.42	0.04	0.46	0.46	XXX
93735	26	A	Analyze pacemaker system	0.74	0.43	0.43	0.04	1.21	1.21	XXX
93736	.....	A	Telephone analysis, pacemaker	0.15	0.77	0.77	0.09	1.01	1.01	XXX
93736	TC	A	Telephone analysis, pacemaker	0.00	0.60	0.60	0.06	0.66	0.66	XXX
93736	26	A	Telephone analysis, pacemaker	0.15	#0.17	#0.17	0.03	0.35	0.35	XXX
93737	.....	A	Analyze cardio/defibrillator	0.45	0.74	0.74	0.06	1.25	1.25	XXX
93737	TC	A	Analyze cardio/defibrillator	0.00	0.47	0.47	0.04	0.51	0.51	XXX
93737	26	A	Analyze cardio/defibrillator	0.45	0.27	0.27	0.02	0.74	0.74	XXX
93738	.....	A	Analyze cardio/defibrillator	0.92	0.88	0.88	0.07	1.87	1.87	XXX
93738	TC	A	Analyze cardio/defibrillator	0.00	0.49	0.49	0.04	0.53	0.53	XXX
93738	26	A	Analyze cardio/defibrillator	0.92	0.39	0.39	0.03	1.34	1.34	XXX
93740	.....	A	Temperature gradient studies	0.16	0.45	0.45	0.04	0.65	0.65	XXX
93740	TC	A	Temperature gradient studies	0.00	0.15	0.15	0.01	0.16	0.16	XXX
93740	26	A	Temperature gradient studies	0.16	0.30	0.30	0.03	0.49	0.49	XXX
93760	.....	N	Cephalic thermogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93762	.....	N	Peripheral thermogram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93770	.....	A	Measure venous pressure	0.16	0.20	0.20	0.02	0.38	0.38	XXX
93770	TC	A	Measure venous pressure	0.00	0.03	0.03	0.00	0.03	0.03	XXX
93770	26	A	Measure venous pressure	0.16	0.17	0.17	0.02	0.35	0.35	XXX
93784	.....	N	Ambulatory BP monitoring	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93786	.....	N	Ambulatory BP recording	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93788	.....	N	Ambulatory BP analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93790	.....	N	Review/report BP recording	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93797	.....	A	Cardiac rehab	0.18	#0.20	#0.20	0.02	0.40	0.40	000
93798	.....	A	Cardiac rehab/monitor	0.28	0.47	0.47	0.04	0.79	0.79	000
93799	.....	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
93875	.....	A	Extracranial study	0.22	1.29	1.29	0.18	1.69	1.69	XXX
93875	TC	A	Extracranial study	0.00	1.05	1.05	0.12	1.17	1.17	XXX
93875	26	A	Extracranial study	0.22	#0.24	#0.24	0.06	0.52	0.52	XXX
93880	.....	A	Extracranial study	0.60	3.94	3.94	0.44	4.98	4.98	XXX
93880	TC	A	Extracranial study	0.00	3.55	3.55	0.40	3.95	3.95	XXX
93880	26	A	Extracranial study	0.60	0.39	0.39	0.04	1.03	1.03	XXX
93882	.....	A	Extracranial study	0.40	2.62	2.62	0.29	3.31	3.31	XXX
93882	TC	A	Extracranial study	0.00	2.36	2.36	0.26	2.62	2.62	XXX
93882	26	A	Extracranial study	0.40	0.26	0.26	0.03	0.69	0.69	XXX
93886	.....	A	Intracranial study	0.94	4.44	4.44	0.50	5.88	5.88	XXX
93886	TC	A	Intracranial study	0.00	4.02	4.02	0.45	4.47	4.47	XXX
93886	26	A	Intracranial study	0.94	0.42	0.42	0.05	1.41	1.41	XXX
93888	.....	A	Intracranial study	0.62	2.96	2.96	0.34	3.92	3.92	XXX
93888	TC	A	Intracranial study	0.00	2.68	2.68	0.31	2.99	2.99	XXX
93888	26	A	Intracranial study	0.62	0.28	0.28	0.03	0.93	0.93	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
93922	.....	A	Extremity study	0.25	1.38	1.38	0.19	1.82	1.82	XXX
93922	TC	A	Extremity study	0.00	1.10	1.10	0.14	1.24	1.24	XXX
93922	26	A	Extremity study	0.25	0.28	0.28	0.05	0.58	0.58	XXX
93923	.....	A	Extremity study	0.45	2.58	2.58	0.35	3.38	3.38	XXX
93923	TC	A	Extremity study	0.00	2.08	2.08	0.26	2.34	2.34	XXX
93923	26	A	Extremity study	0.45	#0.50	#0.50	0.09	1.04	1.04	XXX
93924	.....	A	Extremity study	0.50	2.81	2.81	0.39	3.70	3.70	XXX
93924	TC	A	Extremity study	0.00	2.26	2.26	0.29	2.55	2.55	XXX
93924	26	A	Extremity study	0.50	#0.55	#0.55	0.10	1.15	1.15	XXX
93925	.....	A	Lower extremity study	0.58	3.96	3.96	0.44	4.98	4.98	XXX
93925	TC	A	Lower extremity study	0.00	3.57	3.57	0.40	3.97	3.97	XXX
93925	26	A	Lower extremity study	0.58	0.39	0.39	0.04	1.01	1.01	XXX
93926	.....	A	Lower extremity study	0.39	2.64	2.64	0.30	3.33	3.33	XXX
93926	TC	A	Lower extremity study	0.00	2.38	2.38	0.27	2.65	2.65	XXX
93926	26	A	Lower extremity study	0.39	0.26	0.26	0.03	0.68	0.68	XXX
93930	.....	A	Upper extremity study	0.46	4.18	4.18	0.47	5.11	5.11	XXX
93930	TC	A	Upper extremity study	0.00	3.79	3.79	0.42	4.21	4.21	XXX
93930	26	A	Upper extremity study	0.46	0.39	0.39	0.05	0.90	0.90	XXX
93931	.....	A	Upper extremity study	0.31	2.78	2.78	0.31	3.40	3.40	XXX
93931	TC	A	Upper extremity study	0.00	2.52	2.52	0.28	2.80	2.80	XXX
93931	26	A	Upper extremity study	0.31	0.26	0.26	0.03	0.60	0.60	XXX
93965	.....	A	Extremity study	0.35	1.43	1.43	0.19	1.97	1.97	XXX
93965	TC	A	Extremity study	0.00	1.04	1.04	0.13	1.17	1.17	XXX
93965	26	A	Extremity study	0.35	#0.39	#0.39	0.06	0.80	0.80	XXX
93970	.....	A	Extremity study	0.68	4.33	4.33	0.51	5.52	5.52	XXX
93970	TC	A	Extremity study	0.00	3.93	3.93	0.46	4.39	4.39	XXX
93970	26	A	Extremity study	0.68	0.40	0.40	0.05	1.13	1.13	XXX
93971	.....	A	Extremity study	0.45	2.89	2.89	0.34	3.68	3.68	XXX
93971	TC	A	Extremity study	0.00	2.62	2.62	0.31	2.93	2.93	XXX
93971	26	A	Extremity study	0.45	0.27	0.27	0.03	0.75	0.75	XXX
93975	.....	A	Vascular study	1.80	4.90	4.90	0.55	7.25	7.25	XXX
93975	TC	A	Vascular study	0.00	4.48	4.48	0.50	4.98	4.98	XXX
93975	26	A	Vascular study	1.80	0.42	0.42	0.05	2.27	2.27	XXX
93976	.....	A	Vascular study	1.21	3.27	3.27	0.37	4.85	4.85	XXX
93976	TC	A	Vascular study	0.00	2.99	2.99	0.34	3.33	3.33	XXX
93976	26	A	Vascular study	1.21	0.28	0.28	0.03	1.52	1.52	XXX
93978	.....	A	Vascular study	0.65	4.06	4.06	0.47	5.18	5.18	XXX
93978	TC	A	Vascular study	0.00	3.67	3.67	0.42	4.09	4.09	XXX
93978	26	A	Vascular study	0.65	0.39	0.39	0.05	1.09	1.09	XXX
93979	.....	A	Vascular study	0.44	2.70	2.70	0.31	3.45	3.45	XXX
93979	TC	A	Vascular study	0.00	2.44	2.44	0.28	2.72	2.72	XXX
93979	26	A	Vascular study	0.44	0.26	0.26	0.03	0.73	0.73	XXX
93980	.....	A	Penile vascular study	1.25	4.15	4.15	0.45	5.85	5.85	XXX
93980	TC	A	Penile vascular study	0.00	3.33	3.33	0.38	3.71	3.71	XXX
93980	26	A	Penile vascular study	1.25	0.82	0.82	0.07	2.14	2.14	XXX
93981	.....	A	Penile vascular study	0.44	3.47	3.47	0.39	4.30	4.30	XXX
93981	TC	A	Penile vascular study	0.00	3.07	3.07	0.36	3.43	3.43	XXX
93981	26	A	Penile vascular study	0.44	0.40	0.40	0.03	0.87	0.87	XXX
93990	.....	A	Doppler flow testing	0.25	2.57	2.57	0.29	3.11	3.11	XXX
93990	TC	A	Doppler flow testing	0.00	2.38	2.38	0.27	2.65	2.65	XXX
93990	26	A	Doppler flow testing	0.25	0.19	0.19	0.02	0.46	0.46	XXX
94010	.....	A	Breathing capacity test	0.17	0.68	0.68	0.05	0.90	0.90	XXX
94010	TC	A	Breathing capacity test	0.00	0.40	0.40	0.03	0.43	0.43	XXX
94010	26	A	Breathing capacity test	0.17	0.28	0.28	0.02	0.47	0.47	XXX
94060	.....	A	Evaluation of wheezing	0.31	1.23	1.23	0.09	1.63	1.63	XXX
94060	TC	A	Evaluation of wheezing	0.00	0.89	0.89	0.06	0.95	0.95	XXX
94060	26	A	Evaluation of wheezing	0.31	#0.34	#0.34	0.03	0.68	0.68	XXX
94070	.....	A	Evaluation of wheezing	0.60	1.77	1.77	0.13	2.50	2.50	XXX
94070	TC	A	Evaluation of wheezing	0.00	1.39	1.39	0.10	1.49	1.49	XXX
94070	26	A	Evaluation of wheezing	0.60	0.38	0.38	0.03	1.01	1.01	XXX
94150	.....	B	Vital capacity test	+0.07	0.16	0.16	0.02	0.25	0.25	XXX
94150	TC	B	Vital capacity test	+0.00	0.08	0.08	0.01	0.09	0.09	XXX
94150	26	B	Vital capacity test	+0.07	#0.08	#0.08	0.01	0.16	0.16	XXX
94200	.....	A	Lung function test (MBC/MVV)	0.11	0.36	0.36	0.03	0.50	0.50	XXX
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.24	0.24	0.02	0.26	0.26	XXX
94200	26	A	Lung function test (MBC/MVV)	0.11	#0.12	#0.12	0.01	0.24	0.24	XXX
94240	.....	A	Residual lung capacity	0.26	0.88	0.88	0.07	1.21	1.21	XXX
94240	TC	A	Residual lung capacity	0.00	0.65	0.65	0.05	0.70	0.70	XXX
94240	26	A	Residual lung capacity	0.26	0.23	0.23	0.02	0.51	0.51	XXX
94250	.....	A	Expired gas collection	0.11	0.25	0.25	0.02	0.38	0.38	XXX
94250	TC	A	Expired gas collection	0.00	0.13	0.13	0.01	0.14	0.14	XXX
94250	26	A	Expired gas collection	0.11	#0.12	#0.12	0.01	0.24	0.24	XXX
94260	.....	A	Thoracic gas volume	0.13	0.66	0.66	0.06	0.85	0.85	XXX
94260	TC	A	Thoracic gas volume	0.00	0.52	0.52	0.04	0.56	0.56	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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
94260	26	A	Thoracic gas volume	0.13	#0.14	#0.14	0.02	0.29	0.29	XXX
94350	.....	A	Lung nitrogen washout curve	0.26	0.73	0.73	0.05	1.04	1.04	XXX
94350	TC	A	Lung nitrogen washout curve	0.00	0.52	0.52	0.04	0.56	0.56	XXX
94350	26	A	Lung nitrogen washout curve	0.26	0.21	0.21	0.01	0.48	0.48	XXX
94360	.....	A	Measure airflow resistance	0.26	1.11	1.11	0.07	1.44	1.44	XXX
94360	TC	A	Measure airflow resistance	0.00	0.92	0.92	0.06	0.98	0.98	XXX
94360	26	A	Measure airflow resistance	0.26	0.19	0.19	0.01	0.46	0.46	XXX
94370	.....	A	Breath airway closing volume	0.26	0.40	0.40	0.03	0.69	0.69	XXX
94370	TC	A	Breath airway closing volume	0.00	0.26	0.26	0.02	0.28	0.28	XXX
94370	26	A	Breath airway closing volume	0.26	0.14	0.14	0.01	0.41	0.41	XXX
94375	.....	A	Respiratory flow volume loop	0.31	0.67	0.67	0.04	1.02	1.02	XXX
94375	TC	A	Respiratory flow volume loop	0.00	0.46	0.46	0.03	0.49	0.49	XXX
94375	26	A	Respiratory flow volume loop	0.31	0.21	0.21	0.01	0.53	0.53	XXX
94400	.....	A	CO2 breathing response curve	0.40	0.77	0.77	0.19	1.36	1.36	XXX
94400	TC	A	CO2 breathing response curve	0.00	0.30	0.30	0.06	0.36	0.36	XXX
94400	26	A	CO2 breathing response curve	0.40	0.47	0.47	0.13	1.00	1.00	XXX
94450	.....	A	Hypoxia response curve	0.40	0.61	0.61	0.05	1.06	1.06	XXX
94450	TC	A	Hypoxia response curve	0.00	0.37	0.37	0.03	0.40	0.40	XXX
94450	26	A	Hypoxia response curve	0.40	0.24	0.24	0.02	0.66	0.66	XXX
94620	.....	A	Pulmonary stress testing	0.88	2.05	2.05	0.15	3.08	3.08	XXX
94620	TC	A	Pulmonary stress testing	0.00	1.35	1.35	0.10	1.45	1.45	XXX
94620	26	A	Pulmonary stress testing	0.88	0.70	0.70	0.05	1.63	1.63	XXX
94640	.....	A	Airway inhalation treatment	0.00	0.39	0.39	0.03	0.42	0.42	XXX
94642	.....	C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94650	.....	A	Pressure breathing (IPPB)	0.00	0.37	0.37	0.03	0.40	0.40	XXX
94651	.....	A	Pressure breathing (IPPB)	0.00	0.36	0.36	0.03	0.39	0.39	XXX
94652	.....	A	Pressure breathing (IPPB)	0.00	0.41	0.41	0.08	0.49	0.49	XXX
94656	.....	A	Initial ventilator mgmt	1.22	1.13	1.13	0.12	2.47	2.47	XXX
94657	.....	A	Cont. ventilator	0.83	0.62	0.62	0.05	1.50	1.50	XXX
94660	.....	A	Pos airway pressure, CPAP	0.76	0.71	0.71	0.06	1.53	1.53	XXX
94662	.....	A	Neg pressure ventilation, cnp	0.76	0.30	0.30	0.02	1.08	1.08	XXX
94664	.....	A	Aerosol or vapor inhalations	0.00	0.50	0.50	0.04	0.54	0.54	XXX
94665	.....	A	Aerosol or vapor inhalations	0.00	0.46	0.46	0.05	0.51	0.51	XXX
94667	.....	A	Chest wall manipulation	0.00	0.55	0.55	0.05	0.60	0.60	XXX
94668	.....	A	Chest wall manipulation	0.00	0.34	0.34	0.03	0.37	0.37	XXX
94680	.....	A	Exhaled air analysis: O2	0.26	0.78	0.78	0.10	1.14	1.14	XXX
94680	TC	A	Exhaled air analysis: O2	0.00	0.49	0.49	0.07	0.56	0.56	XXX
94680	26	A	Exhaled air analysis: O2	0.26	#0.29	#0.29	0.03	0.58	0.58	XXX
94681	.....	A	Exhaled air analysis: O2, CO2	0.20	1.54	1.54	0.17	1.91	1.91	XXX
94681	TC	A	Exhaled air analysis: O2, CO2	0.00	1.32	1.32	0.13	1.45	1.45	XXX
94681	26	A	Exhaled air analysis: O2, CO2	0.20	#0.22	#0.22	0.04	0.46	0.46	XXX
94690	.....	A	Exhaled air analysis	0.07	0.56	0.56	0.04	0.67	0.67	XXX
94690	TC	A	Exhaled air analysis	0.00	0.51	0.51	0.04	0.55	0.55	XXX
94690	26	A	Exhaled air analysis	0.07	0.05	0.05	0.00	0.12	0.12	XXX
94720	.....	A	Monoxide diffusing capacity	0.26	1.03	1.03	0.08	1.37	1.37	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	0.80	0.80	0.06	0.86	0.86	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.23	0.23	0.02	0.51	0.51	XXX
94725	.....	A	Membrane diffusion capacity	0.26	1.84	1.84	0.14	2.24	2.24	XXX
94725	TC	A	Membrane diffusion capacity	0.00	1.66	1.66	0.13	1.79	1.79	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.18	0.18	0.01	0.45	0.45	XXX
94750	.....	A	Pulmonary compliance study	0.23	0.80	0.80	0.06	1.09	1.09	XXX
94750	TC	A	Pulmonary compliance study	0.00	0.55	0.55	0.04	0.59	0.59	XXX
94750	26	A	Pulmonary compliance study	0.23	#0.25	#0.25	0.02	0.50	0.50	XXX
94760	.....	A	Measure blood oxygen level	0.00	0.25	0.25	0.02	0.27	0.27	XXX
94761	.....	A	Measure blood oxygen level	0.00	0.64	0.64	0.06	0.70	0.70	XXX
94762	.....	A	Measure blood oxygen level	0.00	1.08	1.08	0.10	1.18	1.18	XXX
94770	.....	A	Exhaled carbon dioxide test	0.15	0.40	0.40	0.11	0.66	0.66	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	0.29	0.29	0.08	0.37	0.37	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.11	0.11	0.03	0.29	0.29	XXX
94772	.....	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	.....	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95004	.....	A	Allergy skin tests	0.00	0.09	0.09	0.01	0.10	0.10	XXX
95010	.....	A	Sensitivity skin tests	0.15	0.11	0.11	0.01	0.27	0.27	XXX
95015	.....	A	Sensitivity skin tests	0.15	0.11	0.11	0.01	0.27	0.27	XXX
95024	.....	A	Allergy skin tests	0.00	0.14	0.14	0.01	0.15	0.15	XXX
95027	.....	A	Skin end point titration	0.00	0.14	0.14	0.01	0.15	0.15	XXX
95028	.....	A	Allergy skin tests	0.00	0.22	0.22	0.01	0.23	0.23	XXX
95044	.....	A	Allergy patch tests	0.00	0.19	0.19	0.01	0.20	0.20	XXX
95052	.....	A	Photo patch test	0.00	0.24	0.24	0.01	0.25	0.25	XXX
95056	.....	A	Photosensitivity tests	0.00	0.17	0.17	0.01	0.18	0.18	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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
95060	.....	A	Eye allergy tests	0.00	0.33	0.33	0.02	0.35	0.35	XXX
95065	.....	A	Nose allergy test	0.00	0.19	0.19	0.01	0.20	0.20	XXX
95070	.....	A	Bronchial allergy tests	0.00	2.17	2.17	0.02	2.19	2.19	XXX
95071	.....	A	Bronchial allergy tests	0.00	2.78	2.78	0.02	2.80	2.80	XXX
95075	.....	A	Ingestion challenge test	0.95	1.97	1.97	0.02	2.94	2.94	XXX
95078	.....	A	Provocative testing	0.00	0.24	0.24	0.02	0.26	0.26	XXX
95115	.....	A	Immunotherapy, one injection	0.00	0.37	0.37	0.02	0.39	0.39	000
95117	.....	A	Immunotherapy injections	0.00	0.48	0.48	0.02	0.50	0.50	000
95120	.....	I	Immunotherapy, one injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95125	.....	I	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95130	.....	I	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95131	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95132	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95133	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95134	.....	I	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
95144	.....	A	Antigen therapy services	0.06	0.13	0.13	0.01	0.20	0.20	000
95145	.....	A	Antigen therapy services	0.06	0.34	0.34	0.03	0.43	0.43	000
95146	.....	A	Antigen therapy services	0.06	0.61	0.61	0.03	0.70	0.70	000
95147	.....	A	Antigen therapy services	0.06	0.91	0.91	0.03	1.00	1.00	000
95148	.....	A	Antigen therapy services	0.06	0.91	0.91	0.03	1.00	1.00	000
95149	.....	A	Antigen therapy services	0.06	1.14	1.14	0.03	1.23	1.23	000
95165	.....	A	Antigen therapy services	0.06	0.10	0.10	0.01	0.17	0.17	000
95170	.....	A	Antigen therapy services	0.06	0.35	0.35	0.03	0.44	0.44	000
95180	.....	A	Rapid desensitization	2.01	0.14	0.14	0.01	2.16	2.16	000
95199	.....	C	Allergy immunology services	0.00	0.00	0.00	0.00	0.00	0.00	000
95805	.....	A	Multiple sleep latency test	1.88	5.51	5.51	0.45	7.84	7.84	XXX
95805	TC	A	Multiple sleep latency test	0.00	4.95	4.95	0.38	5.33	5.33	XXX
95805	26	A	Multiple sleep latency test	1.88	0.56	0.56	0.07	2.51	2.51	XXX
95806	.....	A	Sleep study, unattended	1.66	7.18	6.56	0.55	9.39	8.77	XXX
95806	TC	A	Sleep study, unattended	0.00	4.73	4.73	0.36	5.09	5.09	XXX
95806	26	A	Sleep study, unattended	1.66	2.45	#1.83	0.19	4.30	3.68	XXX
95807	.....	A	Sleep study, attended	1.66	8.13	8.13	0.67	10.46	10.46	XXX
95807	TC	A	Sleep study, attended	0.00	6.30	6.30	0.48	6.78	6.78	XXX
95807	26	A	Sleep study, attended	1.66	#1.83	#1.83	0.19	3.68	3.68	XXX
95808	.....	A	Polysomnography, 1–3	2.65	8.75	8.75	0.67	12.07	12.07	XXX
95808	TC	A	Polysomnography, 1–3	0.00	6.30	6.30	0.48	6.78	6.78	XXX
95808	26	A	Polysomnography, 1–3	2.65	2.45	2.45	0.19	5.29	5.29	XXX
95810	.....	A	Polysomnography, 4 or more	3.53	8.75	8.75	0.67	12.95	12.95	XXX
95810	TC	A	Polysomnography, 4 or more	0.00	6.30	6.30	0.48	6.78	6.78	XXX
95810	26	A	Polysomnography, 4 or more	3.53	2.45	2.45	0.19	6.17	6.17	XXX
95811	.....	A	Polysomnography w/cpap	3.80	9.19	9.19	0.70	13.69	13.69	XXX
95811	TC	A	Polysomnography w/cpap	0.00	6.62	6.62	0.50	7.12	7.12	XXX
95811	26	A	Polysomnography w/cpap	3.80	2.57	2.57	0.20	6.57	6.57	XXX
95812	.....	A	Electroencephalogram (EEG)	1.08	1.85	1.85	0.15	3.08	3.08	XXX
95812	TC	A	Electroencephalogram (EEG)	0.00	1.35	1.35	0.11	1.46	1.46	XXX
95812	26	A	Electroencephalogram (EEG)	1.08	0.50	0.50	0.04	1.62	1.62	XXX
95813	.....	A	Electroencephalogram (EEG)	1.73	1.85	1.85	0.15	3.73	3.73	XXX
95813	TC	A	Electroencephalogram (EEG)	0.00	1.35	1.35	0.11	1.46	1.46	XXX
95813	26	A	Electroencephalogram (EEG)	1.73	0.50	0.50	0.04	2.27	2.27	XXX
95816	.....	A	Electroencephalogram (EEG)	1.08	1.54	1.54	0.13	2.75	2.75	XXX
95816	TC	A	Electroencephalogram (EEG)	0.00	1.26	1.26	0.10	1.36	1.36	XXX
95816	26	A	Electroencephalogram (EEG)	1.08	0.28	0.28	0.03	1.39	1.39	XXX
95819	.....	A	Electroencephalogram (EEG)	1.08	1.80	1.80	0.14	3.02	3.02	XXX
95819	TC	A	Electroencephalogram (EEG)	0.00	1.30	1.30	0.10	1.40	1.40	XXX
95819	26	A	Electroencephalogram (EEG)	1.08	0.50	0.50	0.04	1.62	1.62	XXX
95822	.....	A	Sleep electroencephalogram	1.08	2.28	2.28	0.18	3.54	3.54	XXX
95822	TC	A	Sleep electroencephalogram	0.00	1.72	1.72	0.14	1.86	1.86	XXX
95822	26	A	Sleep electroencephalogram	1.08	0.56	0.56	0.04	1.68	1.68	XXX
95824	.....	A	Electroencephalography	0.74	0.98	0.98	0.07	1.79	1.79	XXX
95824	TC	A	Electroencephalography	0.00	0.40	0.40	0.03	0.43	0.43	XXX
95824	26	A	Electroencephalography	0.74	0.58	0.58	0.04	1.36	1.36	XXX
95827	.....	A	Night electroencephalogram	1.08	3.06	3.06	0.24	4.38	4.38	XXX
95827	TC	A	Night electroencephalogram	0.00	2.18	2.18	0.17	2.35	2.35	XXX
95827	26	A	Night electroencephalogram	1.08	0.88	0.88	0.07	2.03	2.03	XXX
95829	.....	A	Surgery electrocorticogram	6.21	0.59	0.59	0.05	6.85	6.85	XXX
95829	TC	A	Surgery electrocorticogram	0.00	0.14	0.14	0.02	0.16	0.16	XXX
95829	26	A	Surgery electrocorticogram	6.21	0.45	0.45	0.03	6.69	6.69	XXX
95830	.....	A	Insert electrodes for EEG	1.70	0.78	0.78	0.07	2.55	2.55	XXX
95831	.....	A	Limb muscle testing, manual	0.28	0.29	0.29	0.03	0.60	0.60	XXX
95832	.....	A	Hand muscle testing, manual	0.29	0.25	0.25	0.02	0.56	0.56	XXX
95833	.....	A	Body muscle testing, manual	0.47	0.38	0.38	0.05	0.90	0.90	XXX
95834	.....	A	Body muscle testing, manual	0.60	0.61	0.61	0.06	1.27	1.27	XXX
95851	.....	A	Range of motion measurements	0.16	0.24	0.24	0.02	0.42	0.42	XXX
95852	.....	A	Range of motion measurements	0.11	0.15	0.15	0.02	0.28	0.28	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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
95857	.....	A	Tensilon test	0.53	0.50	0.50	0.04	1.07	1.07	XXX
95858	.....	A	Tensilon test & myogram	1.56	1.02	1.02	0.09	2.67	2.67	XXX
95858	TC	A	Tensilon test & myogram	0.00	0.38	0.38	0.04	0.42	0.42	XXX
95858	26	A	Tensilon test & myogram	1.56	0.64	0.64	0.05	2.25	2.25	XXX
95860	.....	A	Muscle test, one limb	0.96	1.09	1.09	0.09	2.14	2.14	XXX
95860	TC	A	Muscle test, one limb	0.00	0.36	0.36	0.03	0.39	0.39	XXX
95860	26	A	Muscle test, one limb	0.96	0.73	0.73	0.06	1.75	1.75	XXX
95861	.....	A	Muscle test, two limbs	1.54	1.97	1.97	0.16	3.67	3.67	XXX
95861	TC	A	Muscle test, two limbs	0.00	0.70	0.70	0.06	0.76	0.76	XXX
95861	26	A	Muscle test, two limbs	1.54	1.27	1.27	0.10	2.91	2.91	XXX
95863	.....	A	Muscle test, 3 limbs	1.87	2.30	2.30	0.18	4.35	4.35	XXX
95863	TC	A	Muscle test, 3 limbs	0.00	0.89	0.89	0.07	0.96	0.96	XXX
95863	26	A	Muscle test, 3 limbs	1.87	1.41	1.41	0.11	3.39	3.39	XXX
95864	.....	A	Muscle test, 4 limbs	1.99	3.45	3.45	0.27	5.71	5.71	XXX
95864	TC	A	Muscle test, 4 limbs	0.00	1.70	1.70	0.13	1.83	1.83	XXX
95864	26	A	Muscle test, 4 limbs	1.99	1.75	1.75	0.14	3.88	3.88	XXX
95867	.....	A	Muscle test, head or neck	0.79	1.13	1.13	0.09	2.01	2.01	XXX
95867	TC	A	Muscle test, head or neck	0.00	0.55	0.55	0.04	0.59	0.59	XXX
95867	26	A	Muscle test, head or neck	0.79	0.58	0.58	0.05	1.42	1.42	XXX
95868	.....	A	Muscle test, head or neck	1.18	1.92	1.92	0.15	3.25	3.25	XXX
95868	TC	A	Muscle test, head or neck	0.00	0.66	0.66	0.05	0.71	0.71	XXX
95868	26	A	Muscle test, head or neck	1.18	1.26	1.26	0.10	2.54	2.54	XXX
95869	.....	A	Muscle test, thor paraspinal	0.37	0.53	0.53	0.05	0.95	0.95	XXX
95869	TC	A	Muscle test, thor paraspinal	0.00	0.20	0.20	0.02	0.22	0.22	XXX
95869	26	A	Muscle test, thor paraspinal	0.37	0.33	0.33	0.03	0.73	0.73	XXX
95870	.....	A	Muscle test, non-paraspinal	0.37	0.53	0.53	0.05	0.95	0.95	XXX
95870	TC	A	Muscle test, non-paraspinal	0.00	0.20	0.20	0.02	0.22	0.22	XXX
95870	26	A	Muscle test, non-paraspinal	0.37	0.33	0.33	0.03	0.73	0.73	XXX
95872	.....	A	Muscle test, one fiber	1.50	1.25	1.25	0.11	2.86	2.86	XXX
95872	TC	A	Muscle test, one fiber	0.00	0.57	0.57	0.05	0.62	0.62	XXX
95872	26	A	Muscle test, one fiber	1.50	0.68	0.68	0.06	2.24	2.24	XXX
95875	.....	A	Limb exercise test	1.34	0.60	0.60	0.10	2.04	2.04	XXX
95875	TC	A	Limb exercise test	0.00	0.38	0.38	0.06	0.44	0.44	XXX
95875	26	A	Limb exercise test	1.34	0.22	0.22	0.04	1.60	1.60	XXX
95900	.....	A	Motor nerve conduction test	0.42	0.62	0.62	0.05	1.09	1.09	XXX
95900	TC	A	Motor nerve conduction test	0.00	0.27	0.27	0.02	0.29	0.29	XXX
95900	26	A	Motor nerve conduction test	0.42	0.35	0.35	0.03	0.80	0.80	XXX
95903	.....	A	Motor nerve conduction test	0.60	0.59	0.59	0.05	1.24	1.24	XXX
95903	TC	A	Motor nerve conduction test	0.00	0.24	0.24	0.02	0.26	0.26	XXX
95903	26	A	Motor nerve conduction test	0.60	0.35	0.35	0.03	0.98	0.98	XXX
95904	.....	A	Sense nerve conduction test	0.34	0.55	0.55	0.05	0.94	0.94	XXX
95904	TC	A	Sense nerve conduction test	0.00	0.21	0.21	0.02	0.23	0.23	XXX
95904	26	A	Sense nerve conduction test	0.34	0.34	0.34	0.03	0.71	0.71	XXX
95920	.....	A	Intraoperative nerve testing	2.11	2.67	2.67	0.20	4.98	4.98	XXX
95920	TC	A	Intraoperative nerve testing	0.00	1.24	1.24	0.08	1.32	1.32	XXX
95920	26	A	Intraoperative nerve testing	2.11	1.43	1.43	0.12	3.66	3.66	XXX
95921	.....	A	Autonomic nervous func test	0.90	0.68	0.68	0.05	1.63	1.63	XXX
95921	TC	A	Autonomic nervous func test	0.00	0.36	0.36	0.03	0.39	0.39	XXX
95921	26	A	Autonomic nervous func test	0.90	0.32	0.32	0.02	1.24	1.24	XXX
95922	.....	A	Autonomic nervous func test	0.96	0.70	0.70	0.06	1.72	1.72	XXX
95922	TC	A	Autonomic nervous func test	0.00	0.36	0.36	0.03	0.39	0.39	XXX
95922	26	A	Autonomic nervous func test	0.96	0.34	0.34	0.03	1.33	1.33	XXX
95923	.....	A	Autonomic nervous func test	0.90	0.68	0.68	0.05	1.63	1.63	XXX
95923	TC	A	Autonomic nervous func test	0.00	0.36	0.36	0.03	0.39	0.39	XXX
95923	26	A	Autonomic nervous func test	0.90	0.32	0.32	0.02	1.24	1.24	XXX
95925	.....	A	Somatosensory testing	0.54	1.51	1.51	0.12	2.17	2.17	XXX
95925	TC	A	Somatosensory testing	0.00	0.87	0.87	0.07	0.94	0.94	XXX
95925	26	A	Somatosensory testing	0.54	0.64	0.64	0.05	1.23	1.23	XXX
95926	.....	A	Somatosensory testing	0.54	1.51	1.51	0.12	2.17	2.17	XXX
95926	TC	A	Somatosensory testing	0.00	0.87	0.87	0.07	0.94	0.94	XXX
95926	26	A	Somatosensory testing	0.54	0.64	0.64	0.05	1.23	1.23	XXX
95927	.....	A	Somatosensory testing	0.54	1.51	1.51	0.12	2.17	2.17	XXX
95927	TC	A	Somatosensory testing	0.00	0.87	0.87	0.07	0.94	0.94	XXX
95927	26	A	Somatosensory testing	0.54	0.64	0.64	0.05	1.23	1.23	XXX
95930	.....	A	Visual evoked potential test	0.35	0.83	0.83	0.05	1.23	1.23	XXX
95930	TC	A	Visual evoked potential test	0.00	0.25	0.25	0.01	0.26	0.26	XXX
95930	26	A	Visual evoked potential test	0.35	0.58	0.58	0.04	0.97	0.97	XXX
95933	.....	A	Blink reflex test	0.59	1.25	1.25	0.10	1.94	1.94	XXX
95933	TC	A	Blink reflex test	0.00	0.75	0.75	0.06	0.81	0.81	XXX
95933	26	A	Blink reflex test	0.59	0.50	0.50	0.04	1.13	1.13	XXX
95934	.....	A	h reflex test	0.51	0.54	0.54	0.05	1.10	1.10	XXX
95934	TC	A	h reflex test	0.00	0.20	0.20	0.02	0.22	0.22	XXX
95934	26	A	h reflex test	0.51	0.34	0.34	0.03	0.88	0.88	XXX
95936	.....	A	h reflex test	0.55	0.54	0.54	0.05	1.14	1.14	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
95936	TC	A	h reflex test	0.00	0.20	0.20	0.02	0.22	0.22	XXX
95936	26	A	h reflex test	0.55	0.34	0.34	0.03	0.92	0.92	XXX
95937	.....	A	Neuromuscular junction test	0.65	0.77	0.77	0.07	1.49	1.49	XXX
95937	TC	A	Neuromuscular junction test	0.00	0.32	0.32	0.03	0.35	0.35	XXX
95937	26	A	Neuromuscular junction test	0.65	0.45	0.45	0.04	1.14	1.14	XXX
95950	.....	A	Ambulatory eeg monitoring	1.51	7.25	7.25	0.60	9.36	9.36	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	6.04	6.04	0.50	6.54	6.54	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	1.21	1.21	0.10	2.82	2.82	XXX
95951	.....	A	EEG monitoring/videorecord	6.00	8.83	8.83	0.64	15.47	15.47	XXX
95951	TC	A	EEG monitoring/videorecord	0.00	7.33	7.33	0.53	7.86	7.86	XXX
95951	26	A	EEG monitoring/videorecord	6.00	1.50	1.50	0.11	7.61	7.61	XXX
95953	.....	A	EEG monitoring/computer	3.08	7.25	7.25	0.60	10.93	10.93	XXX
95953	TC	A	EEG monitoring/computer	0.00	6.04	6.04	0.50	6.54	6.54	XXX
95953	26	A	EEG monitoring/computer	3.08	1.21	1.21	0.10	4.39	4.39	XXX
95954	.....	A	EEG monitoring/giving drugs	2.45	2.32	2.32	0.28	5.05	5.05	XXX
95954	TC	A	EEG monitoring/giving drugs	0.00	0.45	0.45	0.06	0.51	0.51	XXX
95954	26	A	EEG monitoring/giving drugs	2.45	1.87	1.87	0.22	4.54	4.54	XXX
95955	.....	A	EEG during surgery	1.01	2.90	2.90	0.30	4.21	4.21	XXX
95955	TC	A	EEG during surgery	0.00	1.87	1.87	0.19	2.06	2.06	XXX
95955	26	A	EEG during surgery	1.01	1.03	1.03	0.11	2.15	2.15	XXX
95956	.....	A	EEG monitoring/cable/radio	3.08	7.54	7.54	0.61	11.23	11.23	XXX
95956	TC	A	EEG monitoring/cable/radio	0.00	6.04	6.04	0.50	6.54	6.54	XXX
95956	26	A	EEG monitoring/cable/radio	3.08	1.50	1.50	0.11	4.69	4.69	XXX
95957	.....	A	EEG digital analysis	1.98	2.25	2.25	0.18	4.41	4.41	XXX
95957	TC	A	EEG digital analysis	0.00	1.62	1.62	0.13	1.75	1.75	XXX
95957	26	A	EEG digital analysis	1.98	0.63	0.63	0.05	2.66	2.66	XXX
95958	.....	A	EEG monitoring/function test	4.25	4.89	4.89	0.52	9.66	9.66	XXX
95958	TC	A	EEG monitoring/function test	0.00	1.66	1.66	0.14	1.80	1.80	XXX
95958	26	A	EEG monitoring/function test	4.25	3.23	3.23	0.38	7.86	7.86	XXX
95961	.....	A	Electrode stimulation, brain	2.97	2.67	2.67	0.20	5.84	5.84	XXX
95961	TC	A	Electrode stimulation, brain	0.00	1.24	1.24	0.08	1.32	1.32	XXX
95961	26	A	Electrode stimulation, brain	2.97	1.43	1.43	0.12	4.52	4.52	XXX
95962	.....	A	Electrode stimulation, brain	3.21	2.67	2.67	0.20	6.08	6.08	XXX
95962	TC	A	Electrode stimulation, brain	0.00	1.24	1.24	0.08	1.32	1.32	XXX
95962	26	A	Electrode stimulation, brain	3.21	1.43	1.43	0.12	4.76	4.76	XXX
95999	.....	C	Neurological procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96100	.....	A	Psychological testing	0.00	1.68	1.68	0.20	1.88	1.88	XXX
96105	.....	A	Assessment of aphasia	0.00	1.68	1.68	0.20	1.88	1.88	XXX
96110	.....	C	Developmental test, lim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96111	.....	A	Developmental test, extend	0.00	1.68	1.68	0.20	1.88	1.88	XXX
96115	.....	A	Neurobehavior status exam	0.00	1.68	1.68	0.20	1.88	1.88	XXX
96117	.....	A	Neuropsych test battery	0.00	1.68	1.68	0.20	1.88	1.88	XXX
96400	.....	A	Chemotherapy, (SC)/(IM)	0.00	0.13	0.13	0.01	0.14	0.14	XXX
96405	.....	A	Intralesional chemo admin	0.52	0.38	0.38	0.03	0.93	0.93	000
96406	.....	A	Intralesional chemo admin	0.80	0.56	0.56	0.04	1.40	1.40	000
96408	.....	A	Chemotherapy, push technique	0.00	0.92	0.92	0.06	0.98	0.98	XXX
96410	.....	A	Chemotherapy, infusion method	0.00	1.47	1.47	0.09	1.56	1.56	XXX
96412	.....	A	Chemotherapy, infusion method	0.00	1.10	1.10	0.08	1.18	1.18	XXX
96414	.....	A	Chemotherapy, infusion method	0.00	1.27	1.27	0.09	1.36	1.36	XXX
96420	.....	A	Chemotherapy, push technique	0.00	1.19	1.19	0.09	1.28	1.28	XXX
96422	.....	A	Chemotherapy, infusion method	0.00	1.17	1.17	0.09	1.26	1.26	XXX
96423	.....	A	Chemotherapy, infusion method	0.00	0.46	0.46	0.03	0.49	0.49	XXX
96425	.....	A	Chemotherapy, infusion method	0.00	1.36	1.36	0.09	1.45	1.45	XXX
96440	.....	A	Chemotherapy, intracavitary	2.37	0.81	0.81	0.06	3.24	3.24	000
96445	.....	A	Chemotherapy, intracavitary	2.20	0.98	0.98	0.09	3.27	3.27	000
96450	.....	A	Chemotherapy, into CNS	1.89	0.87	0.87	0.06	2.82	2.82	000
96520	.....	A	Pump refilling, maintenance	0.00	0.85	0.85	0.06	0.91	0.91	XXX
96530	.....	A	Pump refilling, maintenance	0.00	1.01	1.01	0.07	1.08	1.08	XXX
96542	.....	A	Chemotherapy injection	1.42	1.09	1.09	0.13	2.64	2.64	XXX
96545	.....	B	Provide chemotherapy agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96549	.....	C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	0.00	0.00	XXX
96900	.....	A	Ultraviolet light therapy	0.00	0.38	0.38	0.03	0.41	0.41	XXX
96902	.....	B	Trichogram	+0.41	0.29	0.29	0.02	0.72	0.72	XXX
96910	.....	A	Photochemotherapy with UV–B	0.00	0.55	0.55	0.04	0.59	0.59	XXX
96912	.....	A	Photochemotherapy with UV–A	0.00	0.63	0.63	0.05	0.68	0.68	XXX
96913	.....	A	Photochemotherapy, UV–A or B	0.00	1.29	1.29	0.10	1.39	1.39	XXX
96999	.....	C	Dermatological procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97001	.....	A	Pt evaluation	1.20	0.35	0.35	0.11	1.66	1.66	XXX
97002	.....	A	Pt re-evaluation	0.60	0.04	0.04	0.01	0.65	0.65	XXX
97003	.....	A	Ot evaluation	1.20	0.35	0.35	0.11	1.66	1.66	XXX
97004	.....	A	Ot re-evaluation	0.60	0.04	0.04	0.01	0.65	0.65	XXX
97010	.....	B	Hot or cold packs therapy	+0.06	0.21	0.21	0.02	0.29	0.29	XXX
97012	.....	A	Mechanical traction therapy	0.25	0.19	0.19	0.02	0.46	0.46	XXX
97014	.....	A	Electric stimulation therapy	0.18	0.20	0.20	0.02	0.40	0.40	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
97016	.....	A	Vasopneumatic device therapy	0.18	0.25	0.25	0.02	0.45	0.45	XXX
97018	.....	A	Paraffin bath therapy	0.06	0.24	0.24	0.03	0.33	0.33	XXX
97020	.....	A	Microwave therapy	0.06	0.20	0.20	0.02	0.28	0.28	XXX
97022	.....	A	Whirlpool therapy	0.17	0.19	0.19	0.02	0.38	0.38	XXX
97024	.....	A	Diathermy treatment	0.06	0.21	0.21	0.02	0.29	0.29	XXX
97026	.....	A	Infrared therapy	0.06	0.19	0.19	0.02	0.27	0.27	XXX
97028	.....	A	Ultraviolet therapy	0.08	0.19	0.19	0.01	0.28	0.28	XXX
97032	.....	A	Electrical stimulation	0.25	0.14	0.14	0.01	0.40	0.40	XXX
97033	.....	A	Electric current therapy	0.26	0.14	0.14	0.02	0.42	0.42	XXX
97034	.....	A	Contrast bath therapy	0.21	0.10	0.10	0.01	0.32	0.32	XXX
97035	.....	A	Ultrasound therapy	0.21	0.11	0.11	0.01	0.33	0.33	XXX
97036	.....	A	Hydrotherapy	0.28	0.21	0.21	0.02	0.51	0.51	XXX
97039	.....	A	Physical therapy treatment	0.20	0.24	0.24	0.03	0.47	0.47	XXX
97110	.....	A	Therapeutic exercises	0.45	0.13	0.13	0.02	0.60	0.60	XXX
97112	.....	A	Neuromuscular reeducation	0.45	0.13	0.13	0.01	0.59	0.59	XXX
97113	.....	A	Aquatic therapy/exercises	0.44	0.20	0.20	0.02	0.66	0.66	XXX
97116	.....	A	Gait training therapy	0.40	0.11	0.11	0.01	0.52	0.52	XXX
97122	.....	A	Manual traction therapy	0.42	0.11	0.11	0.01	0.54	0.54	XXX
97124	.....	A	Massage therapy	0.35	0.11	0.11	0.01	0.47	0.47	XXX
97139	.....	A	Physical medicine procedure	0.21	0.16	0.16	0.02	0.39	0.39	XXX
97150	.....	A	Group therapeutic procedures	0.27	0.20	0.20	0.02	0.49	0.49	XXX
97250	.....	A	Myofascial release	0.45	0.35	0.35	0.04	0.84	0.84	000
97260	.....	A	Regional manipulation	0.19	0.20	0.20	0.02	0.41	0.41	000
97261	.....	A	Supplemental manipulations	0.12	0.11	0.11	0.01	0.24	0.24	000
97265	.....	A	Joint mobilization	0.45	0.35	0.35	0.04	0.84	0.84	XXX
97504	.....	A	Orthotic training	0.45	0.14	0.14	0.02	0.61	0.61	XXX
97520	.....	A	Prosthetic training	0.45	0.15	0.15	0.02	0.62	0.62	XXX
97530	.....	A	Therapeutic activities	0.44	0.17	0.17	0.02	0.63	0.63	XXX
97535	.....	A	Self care mngment training	0.45	0.17	0.17	0.02	0.64	0.64	XXX
97537	.....	A	Community/work reintegration	0.45	0.17	0.17	0.02	0.64	0.64	XXX
97542	.....	A	Wheelchair mngement training	0.25	0.17	0.17	0.02	0.44	0.44	XXX
97545	.....	R	Work hardening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97546	.....	R	Work hardening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97703	.....	A	Prosthetic checkout	0.25	0.18	0.18	0.03	0.46	0.46	XXX
97750	.....	A	Physical performance test	0.45	0.24	0.24	0.03	0.72	0.72	XXX
97770	.....	A	Cognitive skills development	0.44	0.28	0.28	0.03	0.75	0.75	XXX
97780	.....	N	Acupuncture w/o stim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97781	.....	N	Acupuncture w/stim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
97799	.....	C	Physical medicine procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
98925	.....	A	Osteopathic manipulation	0.45	0.25	0.25	0.02	0.72	0.72	000
98926	.....	A	Osteopathic manipulation	0.65	0.40	0.40	0.03	1.08	1.08	000
98927	.....	A	Osteopathic manipulation	0.87	0.38	0.38	0.03	1.28	1.28	000
98928	.....	A	Osteopathic manipulation	1.03	0.42	0.42	0.04	1.49	1.49	000
98929	.....	A	Osteopathic manipulation	1.19	0.39	0.39	0.03	1.61	1.61	000
98940	.....	A	Chiropractic manipulation	0.45	0.29	0.29	0.01	0.75	0.75	000
98941	.....	A	Chiropractic manipulation	0.65	0.29	0.29	0.01	0.95	0.95	000
98942	.....	A	Chiropractic manipulation	0.87	0.29	0.29	0.01	1.17	1.17	000
98943	.....	N	Chiropractic manipulation	+0.40	0.29	0.29	0.01	0.70	0.70	XXX
99000	.....	B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99001	.....	B	Specimen handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99002	.....	B	Device handling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99024	.....	B	Post-op follow-up visit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99025	.....	B	Initial surgical evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99050	.....	B	Medical services after hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99052	.....	B	Medical services at night	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99054	.....	B	Medical services, unusual hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99056	.....	B	Non-office medical services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99058	.....	B	Office emergency care	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99070	.....	B	Special supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99071	.....	B	Patient education materials	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99075	.....	N	Medical testimony	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99078	.....	B	Group health education	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99080	.....	B	Special reports or forms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99082	.....	C	Unusual physician travel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99090	.....	B	Computer data analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99100	.....	B	Special anesthesia service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99116	.....	B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99135	.....	B	Special anesthesia procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99140	.....	B	Emergency anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99141	.....	B	Sedation, iv/im or inhalant	+0.80	0.83	0.83	0.05	1.68	1.68	XXX
99142	.....	B	Sedation, oral/rectal/nasal	+0.60	0.62	0.62	0.04	1.26	1.26	XXX
99175	.....	A	Induction of vomiting	0.00	1.33	1.33	0.10	1.43	1.43	XXX
99183	.....	A	Hyperbaric oxygen therapy	2.34	1.67	1.67	0.11	4.12	4.12	XXX
99185	.....	A	Regional hypothermia	0.00	0.61	0.61	0.04	0.65	0.65	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
99186	.....	A	Total body hypothermia	0.00	1.70	1.70	0.52	2.22	2.22	XXX
99190	.....	X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99191	.....	X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99192	.....	X	Special pump services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99195	.....	A	Phlebotomy	0.00	0.42	0.42	0.03	0.45	0.45	XXX
99199	.....	C	Special service or report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99201	.....	A	Office/outpatient visit, new	0.45	0.42	0.37	0.04	0.91	0.86	XXX
99202	.....	A	Office/outpatient visit, new	0.88	0.51	0.45	0.05	1.44	1.38	XXX
99203	.....	A	Office/outpatient visit, new	1.34	0.59	0.52	0.06	1.99	1.92	XXX
99204	.....	A	Office/outpatient visit, new	2.00	0.88	0.78	0.08	2.96	2.86	XXX
99205	.....	A	Office/outpatient visit, new	2.67	0.96	0.85	0.09	3.72	3.61	XXX
99211	.....	A	Office/outpatient visit, est	0.17	0.21	0.19	0.02	0.40	0.38	XXX
99212	.....	A	Office/outpatient visit, est	0.45	0.32	0.28	0.02	0.79	0.75	XXX
99213	.....	A	Office/outpatient visit, est	0.67	0.43	0.38	0.03	1.13	1.08	XXX
99214	.....	A	Office/outpatient visit, est	1.10	0.57	0.50	0.04	1.71	1.64	XXX
99215	.....	A	Office/outpatient visit, est	1.77	0.86	0.76	0.07	2.70	2.60	XXX
99217	.....	A	Observation care discharge	1.28	0.52	0.52	0.04	1.84	1.84	XXX
99218	.....	A	Observation care	1.28	0.68	0.68	0.06	2.02	2.02	XXX
99219	.....	A	Observation care	2.14	1.05	1.05	0.09	3.28	3.28	XXX
99220	.....	A	Observation care	2.99	1.14	1.14	0.09	4.22	4.22	XXX
99221	.....	A	Initial hospital care	1.28	0.67	0.67	0.06	2.01	2.01	XXX
99222	.....	A	Initial hospital care	2.14	1.04	1.04	0.09	3.27	3.27	XXX
99223	.....	A	Initial hospital care	2.99	1.13	1.13	0.08	4.20	4.20	XXX
99231	.....	A	Subsequent hospital care	0.64	0.38	0.38	0.03	1.05	1.05	XXX
99232	.....	A	Subsequent hospital care	1.06	0.45	0.45	0.04	1.55	1.55	XXX
99233	.....	A	Subsequent hospital care	1.51	0.60	0.60	0.05	2.16	2.16	XXX
99234	.....	A	Observ/hosp same date	2.56	0.68	0.68	0.06	3.30	3.30	XXX
99235	.....	A	Observ/hosp same date	3.42	1.05	1.05	0.09	4.56	4.56	XXX
99236	.....	A	Observ/hosp same date	4.27	1.14	1.14	0.09	5.50	5.50	XXX
99238	.....	A	Hospital discharge day	1.28	0.51	0.51	0.04	1.83	1.83	XXX
99239	.....	A	Hospital discharge day	1.75	0.51	0.51	0.04	2.30	2.30	XXX
99241	.....	A	Office consultation	0.64	0.64	0.64	0.08	1.36	1.36	XXX
99242	.....	A	Office consultation	1.29	0.77	0.77	0.09	2.15	2.15	XXX
99243	.....	A	Office consultation	1.72	0.97	0.97	0.10	2.79	2.79	XXX
99244	.....	A	Office consultation	2.58	1.23	1.23	0.11	3.92	3.92	XXX
99245	.....	A	Office consultation	3.43	1.69	1.69	0.16	5.28	5.28	XXX
99251	.....	A	Initial inpatient consult	0.66	0.67	0.67	0.08	1.41	1.41	XXX
99252	.....	A	Initial inpatient consult	1.32	0.76	0.76	0.09	2.17	2.17	XXX
99253	.....	A	Initial inpatient consult	1.82	0.95	0.95	0.10	2.87	2.87	XXX
99254	.....	A	Initial inpatient consult	2.64	1.20	1.20	0.11	3.95	3.95	XXX
99255	.....	A	Initial inpatient consult	3.65	1.57	1.57	0.14	5.36	5.36	XXX
99261	.....	A	Follow-up inpatient consult	0.42	0.33	0.33	0.03	0.78	0.78	XXX
99262	.....	A	Follow-up inpatient consult	0.85	0.46	0.46	0.04	1.35	1.35	XXX
99263	.....	A	Follow-up inpatient consult	1.27	0.67	0.67	0.04	1.98	1.98	XXX
99271	.....	A	Confirmatory consultation	0.45	0.58	0.58	0.07	1.10	1.10	XXX
99272	.....	A	Confirmatory consultation	0.84	0.71	0.71	0.09	1.64	1.64	XXX
99273	.....	A	Confirmatory consultation	1.19	1.02	1.02	0.11	2.32	2.32	XXX
99274	.....	A	Confirmatory consultation	1.73	1.22	1.22	0.11	3.06	3.06	XXX
99275	.....	A	Confirmatory consultation	2.31	1.74	1.74	0.17	4.22	4.22	XXX
99281	.....	A	Emergency dept visit	0.33	0.28	0.28	0.01	0.62	0.62	XXX
99282	.....	A	Emergency dept visit	0.55	0.38	0.38	0.03	0.96	0.96	XXX
99283	.....	A	Emergency dept visit	1.24	0.49	0.49	0.04	1.77	1.77	XXX
99284	.....	A	Emergency dept visit	1.95	0.70	0.70	0.06	2.71	2.71	XXX
99285	.....	A	Emergency dept visit	3.06	1.13	1.13	0.08	4.27	4.27	XXX
99288	.....	B	Direct advanced life support	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99291	.....	A	Critical care, first hour	4.00	1.43	1.43	0.11	5.54	5.54	XXX
99292	.....	A	Critical care, addl 30 min	2.00	0.63	0.63	0.04	2.67	2.67	XXX
99295	.....	A	Neonatal critical care	16.00	5.08	5.08	1.55	22.63	22.63	XXX
99296	.....	A	Neonatal critical care	8.00	2.46	2.46	0.77	11.23	11.23	XXX
99297	.....	A	Neonatal critical care	4.00	1.23	1.23	0.38	5.61	5.61	XXX
99301	.....	A	Nursing facility care	1.20	0.45	0.45	0.03	1.68	1.68	XXX
99302	.....	A	Nursing facility care	1.61	0.50	0.50	0.04	2.15	2.15	XXX
99303	.....	A	Nursing facility care	2.01	0.95	0.95	0.07	3.03	3.03	XXX
99311	.....	A	Nursing facility care, subseq	0.60	0.34	0.34	0.03	0.97	0.97	XXX
99312	.....	A	Nursing facility care, subseq	1.00	0.41	0.41	0.03	1.44	1.44	XXX
99313	.....	A	Nursing facility care, subseq	1.42	0.46	0.46	0.04	1.92	1.92	XXX
99315	.....	A	Nursing fac discharge day	1.13	0.51	0.51	0.04	1.68	1.68	XXX
99316	.....	A	Nursing fac discharge day	1.50	0.51	0.51	0.04	2.05	2.05	XXX
99321	.....	A	Rest home visit, new patient	0.71	0.37	0.37	0.03	1.11	1.11	XXX
99322	.....	A	Rest home visit, new patient	1.01	0.51	0.51	0.05	1.57	1.57	XXX
99323	.....	A	Rest home visit, new patient	1.28	0.73	0.73	0.06	2.07	2.07	XXX
99331	.....	A	Rest home visit, estab pat	0.60	0.28	0.28	0.02	0.90	0.90	XXX
99332	.....	A	Rest home visit, estab pat	0.80	0.36	0.36	0.03	1.19	1.19	XXX
99333	.....	A	Rest home visit, estab pat	1.00	0.44	0.44	0.02	1.46	1.46	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
99341	.....	A	Home visit, new patient	1.01	0.53	0.53	0.05	1.59	1.59	XXX
99342	.....	A	Home visit, new patient	1.52	0.60	0.60	0.05	2.17	2.17	XXX
99343	.....	A	Home visit, new patient	2.27	0.77	0.77	0.06	3.10	3.10	XXX
99344	.....	A	Home visit, new patient	3.03	0.85	0.85	0.09	3.97	3.97	XXX
99345	.....	A	Home visit, new patient	3.79	0.85	0.85	0.09	4.73	4.73	XXX
99347	.....	A	Home visit, estab patient	0.76	0.45	0.45	0.04	1.25	1.25	XXX
99348	.....	A	Home visit, estab patient	1.26	0.53	0.53	0.04	1.83	1.83	XXX
99349	.....	A	Home visit, estab patient	2.02	0.61	0.61	0.05	2.68	2.68	XXX
99350	.....	A	Home visit, estab patient	3.03	0.76	0.76	0.07	3.86	3.86	XXX
99351	.....	D	Home visit, estab patient	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99352	.....	D	Home visit, estab patient	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99353	.....	D	12/Home visit, estab patient	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99354	.....	A	Prolonged service, office	1.77	0.76	0.76	0.07	2.60	2.60	XXX
99355	.....	A	Prolonged service, office	1.77	0.76	0.76	0.07	2.60	2.60	XXX
99356	.....	A	Prolonged service, inpatient	1.71	0.85	0.85	0.08	2.64	2.64	XXX
99357	.....	A	Prolonged service, inpatient	1.71	0.85	0.85	0.08	2.64	2.64	XXX
99358	.....	B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99359	.....	B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99360	.....	X	Physician standby services	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99361	.....	B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99362	.....	B	Physician/team conference	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99371	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99372	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99373	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99374	.....	B	Home health care supervision	+1.10	0.51	0.51	0.04	1.65	1.65	XXX
99375	.....	A	Home health care supervision	1.73	0.51	0.51	0.04	2.28	2.28	XXX
99376	.....	D	1Care plan oversight/over 60	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99377	.....	B	Hospice care supervision	+1.10	0.51	0.51	0.04	1.65	1.65	XXX
99378	.....	A	Hospice care supervision	1.73	0.51	0.51	0.04	2.28	2.28	XXX
99379	.....	B	Nursing fac care supervision	+1.10	0.51	0.51	0.04	1.65	1.65	XXX
99380	.....	B	Nursing fac care supervision	+1.73	0.51	0.51	0.04	2.28	2.28	XXX
99381	.....	N	Preventive visit, new, infant	+1.19	1.23	1.23	0.08	2.50	2.50	XXX
99382	.....	N	Preventive visit, new, age 1–4	+1.36	1.41	1.41	0.09	2.86	2.86	XXX
99383	.....	N	Preventive visit, new, age 5–11	+1.36	1.41	1.41	0.09	2.86	2.86	XXX
99384	.....	N	Preventive visit, new, 12–17	+1.53	1.59	1.59	0.10	3.22	3.22	XXX
99385	.....	N	Preventive visit, new, 18–39	+1.53	1.40	1.40	0.09	3.02	3.02	XXX
99386	.....	N	Preventive visit, new, 40–64	+1.88	1.72	1.72	0.10	3.70	3.70	XXX
99387	.....	N	Preventive visit, new, 65 & over	+2.06	1.88	1.88	0.11	4.05	4.05	XXX
99391	.....	N	Preventive visit, est, infant	+1.02	1.06	1.06	0.07	2.15	2.15	XXX
99392	.....	N	Preventive visit, est, age 1–4	+1.19	1.23	1.23	0.08	2.50	2.50	XXX
99393	.....	N	Preventive visit, est, age 5–11	+1.19	1.23	1.23	0.08	2.50	2.50	XXX
99394	.....	N	Preventive visit, est, 12–17	+1.36	1.41	1.41	0.09	2.86	2.86	XXX
99395	.....	N	Preventive visit, est, 18–39	+1.36	1.25	1.25	0.08	2.69	2.69	XXX
99396	.....	N	Preventive visit, est, 40–64	+1.53	1.40	1.40	0.09	3.02	3.02	XXX
99397	.....	N	Preventive visit, est, 65 & over	+1.71	1.56	1.56	0.10	3.37	3.37	XXX
99401	.....	N	Preventive counseling, indiv	+0.48	0.45	0.45	0.03	0.96	0.96	XXX
99402	.....	N	Preventive counseling, indiv	+0.98	0.89	0.89	0.05	1.92	1.92	XXX
99403	.....	N	Preventive counseling, indiv	+1.46	1.34	1.34	0.08	2.88	2.88	XXX
99404	.....	N	Preventive counseling, indiv	+1.95	1.78	1.78	0.11	3.84	3.84	XXX
99411	.....	N	Preventive counseling, group	+0.15	0.14	0.14	0.01	0.30	0.30	XXX
99412	.....	N	Preventive counseling, group	+0.25	0.23	0.23	0.01	0.49	0.49	XXX
99420	.....	N	Health risk assessment test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99429	.....	N	Unlisted preventive service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99431	.....	A	Initial care, normal newborn	1.17	1.21	1.21	0.08	2.46	2.46	XXX
99432	.....	A	Newborn care not in hospital	1.26	1.31	1.31	0.08	2.65	2.65	XXX
99433	.....	A	Normal newborn care, hospital	0.62	0.64	0.64	0.04	1.30	1.30	XXX
99435	.....	A	Hospital NB discharge day	1.50	1.55	1.55	0.10	3.15	3.15	XXX
99436	.....	A	Attendance, birth	1.50	1.55	1.55	0.10	3.15	3.15	XXX
99440	.....	A	Newborn resuscitation	2.93	3.04	3.04	0.19	6.16	6.16	XXX
99450	.....	N	Life/disability evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99455	.....	R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99456	.....	R	Disability examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99499	.....	C	Unlisted E/M service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0021	.....	I	Outside state ambulance serv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0030	.....	X	Air ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0040	.....	X	Helicopter ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0050	.....	X	Water amb service emergency	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0080	.....	I	Noninterest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0090	.....	I	Interest escort in non er	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0100	.....	I	Nonemergency transport taxi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0110	.....	I	Nonemergency transport bus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0120	.....	I	Noner transport mini-bus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0130	.....	I	Noner transport wheelch van	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0140	.....	I	Nonemergency transport air	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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
A0160	.....	I	Noner transport case worker	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0170	.....	I	Noner transport parking fees	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0180	.....	I	Noner transport lodgng recip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0190	.....	I	Noner transport meals recip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0200	.....	I	Noner transport lodgng escrt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0210	.....	I	Noner transport meals escort	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0225	.....	X	Neonatal emergency transport	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0300	.....	X	Ambulance basic non-emer all	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0302	.....	X	Ambulance basic emergeny all	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0304	.....	X	Amb adv non-er no serv all	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0306	.....	X	Amb adv non-er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0308	.....	X	Amb adv er no spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0310	.....	X	Amb adv er spec serv all	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0320	.....	X	Amb basic non-er + supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0322	.....	X	Amb basic emerg + supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0324	.....	X	Adv non-er serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0326	.....	X	Adv non-er no serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0328	.....	X	Adv er no serv sep mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0330	.....	X	Adv er spec serv sep mile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0340	.....	X	Amb basic non-er + mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0342	.....	X	Ambul basic emer + mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0344	.....	X	Amb adv non-er no serv +mile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0346	.....	X	Amb adv non-er serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0348	.....	X	Adv emer no spec serv + mile	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0350	.....	X	Adv emer spec serv + mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0360	.....	X	Basic non-er sep mile & supp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0362	.....	X	Basic emer sep mile & supply	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0364	.....	X	Adv non-er no serv sep mi & su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0366	.....	X	Adv non-er serv sep mil & supp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0368	.....	X	Adv er no serv sep mile & supp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0370	.....	X	Adv er spec serv sep mi & supp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0380	.....	X	Basic life support mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0382	.....	X	Basic support routine suppls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0384	.....	X	Bls defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0390	.....	X	Advanced life support mileag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0392	.....	X	Als defibrillation supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0394	.....	X	Als IV drug therapy supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0396	.....	X	Als esophageal intub suppls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0398	.....	X	Als routine disposble suppls	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0420	.....	X	Ambulance waiting 1/2 hr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0422	.....	X	Ambulance 02 life sustaining	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0424	.....	X	Extra ambulance attendant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0888	.....	N	Noncovered ambulance mileage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A0999	.....	X	Unlisted ambulance service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A2000	.....	D	Chiropractor manip of spine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4206	.....	P	1 CC sterile syringe & needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4207	.....	P	2 CC sterile syringe & needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4208	.....	P	3 CC sterile syringe & needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4209	.....	P	5+ CC sterile syringe & needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4210	.....	N	Nonneedle injection device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4211	.....	P	Supp for self-adm injections	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4212	.....	P	Non coring needle or stylet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4213	.....	P	20+ CC syringe only	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4214	.....	P	30 CC sterile water/saline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4215	.....	P	Sterile needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4220	.....	P	Infusion pump refill kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4221	.....	X	Maint drug infus cath per wk	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4222	.....	X	Drug infusion pump supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4230	.....	N	Infus insulin pump non needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4231	.....	N	Infusion insulin pump needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4232	.....	N	Syringe w/needle insulin 3cc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4244	.....	P	Alcohol or peroxide per pint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4245	.....	P	Alcohol wipes per box	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4246	.....	P	Betadine/phisohex solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4247	.....	P	Betadine/iodine swabs/wipes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4250	.....	N	Urine reagent strips/tablets	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4253	.....	P	Blood glucose/reagent strips	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4254	.....	X	Battery for glucose monitor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4255	.....	X	Glucose monitor platforms	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4256	.....	P	Calibrator solution/chips	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4258	.....	P	Lancet device each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4259	.....	P	Lancets per box	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4260	.....	N	Levonorgestrel implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4262	.....	B	Temporary tear duct plug	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
A4263	.....	A	Permanent tear duct plug	0.00	0.95	0.95	0.00	0.95	0.95	XXX
A4265	.....	P	Paraffin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4270	.....	B	Disposable endoscope sheath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4300	.....	A	Cath impl vasc access portal	0.00	0.95	0.95	0.00	0.95	0.95	XXX
A4301	.....	P	Implantable access syst perc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4305	.....	P	Drug delivery system >=50 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4306	.....	P	Drug delivery system <=5 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4310	.....	P	Insert tray w/o bag/cath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4311	.....	P	Catheter w/o bag 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4312	.....	P	Cath w/o bag 2-way silicone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4313	.....	P	Catheter w/bag 3-way	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4314	.....	P	Cath w/drainage 2-way latex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4315	.....	P	Cath w/drainage 2-way silcne	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4316	.....	P	Cath w/drainage 3-way	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4320	.....	P	Irrigation tray	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4321	.....	X	Cath therapeutic irrig agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4322	.....	P	Irrigation syringe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4323	.....	P	Saline irrigation solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4326	.....	P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4327	.....	P	Fem urinary collect dev cup	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4328	.....	P	Fem urinary collect pouch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4329	.....	P	External catheter start set	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4330	.....	P	Stool collection pouch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4335	.....	P	Incontinence supply	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4338	.....	P	Indwelling catheter latex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4340	.....	P	Indwelling catheter special	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4344	.....	P	Cath indw foley 2 way silicn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4346	.....	P	Cath indw foley 3 way	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4347	.....	P	Male external catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4351	.....	P	Straight tip urine catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4352	.....	P	Coude tip urinary catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4353	.....	X	Intermittent urinary cath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4354	.....	P	Cath insertion tray w/bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4355	.....	P	Bladder irrigation tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4356	.....	P	Ext ureth clmp or compr dvc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4357	.....	P	Bedside drainage bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4358	.....	P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4359	.....	P	Urinary suspensory w/o leg b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4361	.....	P	Ostomy face plate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4362	.....	P	Solid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4363	.....	P	Liquid skin barrier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4364	.....	P	Ostomy/cath adhesive	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4365	.....	X	Ostomy adhesive remover wipe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4367	.....	P	Ostomy belt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4368	.....	X	Ostomy filter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4397	.....	P	Irrigation supply sleeve	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4398	.....	P	Ostomy irrigation bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4399	.....	P	Ostomy irrig cone/cath w brs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4400	.....	P	Ostomy irrigation set	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4402	.....	P	Lubricant per ounce	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4404	.....	P	Ostomy ring each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4421	.....	P	Ostomy supply misc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4454	.....	P	Tape all types all sizes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4455	.....	P	Adhesive remover per ounce	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4460	.....	P	Elastic compression bandage	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4462	.....	X	Abdmnl drssng holder/binder	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4465	.....	P	Non-elastic extremity binder	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4470	.....	P	Gravlee jet washer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4480	.....	P	Vabra aspirator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4481	.....	X	Tracheostoma filter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4490	.....	N	Above knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4495	.....	N	Thigh length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4500	.....	N	Below knee surgical stocking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4510	.....	N	Full length surg stocking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4550	.....	A	Surgical trays	0.00	0.95	0.95	0.00	0.95	0.95	XXX
A4554	.....	N	Disposable underpads	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4556	.....	P	Electrodes	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4557	.....	P	Lead wires	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4558	.....	P	Conductive paste or gel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4560	.....	X	Pessary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4565	.....	X	Slings	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4570	.....	X	Splint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4572	.....	X	Rib belt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4575	.....	N	Hyperbaric o2 chamber disps	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
A4580		X	Cast supplies (plaster)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4590		X	Special casting material	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4595		X	TENS suppl 2 lead per month	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4611		X	Heavy duty battery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4612		X	Battery cables	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4613		X	Battery charger	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4615		X	Cannula nasal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4616		X	Tubing (oxygen) per foot	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4617		X	Mouth piece	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4618		X	Breathing circuits	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4619		X	Face tent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4620		X	Variable concentration mask	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4621		X	Tracheotomy mask or collar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4622		X	Tracheostomy or larngectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4623		X	Tracheostomy inner cannula	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4624		X	Tracheal suction tube	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4625		X	Trach care kit for new trach	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4626		X	Tracheostomy cleaning brush	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4627		N	Spacer bag/reservoir	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4628		X	Oropharyngeal suction cath	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4629		X	Tracheostomy care kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4630		X	Repl bat t.e.n.s. own by pt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4631		X	Wheelchair battery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4635		X	Underarm crutch pad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4636		X	Handgrip for cane etc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4637		X	Repl tip cane/crutch/walker	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4640		X	Alternating pressure pad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4641		E	Diagnostic imaging agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4642		E	Satumomab pendetide per dose	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4643		E	High dose contrast MRI	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4644		E	Contrast 100–199 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4645		E	Contrast 200–299 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4646		E	Contrast 300–399 MGs iodine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4647		B	Supp- paramagnetic contr mat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4649		P	Surgical supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4650		X	Supp esrd centrifuge	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4655		X	Esrd syringe/needle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4660		X	Esrd blood pressure device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4663		X	Esrd blood pressure cuff	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4670		N	Auto blood pressure monitor	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4680		X	Activated carbon filters	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4690		X	Dialyzers	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4700		X	Standard dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4705		X	Bicarb dialysate solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4712		X	Sterile water	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4714		X	Treated water for dialysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4730		X	Fistula cannulation set dial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4735		X	Local/topical anesthetics	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4740		X	Esrd shunt accessory	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4750		X	Arterial or venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4755		X	Arterial and venous tubing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4760		X	Standard testing solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4765		X	Dialysate concentrate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4770		X	Blood testing supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4771		X	Blood clotting time tube	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4772		X	Dextrostick/glucose strips	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4773		X	Hemostix	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4774		X	Ammonia test paper	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4780		X	Esrd sterilizing agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4790		X	Esrd cleansing agents	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4800		X	Heparin/antidote dialysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4820		X	Supplies hemodialysis kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4850		X	Rubber tipped hemostats	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4860		X	Disposable catheter caps	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4870		X	Plumbing/electrical work	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4880		X	Water storage tanks	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4890		R	Contracts/repair/maintenance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4900		X	Capd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4901		X	Ccpd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4905		X	Ipd supply kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4910		X	Esrd nonmedical supplies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4912		X	Gomco drain bottle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4913		X	Esrd supply	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4914		X	Preparation kit	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
A4918	.....	X	Venous pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4919	.....	X	Supp dialysis dialyzer holde	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4920	.....	X	Harvard pressure clamp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4921	.....	X	Measuring cylinder	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4927	.....	X	Gloves	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5051	.....	P	Pouch clsd w barr attached	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5052	.....	P	Clsd ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5053	.....	P	Clsd ostomy pouch faceplate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5054	.....	P	Clsd ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5055	.....	P	Stoma cap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5061	.....	P	Pouch drainable w barrier at	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5062	.....	P	Drnble ostomy pouch w/o barr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5063	.....	P	Drain ostomy pouch w/flange	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5064	.....	I	Drain ostomy pouch w/fceplte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5065	.....	I	Drain ostomy pouch on fcplte	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5071	.....	P	Urinary pouch w/barrier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5072	.....	P	Urinary pouch w/o barrier	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5073	.....	P	Urinary pouch on barr w/flng	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5074	.....	I	Urinary pouch w/faceplate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5075	.....	I	Urinary pouch on faceplate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5081	.....	P	Continent stoma plug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5082	.....	P	Continent stoma catheter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5093	.....	P	Ostomy accessory convex inse	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5102	.....	P	Bedside drain btl w/wo tube	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5105	.....	P	Urinary suspensory	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5112	.....	P	Urinary leg bag	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5113	.....	P	Latex leg strap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5114	.....	P	Foam/fabric leg strap	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5119	.....	P	Skin barrier wipes box pr 50	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5121	.....	P	Solid skin barrier 6x6	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5122	.....	P	Solid skin barrier 8x8	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5123	.....	P	Skin barrier with flange	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5126	.....	P	Adhesive disc/foam pad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5131	.....	P	Appliance cleaner	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5149	.....	P	Incontinence/ostomy supply	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5500	.....	X	Diab shoe for density insert	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5501	.....	X	Diabetic custom molded shoe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5502	.....	X	Diabetic shoe density insert	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5503	.....	X	Diabetic shoe w/roller/rockr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5504	.....	X	Diabetic shoe with wedge	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5505	.....	X	Diab shoe w/metatarsal bar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5506	.....	X	Diabetic shoe w/off set heel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A5507	.....	X	Modification diabetic shoe	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6020	.....	P	Collagen dressing cover ea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6025	.....	I	Silicone gel sheet, each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6154	.....	P	Wound pouch each	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6196	.....	P	Alginate dressing <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6197	.....	P	Alginate drsg ≤16 <=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6198	.....	P	alginate dressing > 48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6199	.....	P	Alginate drsg wound filler	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6203	.....	P	Composite drsg <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6204	.....	P	Composite drsg >16<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6205	.....	P	Composite drsg >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6206	.....	P	Contact layer <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6207	.....	P	Contact layer >16<=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6208	.....	P	Contact layer >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6209	.....	P	Foam drsg <=16 sq in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6210	.....	P	Foam drg >16<=48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6211	.....	P	Foam drg >48 sq in w/o brdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6212	.....	P	Foam drg <=16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6213	.....	P	Foam drg >16<=48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6214	.....	P	Foam drg >48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6215	.....	P	Foam dressing wound filler	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6216	.....	P	Non-sterile gauze <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6217	.....	P	Non-sterile gauze >16<=48 sq	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6218	.....	P	Non-sterile gauze >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6219	.....	P	Gauze <=16 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6220	.....	P	Gauze >16 <=48 sq in w/bordr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6221	.....	P	Gauze >48 sq in w/border	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6222	.....	P	Gauze <=16 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6223	.....	P	Gauze >16 <=48 no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6224	.....	P	Gauze >48 in no w/sal w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6228	.....	P	Gauze <=16 sq in water/sal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6229	.....	P	Gauze >16 <=48 sq in watr/sal	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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
A6230	.....	P	Gauze >48 sq in water/salne	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6234	.....	P	Hydrocolld drg <=16 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6235	.....	P	Hydrocolld drg >16 <=48 w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6236	.....	P	Hydrocolld drg >48 in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6237	.....	P	Hydrocolld drg <=16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6238	.....	P	Hydrocolld drg >16<=48 w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6239	.....	P	Hydrocolld drg >48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6240	.....	P	Hydrocolld drg filler paste	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6241	.....	P	Hydrocolloid drg filler dry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6242	.....	P	Hydrogel drg <=16 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6243	.....	P	Hydrogel drg >16<=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6244	.....	P	Hydrogel drg >48 in w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6245	.....	P	Hydrogel drg <=16 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6246	.....	P	Hydrogel drg >≤16 <=48 in w/b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6247	.....	P	Hydrogel drg >48 sq in w/b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6248	.....	P	Hydrogel drsg gel filler	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6250	.....	P	Skin seal protect moisturizr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6251	.....	P	Absorpt drg <=16 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6252	.....	P	Absorpt drg >16 <=48 w/o bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6253	.....	P	Absorpt drg >48 sq in w/o b	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6254	.....	P	Absorpt drg <=16 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6255	.....	P	Absorpt drg >16<=48 in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6256	.....	P	Absorpt drg >48 sq in w/bdr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6257	.....	P	Transparent film <= 16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6258	.....	P	Transparent film >16<=48 in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6259	.....	P	Transparent film >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6260	.....	P	Wound cleanser any type/size	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6261	.....	P	Wound filler gel/paste/oz	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6262	.....	P	Wound filler dry form/gram	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6263	.....	P	Non-sterile elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6264	.....	P	Non-sterile no elastic gauze	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6265	.....	P	Tape per 18 sq inches	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6266	.....	P	Impreg gauze no h20/sal/yard	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6402	.....	P	Sterile gauze <=16 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6403	.....	P	Sterile gauze >16 <=48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6404	.....	P	Sterile gauze >48 sq in	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6405	.....	P	Sterile elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A6406	.....	P	Sterile non-elastic gauze/yd	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9150	.....	E	Misc/exper non-prescript dru	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9160	.....	N	Podiatrist non-covered servi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9170	.....	N	Chiropractor non-covered ser	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9190	.....	N	Misc/expe personal comfort i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9270	.....	N	Non-covered item or service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9300	.....	N	Exercise equipment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9500	.....	E	Technetium TC 99m sestamibi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9502	.....	X	Technetium TC99M tetrofosmin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9503	.....	E	Technetium TC 99m medronate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9505	.....	E	Thallous chloride TL 201/mci	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A9600	.....	X	Strontium-89 chloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0120	.....	N	Periodic oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0140	.....	N	Limit oral eval problm focus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0150	.....	R	Comprehensve oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0160	.....	N	Extensv oral eval prob focus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0210	.....	I	Intraor complete film series	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0220	.....	I	Intraoral periapical first f	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0230	.....	I	Intraoral periapical ea add	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0240	.....	R	Intraoral occlusal film	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0250	.....	R	Extraoral first film	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0260	.....	R	Extraoral ea additional film	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0270	.....	R	Dental bitewing single film	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0272	.....	R	Dental bitewings two films	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0274	.....	R	Dental bitewings four films	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0290	.....	I	Dental film skull/facial bon	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0310	.....	I	Dental saliography	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0320	.....	I	Dental tmj arthrogram incl i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0321	.....	I	Dental other tmj films	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0322	.....	I	Dental tomographic survey	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0330	.....	I	Dental panoramic film	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0340	.....	I	Dental cephalometric film	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0415	.....	N	Bacteriologic study	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0425	.....	N	Caries susceptibility test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0460	.....	R	Pulp vitality test	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0470	.....	N	Diagnostic casts	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0471	.....	R	Diagnostic photographs	0.00	0.00	0.00	0.00	0.00	0.00	YYY

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
D0501	.....	R	Histopathologic examinations	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0502	.....	R	Other oral pathology procedu	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D0999	.....	R	Unspecified diagnostic proce	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1110	.....	N	Dental prophylaxis adult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1120	.....	N	Dental prophylaxis child	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1201	.....	N	Topical fluor w prophy child	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1203	.....	N	Topical fluor w/o prophy chi	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1204	.....	N	Topical fluor w/o prophy adu	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1205	.....	N	Topical fluoride w/ prophy a	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1310	.....	N	Nutri counsel-control caries	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1320	.....	N	Tobacco counseling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1330	.....	N	Oral hygiene instruction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1351	.....	N	Dental sealant per tooth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D1510	.....	R	Space maintainer fxd unilat	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1515	.....	R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1520	.....	R	Remove unilat space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1525	.....	R	Remove bilat space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1550	.....	R	Recement space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2110	.....	N	Amalgam one surface primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2120	.....	N	Amalgam two surfaces primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2130	.....	N	Amalgam three surfaces primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2131	.....	N	Amalgam four/more surf primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2140	.....	N	Amalgam one surface permanent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2150	.....	N	Amalgam two surfaces permanent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2160	.....	N	Amalgam three surfaces permanent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2161	.....	N	Amalgam 4 or > surfaces permanent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2210	.....	N	Silicate cement per restorat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2330	.....	N	Resin one surface-anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2331	.....	N	Resin two surfaces-anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2332	.....	N	Resin three surfaces-anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2335	.....	N	Resin 4/> surf or w incis an	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2336	.....	N	Composite resin crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2380	.....	N	Resin one surf poster primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2381	.....	N	Resin two surf poster primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2382	.....	N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2385	.....	N	Resin one surf poster permanent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2386	.....	N	Resin two surf poster permanent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2387	.....	N	Resin three/more surf post p	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2410	.....	N	Dental gold foil one surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2420	.....	N	Dental gold foil two surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2430	.....	N	Dental gold foil three surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2510	.....	N	Dental inlay metallic 1 surface	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2520	.....	N	Dental inlay metallic 2 surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2530	.....	N	Dental inlay metl 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2543	.....	N	Dental onlay metallic 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2544	.....	N	Dental onlay metl 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2610	.....	N	Inlay porcelain/ceramic 1 su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2620	.....	N	Inlay porcelain/ceramic 2 su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2630	.....	N	Dental onlay porc 3/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2642	.....	N	Dental onlay porcelin 2 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2643	.....	N	Dental onlay porcelin 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2644	.....	N	Dental onlay porc 4/more sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2650	.....	N	Inlay composite/resin one su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2651	.....	N	Inlay composite/resin two su	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2652	.....	N	Dental inlay resin 3/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2662	.....	N	Dental onlay resin 2 surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2663	.....	N	Dental onlay resin 3 surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2664	.....	N	Dental onlay resin 4/mre sur	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2710	.....	N	Crown resin laboratory	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2720	.....	N	Crown resin w/high noble me	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2721	.....	N	Crown resin w/base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2722	.....	N	Crown resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2740	.....	N	Crown porcelain/ceramic subs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2750	.....	N	Crown porcelain w/h noble m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2751	.....	N	Crown porcelain fused base m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2752	.....	N	Crown porcelain w/noble met	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2790	.....	N	Crown full cast high noble m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2791	.....	N	Crown full cast base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2792	.....	N	Crown full cast noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2810	.....	N	Crown 3/4 cast metallic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2910	.....	N	Dental recement inlay	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2920	.....	N	Dental recement crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2930	.....	N	Prefab stnlss steel crwn pri	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2931	.....	N	Prefab stnlss steel crown pe	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
D2932		N	Prefabricated resin crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2933		N	Prefab stainless steel crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2940		N	Dental sedative filling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2950		N	Core build-up incl any pins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2951		N	Tooth pin retention	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2952		N	Post and core cast + crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2954		N	Prefab post/core + crown	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2955		N	Post removal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2960		N	Laminate labial veneer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2961		N	Lab labial veneer resin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2962		N	Lab labial veneer porcelain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2970		R	Temporary—fractured tooth	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2980		N	Crown repair	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D2999		R	Dental unspec restorative pr	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3110		N	Pulp cap direct	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3120		N	Pulp cap indirect	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3220		N	Therapeutic pulpotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3230		N	Pulpal therapy anterior prim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3240		N	Pulpal therapy posterior prim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3310		N	Anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3320		N	Root canal therapy 2 canals	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3330		N	Root canal therapy 3 canals	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3346		N	Retreat root canal anterior	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3347		N	Retreat root canal bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3348		N	Retreat root canal molar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3351		N	Apexification/recalc initial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3352		N	Apexification/recalc interim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3353		N	Apexification/recalc final	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3410		N	Apicoect/perirad surg anter	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3421		N	Root surgery bicuspid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3425		N	Root surgery molar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3426		N	Root surgery ea add root	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3430		N	Retrograde filling	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3450		N	Root amputation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3460		R	Endodontic endosseous implant	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3470		N	Intentional replantation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3910		N	Isolation-tooth w rubb dam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3920		N	Tooth splitting	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3950		N	Canal prep/fitting of dowel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3960		N	Bleaching of discolored tooth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D3999		R	Endodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4210		I	Gingivectomy/plasty per quad	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4211		I	Gingivectomy/plasty per tooth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4220		N	Gingival curettage per quadr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4240		N	Gingival flap proc w/planing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4249		N	Crown lengthen hard tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4250		R	Mucogingival surg per quadra	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4260		R	Osseous surgery per quadrant	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4263		R	Bone replce graft first site	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4264		R	Bone replce graft each add	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4266		N	Guided tiss regen resorble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4267		N	Guided tiss regen nonresorb	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4270		R	Pedicle soft tissue graft pr	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4271		R	Free soft tissue graft proc	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4273		R	Subepithelial tissue graft	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4274		N	Distal/proximal wedge proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4320		N	Provision splnt intracoronal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4321		N	Provisional splint extracoro	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4341		N	Periodontal scaling & root	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4355		R	Full mouth debridement	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4381		R	Localized chemo delivery	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D4910		N	Periodontal maint procedures	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4920		N	Unscheduled dressing change	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D4999		N	Unspecified periodontal proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5110		N	Dentures complete maxillary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5120		N	Dentures complete mandible	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5130		N	Dentures immediat maxillary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5140		N	Dentures immediat mandible	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5211		N	Dentures maxill part resin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5212		N	Dentures mand part resin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5213		N	Dentures maxill part metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5214		N	Dentures mandibl part metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5281		N	Removable partial denture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5410		N	Dentures adjust cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
D5411	.....	N	Dentures adjust cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5421	.....	N	Dentures adjust part maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5422	.....	N	Dentures adjust part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5510	.....	N	Dentur repr broken compl bas	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5520	.....	N	Replace denture teeth complt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5610	.....	N	Dentures repair resin base	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5620	.....	N	Rep part denture cast frame	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5630	.....	N	Rep partial denture clasp	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5640	.....	N	Replace part denture teeth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5650	.....	N	Add tooth to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5660	.....	N	Add clasp to partial denture	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5710	.....	N	Dentures rebase cmplt maxil	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5711	.....	N	Dentures rebase cmplt mand	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5720	.....	N	Dentures rebase part maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5721	.....	N	Dentures rebase part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5730	.....	N	Denture reln cmplt maxil ch	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5731	.....	N	Denture reln cmplt mand chr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5740	.....	N	Denture reln part maxil chr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5741	.....	N	Denture reln part mand chr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5750	.....	N	Denture reln cmplt max lab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5751	.....	N	Denture reln cmplt mand lab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5760	.....	N	Denture reln part maxil lab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5761	.....	N	Denture reln part mand lab	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5810	.....	N	Denture interm cmplt maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5811	.....	N	Denture interm cmplt mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5820	.....	N	Denture interm part maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5821	.....	N	Denture interm part mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5850	.....	N	Denture tiss conditn maxill	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5851	.....	N	Denture tiss condtin mandbl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5860	.....	N	Overdenture complete	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5861	.....	N	Overdenture partial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5862	.....	N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5899	.....	N	Removable prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5911	.....	R	Facial moulage sectional	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5912	.....	R	Facial moulage complete	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5913	.....	I	Nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5914	.....	I	Auricular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5915	.....	I	Orbital prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5916	.....	I	Ocular prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5919	.....	I	Facial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5922	.....	I	Nasal septal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5923	.....	I	Ocular prosthesis interim	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5924	.....	I	Cranial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5925	.....	I	Facial augmentation implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5926	.....	I	Replacement nasal prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5927	.....	I	Auricular replacement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5928	.....	I	Orbital replacement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5929	.....	I	Facial replacement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5931	.....	I	Surgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5932	.....	I	Postsurgical obturator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5933	.....	I	Refitting of obturator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5934	.....	I	Mandibular flange prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5935	.....	I	Mandibular denture prosth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5936	.....	I	Temp obturator prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5937	.....	I	Trismus appliance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5951	.....	R	Feeding aid	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5952	.....	I	Pediatric speech aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5953	.....	I	Adult speech aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5954	.....	I	Superimposed prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5955	.....	I	Palatal lift prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5958	.....	I	Intraoral con def inter plt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5959	.....	I	Intraoral con def mod palat	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5960	.....	I	Modify speech aid prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5982	.....	I	Surgical stent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5983	.....	R	Radiation applicator	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5984	.....	R	Radiation shield	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5985	.....	R	Radiation cone locator	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5986	.....	N	Fluoride applicator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5987	.....	R	Commissure splint	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D5988	.....	I	Surgical splint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D5999	.....	I	Maxillofacial prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6010	.....	I	Odontics endosteal implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6020	.....	I	Odontics abutment placement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6040	.....	I	Odontics eposteal implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
D6050	.....	I	Odontics transosteal implnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6055	.....	I	Implant connecting bar	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6080	.....	I	Implant maintenance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6090	.....	I	Repair implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6095	.....	I	Odontics repr abutment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6100	.....	I	Removal of implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6199	.....	I	Implant procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6210	.....	N	Prosthodont high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6211	.....	N	Bridge base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6212	.....	N	Bridge noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6240	.....	N	Bridge porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6241	.....	N	Bridge porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6242	.....	N	Bridge porcelain nobel metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6250	.....	N	Bridge resin w/high noble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6251	.....	N	Bridge resin base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6252	.....	N	Bridge resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6520	.....	N	Dental retainer two surfaces	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6530	.....	N	Retainer metallic 3+ surface	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6543	.....	N	Dental retainr onlay 3 surf	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6544	.....	N	Dental retainr onlay 4/more	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6545	.....	N	Dental retainr cast metl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6720	.....	N	Retain crown resin w hi nble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6721	.....	N	Crown resin w/base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6722	.....	N	Crown resin w/noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6750	.....	N	Crown porcelain high noble	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6751	.....	N	Crown porcelain base metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6752	.....	N	Crown porcelain noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6780	.....	N	Crown 3/4 high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6790	.....	N	Crown full high noble metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6791	.....	N	Crown full base metal cast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6792	.....	N	Crown full noble metal cast	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6920	.....	R	Dental connector bar	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D6930	.....	N	Dental recement bridge	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6940	.....	N	Stress breaker	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6950	.....	N	Precision attachment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6970	.....	N	Post & core plus retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6971	.....	N	Cast post bridge retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6972	.....	N	Prefab post & core plus reta	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6973	.....	N	Core build up for retainer	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6975	.....	N	Coping metal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6980	.....	N	Bridge repair	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D6999	.....	N	Fixed prosthodontic proc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7110	.....	R	Oral surgery single tooth	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7120	.....	R	Each add tooth extraction	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7130	.....	R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7210	.....	R	Rem imp tooth w mucoper flp	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7220	.....	R	Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7230	.....	R	Impact tooth remov part bony	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7240	.....	R	Impact tooth remov comp bony	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7241	.....	R	Impact tooth rem bony w/comp	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7250	.....	R	Tooth root removal	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7260	.....	R	Oral antral fistula closure	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7270	.....	N	Tooth reimplantation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7272	.....	N	Tooth transplantation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7280	.....	N	Exposure impact tooth orthod	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7281	.....	N	Exposure tooth aid eruption	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7285	.....	I	Biopsy of oral tissue hard	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7286	.....	I	Biopsy of oral tissue soft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7290	.....	N	Repositioning of teeth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7291	.....	R	Transseptal fiberotomy	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7310	.....	I	Alveoplasty w/extraction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7320	.....	I	Alveoplasty w/o extraction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7340	.....	I	Vestibuloplasty ridge extens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7350	.....	I	Vestibuloplasty exten graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7410	.....	I	Rad exc lesion up to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7420	.....	I	Lesion >1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7430	.....	I	Exc benign tumor to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7431	.....	I	Benign tumor exc >1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7440	.....	I	Malig tumor exc to 1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7441	.....	I	Malig tumor >1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7450	.....	I	Rem odontogen cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7451	.....	I	Rem odontogen cyst >1.25 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7460	.....	I	Rem nonodonto cyst to 1.25cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7461	.....	I	Rem nonodonto cyst >1.25 cm	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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
D7465	.....	I	Lesion destruction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7470	.....	I	Rem exostosis maxilla/mandib	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7480	.....	I	Partial ostectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7490	.....	I	Mandible resection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7510	.....	I	I&d absc intraoral soft tiss	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7520	.....	I	I&d abscess extraoral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7530	.....	I	Removal fb skin/areolar tiss	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7540	.....	I	Removal of fb reaction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7550	.....	I	Removal of sloughed off bone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7560	.....	I	Maxillary sinusotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7610	.....	I	Maxilla open reduct simple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7620	.....	I	Clsd reduct simpl maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7630	.....	I	Open red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7640	.....	I	Clsd red simpl mandible fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7650	.....	I	Open red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7660	.....	I	Clsd red simp malar/zygom fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7670	.....	I	Open red simple alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7680	.....	I	Reduct simple facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7710	.....	I	Maxilla open reduct compound	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7720	.....	I	Clsd reduct compd maxilla fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7730	.....	I	Open reduct compd mandble fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7740	.....	I	Clsd reduct compd mandble fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7750	.....	I	Open red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7760	.....	I	Clsd red comp malar/zygma fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7770	.....	I	Open reduc compd alveolus fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7780	.....	I	Reduct compnd facial bone fx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7810	.....	I	Tmj open reduct-dislocation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7820	.....	I	Closed tmp manipulation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7830	.....	I	Tmj manipulation under anest	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7840	.....	I	Removal of tmj condyle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7850	.....	I	Tmj meniscectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7852	.....	I	Tmj repair of joint disc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7854	.....	I	Tmj excisn of joint membrane	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7856	.....	I	Tmj cutting of a muscle	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7858	.....	I	Tmj reconstruction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7860	.....	I	Tmj cutting into joint	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7865	.....	I	Tmj reshaping components	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7870	.....	I	Tmj aspiration joint fluid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7872	.....	I	Tmj diagnostic arthroscopy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7873	.....	I	Tmj arthroscopy lysis adhesn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7874	.....	I	Tmj arthroscopy disc reposit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7875	.....	I	Tmj arthroscopy synovectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7876	.....	I	Tmj arthroscopy discectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7877	.....	I	Tmj arthroscopy debridement	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7880	.....	I	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7899	.....	I	Tmj unspecified therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7910	.....	I	Dent sutur recent wnd to 5cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7911	.....	I	Dental suture wound to 5 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7912	.....	I	Suture complicate wnd >5 cm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7920	.....	I	Dental skin graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7940	.....	R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D7941	.....	I	Bone cutting ramus closed	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7942	.....	I	Bone cutting ramus open	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7943	.....	I	Cutting ramus open w/graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7944	.....	I	Bone cutting segmented	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7945	.....	I	Bone cutting body mandible	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7946	.....	I	Reconstruction maxilla total	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7947	.....	I	Reconstruct maxilla segment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7948	.....	I	Reconstruct midface no graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7949	.....	I	Reconstruct midface w/graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7950	.....	I	Mandible graft	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7955	.....	I	Repair maxillofacial defects	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7960	.....	I	Frenulectomy/frenulotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7970	.....	I	Excision hyperplastic tissue	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7971	.....	I	Excision pericoronal gingiva	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7980	.....	I	Sialolithotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7981	.....	I	Excision of salivary gland	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7982	.....	I	Sialodochoplasty	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7983	.....	I	Closure of salivary fistula	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7990	.....	I	Emergency tracheotomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7991	.....	I	Dental coronoidectomy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7995	.....	I	Synthetic graft facial bones	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7996	.....	I	Implant mandible for augment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D7999	.....	I	Oral surgery procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
D8010	.....	N	Limited dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8020	.....	N	Limited dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8030	.....	N	Limited dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8040	.....	N	Limited dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8050	.....	N	Intercep dental tx primary	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8060	.....	N	Intercep dental tx transitn	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8070	.....	N	Compre dental tx transition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8080	.....	N	Compre dental tx adolescent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8090	.....	N	Compre dental tx adult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8210	.....	N	Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8220	.....	N	Fixed appliance therapy habt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8660	.....	N	Preorthodontic tx visit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8670	.....	N	Periodic orthodontc tx visit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8680	.....	N	Orthodontic retention	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8690	.....	N	Orthodontic treatment	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D8999	.....	N	Orthodontic procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9110	.....	R	Tx dental pain minor proc	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9210	.....	I	Dent anesthesia w/o surgery	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9211	.....	I	Regional block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9212	.....	I	Trigeminal block anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9215	.....	I	Local anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9220	.....	I	General anesthesia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9221	.....	I	General anesthesia ea ad 15m	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9230	.....	R	Analgesia	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9240	.....	I	Intravenous sedation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9310	.....	I	Dental consultation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9410	.....	I	Dental house call	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9420	.....	I	Hospital call	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9430	.....	I	Office visit during hours	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9440	.....	I	Office visit after hours	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9610	.....	I	Dent therapeutic drug inject	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9630	.....	R	Other drugs/medicaments	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9910	.....	N	Dent appl desensitizing med	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9920	.....	N	Behavior management	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9930	.....	R	Treatment of complications	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9940	.....	R	Dental occlusal guard	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9941	.....	N	Fabrication athletic guard	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9950	.....	R	Occlusion analysis	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9951	.....	R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9952	.....	R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D9970	.....	N	Enamel microabrasion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D9999	.....	I	Adjunctive procedure	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0001	.....	X	Drawing blood for specimen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0002	.....	A	Temporary urinary catheter	0.50	0.70	0.70	0.02	1.22	1.22	000
G0004	.....	A	ECG transm phys review & int	0.52	7.31	7.31	0.65	8.48	8.48	XXX
G0005	.....	A	ECG 24 hour recording	0.00	1.18	1.18	0.09	1.27	1.27	XXX
G0006	.....	A	ECG transmission & analysis	0.00	5.73	5.73	0.51	6.24	6.24	XXX
G0007	.....	A	ECG phy review & interpret	0.52	0.40	0.40	0.05	0.97	0.97	XXX
G0008	.....	X	Admin influenza virus vac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0009	.....	X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0010	.....	X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0015	.....	A	Post symptom ECG tracing	0.00	5.73	5.73	0.51	6.24	6.24	XXX
G0016	.....	A	Post symptom ECG md review	0.52	0.40	0.40	0.05	0.97	0.97	XXX
G0025	.....	A	Collagen skin test kit	0.00	0.95	0.95	0.00	0.95	0.95	XXX
G0026	.....	X	Fecal leukocyte examination	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0027	.....	X	Semen analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030	.....	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030	TC	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0030	26	A	PET imaging prev PET single	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0031	.....	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031	TC	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0031	26	A	PET imaging prev PET multple	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0032	.....	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032	TC	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0032	26	A	PET follow SPECT 78464 singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0033	.....	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033	TC	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0033	26	A	PET follow SPECT 78464 mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0034	.....	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034	TC	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0034	26	A	PET follow SPECT 76865 singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0035	.....	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035	TC	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0035	26	A	PET follow SPECT 78465 mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
G0036	.....	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036	TC	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0036	26	A	PET follow cornry angio sing	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0037	.....	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0037	TC	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0037	26	A	PET follow cornry angio mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0038	.....	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038	TC	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0038	26	A	PET follow myocard perf sing	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0039	.....	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039	TC	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0039	26	A	PET follow myocard perf mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0040	.....	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040	TC	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0040	26	A	PET follow stress echo singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0041	.....	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041	TC	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0041	26	A	PET follow stress echo mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0042	.....	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042	TC	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0042	26	A	PET follow ventriculogm sing	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0043	.....	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043	TC	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0043	26	A	PET follow ventriculogm mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0044	.....	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044	TC	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0044	26	A	PET following rest ECG singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0045	.....	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045	TC	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0045	26	A	PET following rest ECG mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0046	.....	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046	TC	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0046	26	A	PET follow stress ECG singl	1.50	0.48	0.48	0.07	2.05	2.05	XXX
G0047	.....	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047	TC	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0047	26	A	PET follow stress ECG mult	1.87	0.65	0.65	0.10	2.62	2.62	XXX
G0050	.....	A	Residual urine by ultrasound	0.00	0.81	0.81	0.05	0.86	0.86	XXX
G0051	.....	D	Destroy benign/premal lesion	*0.00	0.00	0.00	0.00	0.00	0.00	010
G0052	.....	D	Destruction of added lesions	0.00	0.00	0.00	0.00	0.00	0.00	ZZZ
G0053	.....	D	Destruction of added lesions	*0.00	0.00	0.00	0.00	0.00	0.00	010
G0058	.....	D	Auto multichannel 20 tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0059	.....	D	Auto multichannel 21 tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0060	.....	D	Auto multichannel 22 tests	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0062	.....	D	peripheral bone densitometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0062	TC	D	peripheral bone densitometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0062	26	D	peripheral bone densitometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0063	.....	D	central bone densitometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0063	TC	D	central bone densitometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0063	26	D	central bone densitometry	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0064	.....	D	care plan oversight, hme hlth	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0065	.....	D	care plan oversight, hospice	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0066	.....	D	care plan oversight nurs fac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0071	.....	D	Psychotherapy, office, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0072	.....	D	Psychotherapy, office, wth E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0073	.....	D	Psychotherapy, office, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0074	.....	D	Psychotherapy, office, wth E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0075	.....	D	Psychotherapy, office, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0076	.....	D	Psychotherapy, office, wth E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0077	.....	D	Psychotherapy, office, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0078	.....	D	Psychotherapy, office, wth E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0079	.....	D	Psychotherapy, office, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0080	.....	D	Psychotherapy, office, wth E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0081	.....	D	Psychotherapy, office, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0082	.....	D	Psychotherapy, office, wth E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0083	.....	D	Psychotherapy, inpt, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0084	.....	D	Psychotherapy, inpt, with E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0085	.....	D	Psychotherapy, inpt, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0086	.....	D	Psychotherapy, inpt, with E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0087	.....	D	Psychotherapy, inpt, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0088	.....	D	Psychotherapy, inpt, with E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0089	.....	D	Psychotherapy, inpt, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0090	.....	D	Psychotherapy, inpt, with E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0091	.....	D	Psychotherapy, inpt, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0092	.....	D	Psychotherapy, inpt, with E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
G0093	.....	D	Psychotherapy, inpt, no E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0094	.....	D	Psychotherapy, inpt, with E/M	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0100	.....	D	HIV-1, viral load, quant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0101	.....	A	CA screen; pelvic/breast exam	0.45	0.28	0.28	0.02	0.75	0.75	XXX
G0104	.....	A	CA screen; flexi sigmoidscope	0.96	1.23	#1.06	0.12	2.31	2.14	000
G0105	.....	A	Colorectal scrn; hi risk ind	3.70	4.13	#4.07	0.39	8.22	8.16	000
G0106	.....	A	Colon CA screen; barium enema	0.99	2.58	2.58	0.21	3.78	3.78	XXX
G0106	TC	A	Colon CA screen; barium enema	0.00	2.13	2.13	0.14	2.27	2.27	XXX
G0106	26	A	Colon CA screen; barium enema	0.99	0.45	0.45	0.07	1.51	1.51	XXX
G0107	.....	X	CA screen; fecal blood test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0110	.....	R	Nett pulm-rehab educ; ind	0.90	0.26	0.26	0.04	1.20	1.20	XXX
G0111	.....	R	Nett pulm-rehab educ; group	0.27	0.20	0.20	0.02	0.49	0.49	XXX
G0112	.....	R	Nett; nutrition guid, initial	1.72	0.97	0.97	0.10	2.79	2.79	XXX
G0113	.....	R	Nett; nutrition guid, subseqnt	1.29	0.77	0.77	0.09	2.15	2.15	XXX
G0114	.....	R	Nett; psychosocial consult	1.20	0.35	0.35	0.11	1.66	1.66	XXX
G0115	.....	R	Nett; psychological testing	1.20	0.35	0.35	0.11	1.66	1.66	XXX
G0116	.....	A	Nett; psychosocial counsel	1.11	0.35	0.35	0.05	1.51	1.51	XXX
G0120	.....	A	Colon ca scrn; barium enema	0.99	2.58	2.58	0.21	3.78	3.78	XXX
G0120	TC	A	Colon ca scrn; barium enema	0.00	2.13	2.13	0.14	2.27	2.27	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.45	0.45	0.07	1.51	1.51	XXX
G0121	.....	N	Colon ca scrn; barium enema	+3.70	4.13	#4.07	0.39	8.22	8.16	XXX
G0122	.....	N	Colon ca scrn; barium enema	+0.99	2.58	2.58	0.21	3.78	3.78	XXX
G0122	TC	N	Colon ca scrn; barium enema	+0.00	2.13	2.13	0.14	2.27	2.27	XXX
G0122	26	N	Colon ca scrn; barium enema	+0.99	0.45	0.45	0.07	1.51	1.51	XXX
H5300	.....	D	Occupational therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0120	.....	E	Tetracyclin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0150	.....	E	Injection adenosine 6 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0170	.....	E	Adrenalin epinephrin inject	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0190	.....	E	Inj biperiden lactate/5 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0205	.....	E	Alglucerase injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0207	.....	E	Amifostine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0210	.....	E	Methyldopate hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0256	.....	E	Alpha 1-proteinase 500 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0270	.....	E	Alprostadil for injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0280	.....	E	Aminophyllin 250 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0290	.....	E	Ampicillin 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0295	.....	E	Ampicillin sodium per 1.5 gm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0300	.....	E	Amobarbital 125 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0330	.....	E	Succinycholine chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0340	.....	E	Nandrolon phenpropionate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0350	.....	E	Injection anistreplase 30 u	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0360	.....	E	Hydralazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0380	.....	E	Inj metaraminol bitartrate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0390	.....	E	Chloroquine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0400	.....	E	Inj trimethaphan camsylate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0460	.....	E	Atropine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0470	.....	E	Dimecaprol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0475	.....	E	Baclofen 10 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0500	.....	E	Dicyclomine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0510	.....	E	Benzquinamide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0515	.....	E	Inj benztropine mesylate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0520	.....	E	Bethanechol chloride inject	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0530	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0540	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0550	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0560	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0570	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0580	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0585	.....	E	Botulinum toxin a per unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0590	.....	E	Ethylnorepinephrine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0600	.....	E	Edetate calcium disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0610	.....	E	Calcium gluconate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0620	.....	E	Calcium glycer & lact/10 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0630	.....	E	Calcitonin salmon injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0635	.....	E	Calcitriol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0640	.....	E	Leucovorin calcium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0670	.....	E	Inj mepivacaine HCL/10 ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0690	.....	E	Cefazolin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0694	.....	E	Cefoxitin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0695	.....	E	Cefonocid sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0696	.....	E	Ceftriaxone sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0697	.....	E	Sterile cefuroxime injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0698	.....	E	Cefotaxime sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0702	.....	E	Betamethasone acet&sod phosp	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
J0704	.....	E	Betamethasone sod phosp/4 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0710	.....	E	Cephapirin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0713	.....	E	Inj ceftazidime per 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0715	.....	E	Ceftizoxime sodium / 500 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0720	.....	E	Chloramphenicol sodium injec	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0725	.....	E	Chorionic gonadotropin/1000u	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0730	.....	E	Chlorpheniramin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0735	.....	E	Clonidine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0740	.....	E	Cidofovir injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0743	.....	E	Cilastatin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0745	.....	E	Inj codeine phosphate /30 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0760	.....	E	Colchicine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0770	.....	E	Colistimethate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0780	.....	E	Prochlorperazine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0800	.....	E	Corticotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0810	.....	E	Cortisone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0835	.....	E	Inj cosyntropin per 0.25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0850	.....	E	Cytomegalovirus imm IV /vial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0895	.....	E	Deferoxamine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0900	.....	E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0945	.....	E	Brompheniramine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J0970	.....	E	Estradiol valerate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1000	.....	E	Depo-estradiol cypionate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1020	.....	E	Methylprednisolone 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1030	.....	E	Methylprednisolone 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1040	.....	E	Methylprednisolone 80 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1050	.....	E	Medroxyprogesterone inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1055	.....	N	Medrxyprogester acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1060	.....	E	Testosterone cypionate 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1070	.....	E	Testosterone cypionat 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1080	.....	E	Testosterone cypionat 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1090	.....	E	Testosterone cypionate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1095	.....	E	Inj dexamethasone acetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1100	.....	E	Dexamethosone sodium phos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1110	.....	E	Inj dihydroergotamine mesylt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1120	.....	E	Acetazolamid sodium injectio	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1160	.....	E	Digoxin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1165	.....	E	Phenytoin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1170	.....	E	Hydromorphone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1180	.....	E	Dyphylline injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1190	.....	E	Dexrazoxane HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1200	.....	E	Diphenhydramine hcl injectio	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1205	.....	E	Chlorothiazide sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1212	.....	E	Dimethyl sulfoxide 50% 50 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1230	.....	E	Methadone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1240	.....	E	Dimenhydrinate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1245	.....	E	Dipyridamole injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1250	.....	E	Inj dobutamine HCL/250 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1320	.....	E	Amitriptyline injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1325	.....	E	Epoprostenol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1330	.....	E	Ergonovine maleate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1362	.....	E	Erythromycin glucep / 250 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1364	.....	E	Erythro lactobionate /500 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1380	.....	E	Estradiol valerate 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1390	.....	E	Estradiol valerate 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1410	.....	E	Inj estrogen conjugate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1435	.....	E	Injection estrone per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1436	.....	E	Etidronate disodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1440	.....	E	Filgrastim 300 mcg injeciton	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1441	.....	E	Filgrastim 480 mcg injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1455	.....	E	Foscarnet sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1460	.....	E	Gamma globulin 1 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1470	.....	E	Gamma globulin 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1480	.....	E	Gamma globulin 3 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1490	.....	E	Gamma globulin 4 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1500	.....	E	Gamma globulin 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1510	.....	E	Gamma globulin 6 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1520	.....	E	Gamma globulin 7 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1530	.....	E	Gamma globulin 8 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1540	.....	E	Gamma globulin 9 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1550	.....	E	Gamma globulin 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1560	.....	E	Gamma globulin >10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1561	.....	E	Immune globulin 500 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1562	.....	E	Immune globulin 5 gms	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
J1565	.....	E	RSV-ivig	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1570	.....	E	Ganciclovir sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1580	.....	E	Garamycin gentamicin inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1600	.....	E	Gold sodium thiomaleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1610	.....	E	Glucagon hydrochloride/1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1620	.....	E	Gonadorelin hydroch/ 100 mcg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1625	.....	D	Granisetron hydrochlor/1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1626	.....	E	Granisetron HCl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1630	.....	E	Haloperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1631	.....	E	Haloperidol decanoate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1642	.....	E	Inj heparin sodium per 10 u	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1644	.....	E	Inj heparin sodium per 1000u	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1645	.....	E	Dalteparin sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1650	.....	E	Inj enoxaparin sodium 30 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1670	.....	E	Tetanus immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1690	.....	E	Prednisolone tebutate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1700	.....	E	Hydrocortisone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1710	.....	E	Hydrocortisone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1720	.....	E	Hydrocortisone sodium succ i	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1730	.....	E	Diazoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1739	.....	E	Hydroxyprogesterone cap 125	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1741	.....	E	Hydroxyprogesterone cap 250	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1742	.....	E	Ibutilide fumarate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1760	.....	E	Iron dextran 2 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1770	.....	E	Iron dextran 5 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1780	.....	E	Iron dextran 10 CC inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1785	.....	E	Injection imiglucerase /unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1790	.....	E	Droperidol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1800	.....	E	Propranolol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1810	.....	E	Droperidol/fentanyl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1820	.....	E	Insulin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1825	.....	E	Interferon beta-1a	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1830	.....	E	Interferon beta-1b/.25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1840	.....	E	Kanamycin sulfate 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1850	.....	E	Kanamycin sulfate 75 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1885	.....	E	Ketorolac tromethamine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1890	.....	E	Cephalothin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1910	.....	E	Kutapressin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1930	.....	E	Propiomazine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1940	.....	E	Furosemide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1950	.....	E	Leuprolide acetate/3.75 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1955	.....	E	Inj levocarnitine per 1 gm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1960	.....	E	Levorphanol tartrate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1970	.....	E	Methotrimeprazine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1980	.....	E	Hyoscyamine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J1990	.....	E	Chlordiazepoxide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2000	.....	E	Lidocaine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2010	.....	E	Lincomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2060	.....	E	Lorazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2150	.....	E	Mannitol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2175	.....	E	Meperidine hydrochl/100 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2180	.....	E	Meperidine/promethazine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2210	.....	E	Methylergonovin maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2240	.....	E	Metocurine iodide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2250	.....	E	Inj midazolam hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2260	.....	E	Inj milrinone lactate/5 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2270	.....	E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2275	.....	E	Morphine sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2300	.....	E	Inj nalbuphine hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2310	.....	E	Inj naloxone hydrochloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2320	.....	E	Nandrolone decanoate 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2321	.....	E	Nandrolone decanoate 100 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2322	.....	E	Nandrolone decanoate 200 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2330	.....	E	Thiothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2350	.....	E	Niacinamide/niacin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2360	.....	E	Orphenadrine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2370	.....	E	Phenylephrine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2400	.....	E	Chloroprocaine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2405	.....	E	Ondansetron hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2410	.....	E	Oxymorphone hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2430	.....	E	Pamidronate disodium/30 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2440	.....	E	Papaverin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2460	.....	E	Oxytetracycline injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2480	.....	E	Hydrochlorides of opium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
J2510	.....	E	Penicillin g procaine inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2512	.....	E	Inj pentagastrin per 2 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2515	.....	E	Pentobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2540	.....	E	Penicillin g potassium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2545	.....	E	Pentamidine isethionte/300mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2550	.....	E	Promethazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2560	.....	E	Phenobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2590	.....	E	Oxytocin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2597	.....	E	Inj desmopressin acetate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2640	.....	E	Prednisolone sodium ph inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2650	.....	E	Prednisolone acetate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2670	.....	E	Totazoline hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2675	.....	E	Inj progesterone per 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2680	.....	E	Fluphenazine decanoate 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2690	.....	E	Procainamide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2700	.....	E	Oxacillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2710	.....	E	Neostigmine methylslfte inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2720	.....	E	Inj protamine sulfate/10 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2725	.....	E	Inj protirelin per 250 mcg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2730	.....	E	Pralidoxime chloride inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2760	.....	E	Phentolaine mesylate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2765	.....	E	Metoclopramide hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2790	.....	E	Rho d immune globulin inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2800	.....	E	Methocarbamol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2810	.....	E	Inj theophylline per 40 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2820	.....	E	Sargramostim injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2860	.....	E	Secobarbital sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2910	.....	E	Aurothioglucose injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2912	.....	E	Sodium chloride injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2920	.....	E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2930	.....	E	Methylprednisolone injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2950	.....	E	Promazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2970	.....	E	Methicillin sodium injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2995	.....	E	Inj streptokinase/250000 IU	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J2996	.....	E	Alteplase recombinant inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3000	.....	E	Streptomycin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3005	.....	D	Strontium-89 chloride/10 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3010	.....	E	Fentanyl citrate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3030	.....	E	Sumatriptan succinate/6 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3070	.....	E	Pentazocine hcl injeciton	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3080	.....	E	Chlorprothixene injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3105	.....	E	Terbutaline sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3120	.....	E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3130	.....	E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3140	.....	E	Testosterone suspension inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3150	.....	E	Testosteron propionate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3230	.....	E	Chlorpromazine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3240	.....	E	Thyrotropin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3250	.....	E	Trimethobenzamide hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3260	.....	E	Tobramycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3265	.....	E	Injection torsemide 10 mg/ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3270	.....	E	Imipramine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3280	.....	E	Thiethylperazine maleate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3301	.....	E	Triamcinolone acetonide inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3302	.....	E	Triamcinolone diacetate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3303	.....	E	Triamcinolone hexacetonl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3305	.....	E	Inj trimetrexate glucoronate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3310	.....	E	Perphenazine injeciton	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3320	.....	E	Spectinomycn di-hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3350	.....	E	Urea injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3360	.....	E	Diazepam injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3364	.....	E	Urokinase 5000 IU injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3365	.....	E	Urokinase 250,000 IU inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3370	.....	R	Vancomycin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3390	.....	E	Methoxamine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3400	.....	E	Triflupromazine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3410	.....	E	Hydroxyzine hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3420	.....	E	Vitamin b12 injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3430	.....	E	Vitamin k phytonadione inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3450	.....	E	Mephentermine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3470	.....	E	Hyaluronidase injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3475	.....	E	Inj magnesium sulfate	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3480	.....	E	Inj potassium chloride	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3490	.....	E	Drugs unclassified injection	0.00	0.00	0.00	0.00	0.00	0.00	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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
J3520	.....	N	Edetate disodium per 150 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3530	.....	E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3535	.....	N	Metered dose inhaler drug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J3570	.....	N	Laetrile amygdalin vit B17	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7030	.....	E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7040	.....	E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7042	.....	E	5% dextrose/normal saline	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7050	.....	E	Normal saline solution infus	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7051	.....	E	Sterile saline/water	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7060	.....	E	5% dextrose/water	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7070	.....	E	D5w infusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7100	.....	E	Dextran 40 infusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7110	.....	E	Dextran 75 infusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7120	.....	E	Ringers lactate infusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7130	.....	E	Hypertonic saline solution	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7190	.....	X	Factor viii	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7191	.....	X	Factor VIII (porcine)	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7192	.....	X	Factor viii recombinant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7194	.....	X	Factor ix complex	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7196	.....	X	Othr hemophilia clot factors	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7197	.....	X	Antithrombin iii injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7300	.....	N	Intraut copper contraceptive	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7310	.....	E	Ganciclovir long act implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7500	.....	X	Azathiop po tab 50mg 100s ea	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7501	.....	X	Azathioprine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7503	.....	X	Cyclosporine parenteral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7504	.....	X	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7505	.....	X	Monoclonal antibodies	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7506	.....	X	Prednisone oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7507	.....	E	Tacrolimus oral per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7508	.....	E	Tacrolimus oral per 5 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7509	.....	X	Methylprednisolone oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7510	.....	X	Prednisolone oral per 5 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7599	.....	X	Immunosuppressive drug noc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7610	.....	E	Acetylcysteine 10% injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7615	.....	E	Acetylcysteine 20% injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7620	.....	E	Albuterol sulfate .083%/ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7625	.....	E	Albuterol sulfate .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7627	.....	E	Bitolterolmesylate inhal sol	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7630	.....	E	Cromolyn sodium injeciton	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7640	.....	E	Epinephrine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7645	.....	E	Ipratropium bromide .02%/ml	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7650	.....	E	Isoetharine hcl .1% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7651	.....	E	Isoetharine hcl .125% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7652	.....	E	Isoetharine hcl .167% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7653	.....	E	Isoetharine hcl .2%/ inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7654	.....	E	Isoetharine hcl .25% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7655	.....	E	Isoetharine hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7660	.....	E	Isoproterenol hcl .5% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7665	.....	E	Isoproterenol hcl 1% inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7670	.....	E	Metaproterenol sulfate .4%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7672	.....	E	Metaproterenol sulfate .6%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7675	.....	E	Metaproterenol sulfate 5%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7699	.....	E	Inhalation solution for DME	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J7799	.....	E	Non-inhalation drug for DME	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8499	.....	N	Oral prescrip drug non chemo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8530	.....	E	Cyclophosphamide oral 25 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8560	.....	E	Etoposide oral 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8600	.....	E	Melphalan oral 2 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8610	.....	E	Methotrexate oral 2.5 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J8999	.....	E	Oral prescription drug chemo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9000	.....	E	Doxorubic hcl 10 MG vl chemo	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9015	.....	E	Aldesleukin/single use vial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9020	.....	E	Asparaginase injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9031	.....	E	Bcg live intravesical vac	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9040	.....	E	Bleomycin sulfate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9045	.....	E	Carboplatin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9050	.....	E	Carmus bischl nitro inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9060	.....	E	Cisplatin 10 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9062	.....	E	Cisplatin 50 MG injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9065	.....	E	Inj cladribine per 1 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9070	.....	E	Cyclophosphamide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9080	.....	E	Cyclophosphamide 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9090	.....	E	Cyclophosphamide 500 MG inj	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 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
J9091	.....	E	Cyclophosphamide 1.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9092	.....	E	Cyclophosphamide 2.0 grm inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9093	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9094	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9095	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9096	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9097	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9100	.....	E	Cytarabine hcl 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9110	.....	E	Cytarabine hcl 500 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9120	.....	E	Dactinomycin actinomycin d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9130	.....	E	Dacarbazine 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9140	.....	E	Dacarbazine 200 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9150	.....	E	Daunorubicin	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9165	.....	E	Diethylstilbestrol injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9170	.....	E	Docetaxel	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9181	.....	E	Etoposide 10 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9182	.....	E	Etoposide 100 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9185	.....	E	Fludarabine phosphate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9190	.....	E	Fluorouracil injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9200	.....	E	Floxuridine injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9201	.....	E	Gemcitabine HCl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9202	.....	E	Goserelin acetate implant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9206	.....	E	Irinotecan injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9208	.....	E	Ifosfomide injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9209	.....	E	Mesna injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9211	.....	E	Idarubicin hcl injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9213	.....	E	Interferon alfa-2a inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9214	.....	E	Interferon alfa-2b inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9215	.....	E	Interferon alfa-n3 inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9216	.....	E	Interferon gamma 1-b inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9217	.....	E	Leuprolide acetate suspnsion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9218	.....	E	Leuprolide acetate injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9230	.....	E	Mechlorethamine hcl inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9245	.....	E	Inj melphalan hydrochl 50 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9250	.....	E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9260	.....	E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9265	.....	E	Paclitaxel injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9266	.....	E	Pegaspargase/singl dose vial	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9268	.....	E	Pentostatin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9270	.....	E	Plicamycin (mithramycin) inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9280	.....	E	Mitomycin 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9290	.....	E	Mitomycin 20 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9291	.....	E	Mitomycin 40 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9293	.....	E	Mitoxantrone hydrochl/5 MG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9320	.....	E	Streptozocin injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9340	.....	E	Thiotepa injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9350	.....	E	Topotecan	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9360	.....	E	Vinblastine sulfate inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9370	.....	E	Vincristine sulfate 1 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9375	.....	E	Vincristine sulfate 2 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9380	.....	E	Vincristine sulfate 5 MG inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9390	.....	E	Vinorelbine tartrate/10 mg	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9600	.....	E	Porfimer sodium	0.00	0.00	0.00	0.00	0.00	0.00	XXX
J9999	.....	E	Chemotherapy drug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0005	.....	D	Off visit 2/more modalities	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0006	.....	D	One phys therapy modality	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0007	.....	D	Combined phys ther mod & tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0008	.....	D	Combined phys ther mod & tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0064	.....	A	Visit for drug monitoring	0.37	0.19	0.19	0.03	0.59	0.59	XXX
M0075	.....	N	Cellular therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0076	.....	N	Prolotherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0100	.....	N	Intragastric hypothermia	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0101	.....	G	Foot care hygienic/pm	0.43	0.35	0.35	0.03	0.81	0.81	XXX
M0300	.....	N	IV chelationtherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0301	.....	N	Fabric wrapping of aneurysm	0.00	0.00	0.00	0.00	0.00	0.00	XXX
M0302	.....	N	Assessment of cardiac output	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2028	.....	X	Cephalin floculation test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2029	.....	X	Congo red blood test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2031	.....	N	Hair analysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2033	.....	X	Blood thymol turbidity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P2038	.....	X	Blood mucoprotein	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3000	.....	X	Screen pap by tech w md supv	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3001	.....	X	Screening pap smear by phys	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P3001	26	A	Screening pap smear by phys	0.42	0.32	0.32	0.04	0.78	0.78	XXX

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
P7001	.....	I	Culture bacterial urine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9010	.....	E	Whole blood for transfusion	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9011	.....	E	Blood split unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9012	.....	E	Cryoprecipitate each unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9013	.....	E	Unit/s blood fibrinogen	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9014	.....	E	Gamma globulin 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9015	.....	E	Rh immune globulin 1 ML	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9016	.....	E	Leukocyte poor blood, unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9017	.....	E	One donor fresh frozn plasma	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9018	.....	E	Plasma protein fract, unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9019	.....	E	Platelet concentrate unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9020	.....	E	Plaelet rich plasma unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9021	.....	E	Red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9022	.....	E	Washed red blood cells unit	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9603	.....	X	One-way allow prorated miles	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9604	.....	X	One-way allow prorated trip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9610	.....	X	Urine specimen collect singl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
P9615	.....	X	Urine specimen collect mult	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0034	.....	X	Admin of influenza vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0035	.....	A	Cardiokymography	0.17	0.49	0.49	0.04	0.70	0.70	XXX
Q0035	TC	A	Cardiokymography	0.00	0.37	0.37	0.03	0.40	0.40	XXX
Q0035	26	A	Cardiokymography	0.17	0.12	0.12	0.01	0.30	0.30	XXX
Q0068	.....	A	Extracorpeal plasmapheresis	1.67	1.27	1.27	0.16	3.10	3.10	000
Q0091	.....	A	Obtaining screen pap smear	0.37	0.28	0.28	0.03	0.68	0.68	XXX
Q0092	.....	A	Set up port x-ray equipment	0.00	0.30	0.30	0.01	0.31	0.31	XXX
Q0103	.....	D	Physical therapy evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0104	.....	D	Phys therapy re-evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0109	.....	D	Occupational therapy eval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0110	.....	D	Occupational therap re-eval	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0111	.....	X	Wet mounts/w preparations	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0112	.....	X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0113	.....	X	Pinworm examinations	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0114	.....	X	Fern test	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0115	.....	X	Post-coital mucous exam	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0132	.....	X	Dispensing fee DME neb drug	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0136	.....	X	Non esrd epoetin alpha inj	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0144	.....	N	Azithromycin dihydrate, oral	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0156	.....	X	Human albumin 5%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0157	.....	X	Human albumin 25%	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q0158	.....	D	Combined hib & hep B vaccine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9920	.....	E	Epoetin with hct <=20	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9921	.....	E	Epoetin with hct =21	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9922	.....	E	Epoetin with hct =22	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9923	.....	E	Epoetin with hct =23	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9924	.....	E	Epoetin with hct =24	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9925	.....	E	Epoetin with hct =25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9926	.....	E	Epoetin with hct =26	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9927	.....	E	Epoetin with hct =27	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9928	.....	E	Epoetin with hct =28	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9929	.....	E	Epoetin with hct =29	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9930	.....	E	Epoetin with hct =30	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9931	.....	E	Epoetin with hct =31	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9932	.....	E	Epoetin with hct =32	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9933	.....	E	Epoetin with hct =33	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9934	.....	E	Epoetin with hct =34	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9935	.....	E	Epoetin with hct =35	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9936	.....	E	Epoetin with hct =36	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9937	.....	E	Epoetin with hct =37	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9938	.....	E	Epoetin with hct =38	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9939	.....	E	Epoetin with hct =39	0.00	0.00	0.00	0.00	0.00	0.00	XXX
Q9940	.....	E	Epoetin with hct >=40	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0070	.....	C	Transport portable x-ray	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0075	.....	C	Transport port x-ray multipl	0.00	0.00	0.00	0.00	0.00	0.00	XXX
R0076	.....	C	Transport portable EKG	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2020	.....	X	Vision svcs frames purchases	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2025	.....	N	Eyeglasses delux frames	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2100	.....	X	Lens spher single plano 4.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2101	.....	X	Single visn sphere 4.12–7.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2102	.....	X	Singl visn sphere 7.12–20.00	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2103	.....	X	Spherocylindr 4.00–0.12–2.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2104	.....	X	Spherocylindr 4.00d/2.12–4d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2105	.....	X	Spherocylinder 4.00d/4.25–6d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2106	.....	X	Spherocylinder 4.00d/>6.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2107	.....	X	Spherocylinder 4.25d/12–2d	0.00	0.00	0.00	0.00	0.00	0.00	XXX

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

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
V2108	.....	X	Spherocylinder 4.25d/2.12–4d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2109	.....	X	Spherocylinder 4.25d/4.25–6d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2110	.....	X	Spherocylinder 4.25d/over 6d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2111	.....	X	Spherocylindr 7.25d/.25–2.25	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2112	.....	X	Spherocylindr 7.25d/2.25–4d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2113	.....	X	Spherocylindr 7.25d/4.25–6d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2114	.....	X	Spherocylinder over 12.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2115	.....	X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2116	.....	X	Nonaspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2117	.....	X	Aspheric lens bifocal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2118	.....	X	Lens aniseikonic single	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2199	.....	X	Lens single vision not oth c	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2200	.....	X	Lens spher bifoc plano 4.00d	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2201	.....	X	Lens sphere bifocal 4.12–7.0	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2202	.....	X	Lens sphere bifocal 7.12–20.	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2203	.....	X	Lens sphcyl bifocal 4.00d/.1	0.00	0.00	0.00	0.00	0.00	0.00	XXX
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

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Non-facility practice expense RVUs [5]	Facility practice expense RVUs [5]	Mal-practice RVUs	Non-facility total	Facility total	Global
V2600	.....	X	Hand held low vision aids	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2610	.....	X	Single lens spectacle mount	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2615	.....	X	Telescop/othr compound lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2623	.....	X	Plastic eye prosth custom	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2624	.....	X	Polishing artifical eye	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2625	.....	X	Enlargemnt of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2626	.....	X	Reduction of eye prosthesis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2627	.....	X	Scleral cover shell	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2628	.....	X	Fabrication & fitting	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2629	.....	X	Prosthetic eye other type	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2630	.....	X	Anter chamber intraocul lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2631	.....	X	Iris support intraoclr lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2632	.....	X	Post chmbr intraocular lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2700	.....	X	Balance lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2710	.....	X	Glass/plastic slab off prism	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2715	.....	X	Prism lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2718	.....	X	Fresnell prism press-on lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2730	.....	X	Special base curve	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2740	.....	X	Rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2741	.....	X	Non-rose tint plastic	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2742	.....	X	Rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2743	.....	X	Non-rose tint glass	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2744	.....	X	Tint photochromatic lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2750	.....	X	Anti-reflective coating	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2755	.....	X	UV lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2760	.....	X	Scratch resistant coating	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2770	.....	X	Occluder lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2780	.....	X	Oversize lens/es	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2781	.....	X	Progressive lens per lens	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2785	.....	X	Corneal tissue processing	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V2799	.....	X	Miscellaneous vision service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5008	.....	N	Hearing screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5010	.....	N	Assessment for hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5011	.....	N	Hearing aid fitting/checking	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5014	.....	N	Hearing aid repair/modifying	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5020	.....	N	Conformity evaluation	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5030	.....	N	Body-worn hearing aid air	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5040	.....	N	Body-worn hearing aid bone	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5050	.....	N	Body-worn hearing aid in ear	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5060	.....	N	Behind ear hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5070	.....	N	Glasses air conduction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5080	.....	N	Glasses bone conduction	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5090	.....	N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5100	.....	N	Body-worn bilat hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5110	.....	N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5120	.....	N	Body-worn binaur hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5130	.....	N	In ear binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5140	.....	N	Behind ear binaur hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5150	.....	N	Glasses binaural hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5160	.....	N	Dispensing fee binaural	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5170	.....	N	Within ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5180	.....	N	Behind ear cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5190	.....	N	Glasses cros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5200	.....	N	Cros hearing aid dispens fee	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5210	.....	N	In ear bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5220	.....	N	Behind ear bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5230	.....	N	Glasses bicros hearing aid	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5240	.....	N	Dispensing fee bicros	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5299	.....	R	Hearing service	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5336	.....	N	Repair communication device	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5362	.....	R	Speech screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5363	.....	R	Language screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX
V5364	.....	R	Dysphagia screening	0.00	0.00	0.00	0.00	0.00	0.00	XXX

Addendum C—Codes With Interim Relative Value Units

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

Addendum C contains the following information:

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

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

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

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

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

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

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

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

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

ADDENDUM C.—CODES WITH INTERIM RVUS

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

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

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

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

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.
[4] * Work RVUs increased in global surgical package.
[5] # Indicates reduction of Practice Expense RVUs as result of 110% PE reduction.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

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

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

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

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

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

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

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

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ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

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

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ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

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

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

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

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

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

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

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

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

*Payment locality is serviced by two carriers.

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act. GPCIs rescaled by the following factors to assure budget neutrality: Work = 1.00027; Practice expense = 1.00057; Malpractice = 1.03174.

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

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

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

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

*Payment locality is serviced by two carriers.

Note: Work GPCI is the 1/4 work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act. GPCIs rescaled by the following factors to assure budget neutrality: Work = 1.00027; Practice expense = 1.00057; Malpractice = 1.03174.

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

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

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

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

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

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

*Payment locality is serviced by two carriers.

ADDENDUM G.—COUNTIES INCLUDED IN 1998 LOCALITIES

[Alphabetically by State and Locality Name Within State]

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

ADDENDUM G.—COUNTIES INCLUDED IN 1998 LOCALITIES—Continued

[Alphabetically by State and Locality Name Within State]

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

*Payment locality is serviced by two carriers.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[BPD–893–FN]

RIN 0938–AI16

Medicare Program; Physician Fee Schedule Conversion Factor for Calendar Year 1998 and Sustainable Growth Rate for Fiscal Year 1998

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

ACTION: Final notice.

SUMMARY: This final notice announces the calendar year 1998 Medicare physician fee schedule conversion factor and the fiscal year 1998 sustainable growth rate for expenditures for 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 1998 Medicare physician fee schedule conversion factor is $36.6873. The sustainable growth rate for fiscal year 1998 is 1.5 percent.

EFFECTIVE DATE: The provisions in this final notice pertaining to the Medicare sustainable growth rate of increase are effective October 1, 1997, and the provisions pertaining to the Medicare physician fee schedule conversion factor are effective January 1, 1998, as provided by the Medicare statute.

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FOR FURTHER INFORMATION CONTACT: *Ordering information:* See **ADDRESSES** section.

Content information: Don Thompson, (410) 786–4586.

SUPPLEMENTARY INFORMATION:

I. Background and Summary of Legislation

The following discussion contains references to the conversion factor and relative value units as components of the Medicare physician fee schedule. The 1998 physician fee schedule final rule, published elsewhere in this **Federal Register** issue, explains how these factors are used in determining payments under the fee schedule.

A. Calendar Year 1998 Physician Fee Schedule Conversion Factor

There are currently three conversion factors used in the physician fee schedule: one for primary care services, one for surgical services, and one for all other services. However, section 1848(d)(1)(C) of the Social Security Act (the Act), as amended by section 4501 of the Balanced Budget Act of 1997 (BBA 1997) (Pub. L. 105–33), enacted on August 5, 1997, states that the 1998 physician fee schedule conversion factor for all services ''shall be the conversion factor for primary care services for 1997, increased by the Secretary's estimate of the weighted average of the three separate updates that would otherwise occur were it not for the enactment of . . . the Balanced Budget Act of 1997.''

The conversion factor is also affected by section 1848(c)(2)(B)(ii)(II) of the Act, which requires that any changes to the relative value units of the Medicare physician fee schedule not cause expenditures to increase or decrease by more than $20 million from the amount of expenditures that would have been made if such adjustments had not been made. We implement this requirement through a uniform budget neutrality adjustment to the conversion factor.

B. Fiscal Year 1998 Medicare Sustainable Growth Rate

Section 1848(f) of the Act, as amended by section 4503 of the BBA 1997, replaces the volume performance standard with a sustainable growth rate standard. It specifies the formula for establishing yearly sustainable growth rate expenditure targets for physicians' services under Medicare. The use of sustainable growth rate targets is intended to control the actual growth in Medicare expenditures for physicians' services.

The sustainable growth rate targets are not limits on expenditures. Payments for services are not withheld if the sustainable growth rate target is 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 sustainable growth rate target.

The amended section 1848(f)(2) of the Act now states that ''the sustainable growth rate for all physicians' services for a fiscal year (beginning with fiscal year 1998) shall be equal to the product of—

(A) 1.0 plus the Secretary's estimate of the weighted-average percentage increase (divided by 100) in the fees for all physicians' services in the fiscal year involved,

(B) 1.0 plus the Secretary's estimate of the percentage change (divided by 100) in the average number of individuals enrolled under this part (other than Medicare+Choice plan enrollees) from the previous fiscal year to the fiscal year involved,

(C) 1.0 plus the Secretary's estimate of the projected percentage growth in real gross domestic product per capita (divided by 100) from the previous fiscal year to the year involved, and

(D) 1.0 plus the Secretary's estimate of the percentage change (divided by 100) in expenditures for all physicians' services in the fiscal year (compared with the previous fiscal year) that will result from changes in law or regulations determined without taking into account estimated changes in

expenditures resulting from the update adjustment factor determined under subsection (d)(3)(B), minus 1 and multiplied by 100.

C. Physicians' Services

Because the scope of physicians' services covered by the sustainable growth rate is identical to the scope of services that was covered by the Medicare volume performance standards, we are using the same definition of physicians' services for the sustainable growth rate as we did for the Medicare volume performance standard. The November 22, 1996 final notice (61 FR 59717) announcing the fiscal year 1997 volume performance standard rates of increase contains a detailed description of this scope of services.

II. Provisions of This Final Notice

A. Calendar Year 1998 Physician Fee Schedule Conversion Factor

Under the requirements of the amended section 1848(d)(1)(C) of the Act, the 1998 physician fee schedule conversion factor is $36.6873. We determined this conversion factor as follows:

1997 Primary care conversion factor	35.7671
Weighted average update if BBA 1997 not enacted	1.034
Budget neutrality adjustment*	0.992
1998 Physician fee schedule conversion factor	36.6873

*This adjustment results from section 1848(c)(2)(B)(ii) of the Act and is described in the 1998 physician fee schedule final rule, published elsewhere in this **Federal Register** issue.

Under the requirements of section 1848(d)(1)(D) of the Act, as amended by section 4504 of the BBA 1997, the 1998 anesthesia conversion factor is equal to 46 percent of the 1998 physician fee schedule conversion factor. This calculation yields a 1998 anesthesia conversion factor of $16.8762.

The specific calculations to determine the conversion factor for physicians' services for calendar year 1998 are explained in section III. A. of this notice.

The following table shows the combined effect on calendar year 1998 payments (relative to calendar year 1997) of the move to a single conversion factor and the changes to the 1998 Medicare physician fee schedule relative value units (described in the 1998 physician fee schedule final rule published elsewhere in this **Federal Register** issue).

TABLE 1.—1998 PERCENT CHANGE IN PAYMENTS BY SPECIALTY*

Specialty	Change due to single conversion factor	Change due to relative value units	Combined change
M.D./D.O. Physicians:			
Radiation Oncology	9.2	−0.7	8.4
Psychiatry	9.0	−0.7	8.2
Radiology	9.0	−0.7	8.2
Pathology	9.3	−1.1	8.1
Hematology/Oncology	7.1	0.8	8.0
Neurology	7.9	0.0	7.9
Pulmonary	8.1	−0.4	7.7
Rheumatology	5.7	1.4	7.2
Gastroenterology	8.5	−1.3	7.1
Internal Medicine	6.4	0.6	7.0
Family Practice	5.0	1.3	6.4
Cardiology	7.9	−1.4	6.4
Other Physician	6.4	−0.2	6.2
General Practice	4.7	1.2	6.0
Nephrology	6.0	−1.2	4.7
Clinics	4.5	−0.1	4.4
Emergency Medicine	3.8	−0.6	3.2
Anesthesiology	1.2	0.9	2.1
Obstetrics/Gynecology	−2.3	3.0	0.6
Otolaryngology	−0.1	0.6	0.5
General Surgery	−4.0	1.8	−2.3
Vascular Surgery	−4.0	1.5	−2.6
Urology	−3.3	0.4	−2.9
Orthopedic Surgery	−4.8	0.8	−4.0
Dermatology	−4.8	0.2	−4.6
Plastic Surgery	−6.9	1.7	−5.3
Ophthalmology	−3.3	−2.6	−5.8
Neurosurgery	−5.7	−0.2	−5.9
Thoracic Surgery	−7.0	−0.2	−7.2
Cardiac Surgery	−8.1	−0.7	−8.8
Others:			
Chiropractic	9.3	−0.8	8.4
Suppliers	9.3	−1.0	8.2
Optometry	5.7	0.1	5.8
Nonphysician practitioners	5.1	−0.6	4.5
Podiatry	−5.2	0.8	−4.4

*Table reflects changes from 1997 payments due to the relative value units and single conversion factor, excluding the 0.3 percent volume and intensity increase associated with the single conversion factor and the 0.1 percent volume and intensity increase associated with the relative value unit changes.

B. Physician Sustainable Growth Rate for Fiscal Year 1998

Under the requirements in sections 1848(f)(2)(A) and (B) of the Act, as amended by section 4503 of the BBA 1997, we have determined that the sustainable growth rate of increase for physicians' services for fiscal year 1998 is 1.5 percent.

This determination is based on the following statutory factors:

Statutory factors	Percent change
Fees	2.3
Enrollment	−2.4
Increase in Gross Domestic Product	1.1
Legislation	0.6
Total	1.5

The specific calculations to determine the sustainable growth rate for physicians' services for fiscal year 1998 are explained in section III. B. of this notice.

III. Detail on Calculation of the Calendar Year 1998 Physician Fee Schedule Conversion Factor and the Fiscal Year 1998 Sustainable Growth Rate

A. Physician Fee Schedule Conversion Factor

1. The Weighted Average Update

The weighted average update if the BBA 1997 had not been enacted is 3.4 percent. This was determined based on the Medicare Economic Index (MEI) and the Medicare volume performance standard (MVPS) adjustments as follows:

Service	1998 MEI	MVPS adjustment	Update (prior to BBA 1997)
	[In Percent]		
Primary Care	2.2	5.3	7.5
Surgical	2.2	0.3	2.5
All other	2.2	−0.3	1.9
Weighted average	.....	.....	3.4

The MEI and the MVPS adjustments are described below.

2. The Percentage Change in the Medicare Economic Index

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's 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 man-hour for the nonfarm business sector to eliminate double counting for productivity growth in physicians' offices and the general economy.

The physician's 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 man-hour for the nonfarm business sector. The physician's 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 1998 update. The calendar year 1998 MEI is 2.2 percent.

INCREASE IN THE MEDICARE ECONOMIC INDEX UPDATE FOR CALENDAR YEAR 1998 [1]

	1989 weights [2]	CY 1998 percent changes
Medicare Economic Index Total	100.0	2.2
1. Physician's Own Time [3 4]	54.2	2.5
a. Wages and Salaries: Average hourly earnings private nonfarm, net of productivity	45.3	2.8
b. Fringe Benefits: Employment Cost Index, benefits, private nonfarm, net of productivity	8.8	1.2
2. Physician's Practice Expense [3]	45.8	1.9
a. Nonphysician Employee Compensation	16.3	2.4
1. Wages and Salaries: Employment Cost Index, wages and salaries, weighted by occupation, net of productivity	13.8	2.6
2. Fringe Benefits: Employment Cost Index, fringe benefits, white collar, net of productivity	2.5	1.4
b. Office Expense: Consumer Price Index for Urban Consumers (CPI–U), housing	10.3	2.9
c. Medical Materials and Supplies: Producer Price Index (PPI), ethical drugs/PPI, surgical appliances and supplies/CPI–U, medical equipment and supplies (equally weighted)	5.2	1.6
d. Professional Liability Insurance: HCFA professional liability insurance survey [5]	4.8	−1.8
e. Medical Equipment: PPI, medical instruments and equipment	2.3	−0.4
f. Other Professional Expense	6.9	2.5
1. Professional Car: CPI–U, private transportation	1.4	2.3
2. Other: CPI–U, all items less food and energy	5.5	2.6

INCREASE IN THE MEDICARE ECONOMIC INDEX UPDATE FOR CALENDAR YEAR 1998 [1]—Continued

	1989 weights [2]	CY 1998 percent changes
Addendum:		
Productivity: 10-year moving average of output per man-hour, nonfarm business sector	N/A	0.8
Physician's Own Time, not productivity adjusted	54.2	3.3
Wages and salaries, not productivity adjusted	45.3	3.6
Fringe benefits, not productivity adjusted	8.8	2.0
Nonphysician Employee Compensation, not productivity adjusted	16.3	3.2
Wages and salaries, not productivity adjusted	13.8	3.4
Fringe benefits, not productivity adjusted	2.5	2.2

[1] The rates of change are for the 12-month period ending June 30, 1997, which is the period used for computing the calendar year 1998 update. The price proxy values are based upon the latest available Bureau of Labor Statistics data as of September 1997.

[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, Laspeyres-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 physicians' 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 man-hour 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 man-hour for the nonfarm business sector. Dividing one plus the decimal form of the percent change in the average hourly earnings (1+.036=1.036 by one plus the decimal form of the percent change in the 10-year moving average of labor productivity (1+.008=1.008) equals one plus the change in average hourly earnings net of the change in output per manhour (1.036/1.008=1.028). 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 1997). 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.

3. Medicare Volume Performance Standard Performance Adjustment

Prior to the enactment of the BBA 1997, the update methodology set forth in section 1848(d)(3)(B)(i) of the Act would have increased the primary care services update by 5.3 percentage points, increased the surgical services update by 0.3 percentage points, and decreased the update for all other services by 0.3 percentage points. These adjustments reflect the percentage increase in expenditures between fiscal year 1995 and fiscal year 1996 relative to the volume performance standard rates of increase for fiscal year 1996. The volume performance standard rates of increase were targets for the growth in Medicare expenditures for physicians' services that have subsequently been replaced by the sustainable growth rates. The success or failure in meeting the volume performance standard targets was taken into account in determining the Medicare physician fee schedule update. The update methodology prior to the enactment of the BBA 1997 is described in detail in the November 22, 1996 final notice announcing the physician fee schedule update for 1997 (61 FR 59717).

The MVPS adjustments were derived as follows:

Service	FY 1996 MVPS target	FY 1996 increase in expenditures	MVPS adjustment difference)
	[In Percent]		
Primary Care	9.3	4.0	5.3
Surgical	−0.5	−0.8	0.3
All other	0.6	0.9	−0.3

B. Fiscal Year 1998 Sustainable Growth Rate

Below we explain how we determined the increases for each of the four factors used in determining the sustainable growth rate for fiscal year 1998.

Factor 1—Percentage Increase in Fees for Physicians' Services (Before Applying Legislative Adjustments) for Fiscal Year 1998

This factor was calculated as a weighted average of the calendar year 1997 and 1998 fee increases that apply during fiscal year 1998. Adjustments to the fee increases, such as the move to a single conversion factor, are accounted for in Factor 4 (the increase in expenditures resulting from changes in law or regulations).

Most of the fees for physicians' services (as defined in section I. C. of this notice) are updated by the MEI. However, laboratory services, which

represent about 13 percent of the Medicare allowed charges for physicians' services, are updated by the Consumer Price Index for Urban Consumers (CPI–U). The following table, therefore, shows both the MEI and CPI–U updates that were used in determining the percentage increase in physicians' fees for fiscal year 1998.

MEDICARE ECONOMIC INDEX AND CONSUMER PRICE INDEX FOR URBAN CONSUMERS FOR CALENDAR YEARS 1997 AND 1998

	1997	1998
MEI	2.0	2.2
CPI–U	2.7	3.0

After taking into account all the elements described above, we estimate that the weighted-average increase in fees for physicians' services in fiscal year 1998 before applying any legislative adjustments will be 2.3 percent for all physicians' services.

Factor 2—The Percentage Change in the Average Number of Part B Enrollees from Fiscal Year 1997 to Fiscal Year 1998

Due to the rapid growth in Medicare+Choice plan enrollees (whose Medicare-covered medical care is outside the scope of the sustainable growth rate), we estimate that the average number of Medicare Part B enrollees excluding those in Medicare+Choice plans will decline by 2.4 percent. This was derived as follows:

	Average Medicare Part B enrollment (in millions)		
	Overall	Medicare +Choice*	Overall excluding Medicare+Choice
FY 1997	36.384	4.461	31.923
FY 1998	36.775	5.627	31.148
Percent change	.....	.....	−2.4%

*Because the Medicare+Choice program does not begin until 1998, the 1997 Medicare+Choice enrollment was proxied by the risk health maintenance organization enrollment.

Differences between projected and actual enrollment will be adjusted for in subsequent years.

Factor 3—Estimated Real Gross Domestic Product Per Capita Growth in Fiscal Year 1998

In calculating the sustainable growth rate, section 1848(f)(2)(C) of the Act, as amended by section 4503 of the BBA 1997, requires the Secretary to project real gross domestic product per capita growth for the coming fiscal year. We estimate that this growth will be 1.1 percent in fiscal year 1998.

Differences between projected and actual real gross domestic product per capita growth will be adjusted for in subsequent years.

Factor 4—Percentage Increase in Expenditures for Physicians' Services Resulting from Changes in Law or Regulations in Fiscal Year 1998 Compared with Fiscal Year 1997

Legislative changes contained in the BBA 1997 will impact expenditures for physicians' services in fiscal year 1998. Although the move to a single conversion factor for the Medicare physician fee schedule will cause the payments for surgical services to decline, it will increase the payments for nonsurgical services sufficiently to cause an overall increase in expenditures for fiscal year 1998 relative to fiscal year 1997. The Medicare coverage changes for screening mammography, colorectal cancer screening, screening PAP smears, and screening pelvic exams will cause increases in Medicare expenditures. The changes in payments for nurse practitioners, clinical nurse specialists, and physician assistants will also increase expenditures. Medicare to be secondary payer and the provisions relating to payments for laboratory services will cause reductions in Medicare expenditures.

In response to the fee changes associated with implementation of the 1998 physician fee schedule, we anticipate that the volume and intensity of physician services provided to Medicare beneficiaries will increase by 0.1 percent. In order to prevent an increase in expenditures as a result of this volume and intensity response, an offsetting 0.1 percent reduction is made to the conversion factor. Because we incorporate both the volume and intensity response and the offsetting conversion factor reduction into the sustainable growth rate target, if the volume and intensity response does not occur, the sustainable growth rate system returns the offsetting reduction to the conversion factor in form of higher future updates to the Medicare physician fee schedule.

After taking into account all the BBA 1997 provisions, the increase in expenditures for physician services due to changes in law or regulations is estimated to be 0.6 percent.

IV. Inapplicability of a Notice and Comment Procedure and of a 30-Day Delay in Effective Date

We find good cause to waive notice and comment procedure for this final notice. It is an interpretive rule because section 1848 of the Social Security Act, as amended by sections 4501 and 4503 of the BBA 1997, sets out in detail the factors and procedures necessary to calculate the conversion factor for calendar year 1998 and the sustainable growth rate of increase for fiscal year 1998. As required by the statute, section I. A. of this notice discusses the replacement of the three conversion factors that are currently used under the physician fee schedule with a single conversion factor, and the method used to determine the conversion factor for calendar year 1998. Section I. B. of this notice discusses the replacement of the volume performance standard with the sustainable growth rate of increase, and the formula for establishing the fiscal year 1998 sustainable growth rate target for physicians' services under Medicare. Therefore, it would be impracticable and unnecessary to submit this notice to the public for a notice and comment procedure.

We usually provide a delay of 30 days in the effective date for final **Federal Register** documents. In this case, however, the sustainable growth rates of increase are required by law to be published by November 1, 1997 and are effective on October 1, 1997. 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 conversion factor, the effective date will be January 1, 1998, which exceeds the 30-day requirement for the publication of this notice.

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.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

(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 27, 1997.

Nancy-Ann Min DeParle,

Deputy Administrator, Health Care Financing Administration.

Dated: October 28, 1997.

Donna E. Shalala,

Secretary.

[FR Doc. 97–29028 Filed 10–30–97; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Part 414

[BPD–901–NC]

RIN 0938–AI33

Medicare Program; Delay in Implementing the Adjustments to the Practice Expense Relative Value Units Under the Physician Fee Schedule for Calendar Year 1998

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

ACTION: Notice of intent to regulate.

SUMMARY: This notice identifies provisions in the Medicare physician fee schedule regulations that are affected by enactment of the Balanced Budget Act of 1997 (BBA 1997). Section 4505 of the BBA 1997 postpones implementation of a resource-based practice expense relative value unit system until January 1, 1999 and provides for a 4-year transition. In addition, it provides for an adjustment for practice expense relative value units for 1998. It also requires publication of a new proposed rule for practice expense by May 1, 1998, thus requiring significant revision of our proposal contained in the proposed rule published June 18, 1997 (62 FR 33158).

DATES: *Comment Date:* Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on December 30, 1997.

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–901–NC, P.O. Box 26688, Baltimore, MD 21207–0488.

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, or

Room C5–09–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code BPD–901-NC. Comments received timely will be available for public inspection as they are received, beginning approximately 3 weeks after publication of the 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: Stanley Weintraub, (410) 786–4498.

SUPPLEMENTARY INFORMATION:

I. Legislative History

Since January 1, 1992, Medicare has paid for physician services under section 1848 of the Social Security Act (the Act), ''Payment for Physicians' Services.'' This section contains three major elements: (1) A fee schedule for the payment of physician services; (2) a method to control the rates of increase in Medicare expenditures for physician services; and (3) limits on the amounts that nonparticipating physicians can charge beneficiaries. Title XVIII of the Act requires that payments under the fee schedule be based on national uniform relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense, and malpractice expense.

Section 1848(c)(2)(B)(ii)(II) of the Act provides that adjustments in RVUs because of changes resulting from a review of those RVUs may not cause total physician fee schedule payments to differ by more than $20 million from what they would have been had the adjustments not been made. If this tolerance is exceeded, we must make adjustments to the conversion factor to preserve budget neutrality.

II. Published Changes to the Fee Schedule

We published a final rule on November 25, 1991 (56 FR 59502) to implement section 1848 of the Act by establishing a fee schedule for physician services furnished on or after January 1, 1992. In the November 1991 final rule (56 FR 59511), we stated our intention to update RVUs for new and revised codes in the American Medical Association's (AMA's) Physicians' Current Procedural Terminology (CPT) through an ''interim RVU'' process every year. The latest update to the RVUs and fee schedule was published on November 22, 1996, as a final rule with comment period (61 FR 59490).

In addition, on June 18, 1997, we issued a proposed rule (62 FR 33158) to revise various policies relating to physician services and included in that proposal a chronology of all regulations that updated the fee schedule and related policies.

III. Implementation of Section 4505 of the Balanced Budget Act of 1997

Under the law in effect at the time that the June 18, 1997 physician fee schedule proposed rule was published, we were required to develop a resource-based system for determining practice expense RVUs effective January 1, 1998. The BBA 1997 (Pub. L. 105–33), enacted on August 5, 1997, provides for several revisions in the requirement to change from charge-based practice expense RVUs to a resource-based method.

Specifically, the BBA 1997 provides for the following:

- One-year delay.

Section 4505(a) of the BBA 1997 provides that the implementation of the requirement to move from the current charge-based practice expense RVUs to resource-based practice expense RVUs be delayed from January 1, 1998 to January 1, 1999.

- Phased-in implementation.

Instead of paying for all services entirely under a resource-based system in 1999, section 4505(b) of the BBA 1997 provides for a 4-year transition period. Practice expense RVUs for 1998 will be based on the adjustments described below. The practice expense RVUs for the year 1999 will be determined as the product of 75 percent of the previous year's RVUs (1998) and 25 percent of the resource-based RVUs. For the year 2000, the percentages will be 50 percent charge-based and 50 percent resource-based. For the year 2001, the percentages will be 25 percent charge-based and 75 percent resource-based. For subsequent years, the RVUs will be totally resource-based.

- Review by Comptroller General.

Section 4505(c) of the BBA 1997 requires the Comptroller General to review and evaluate our proposed rule and report to the Congress within 6 months of the date of enactment of the BBA 1997 (that is, by February 5, 1998). The review is to include an analysis of (1) the adequacy of the data used in preparing the rule, (2) categories of allowable costs, (3) methods for allocating direct and indirect expenses, (4) the potential impact of the rule on beneficiary access to services, and (5) any other matters related to the appropriateness of resource-based methodology for practice expenses. The Comptroller General is to consult with representatives of physicians' organizations with respect to matters of both data and methodology.

- Adjustment for practice expense RVUs for 1998.

Section 4505(e) of the BBA 1997 provides that, for 1998, the practice expense RVUs will be adjusted for

certain services in anticipation of the implementation of resource-based practice expenses beginning in 1999. Practice expense RVUs for office visits will increase, while practice expense RVUs for certain other services will be reduced according to a formula included in section 4505(e) of the BBA 1997. The formula requires that services that were proposed to be reduced in the June 18, 1997 proposed rule, and were not performed at least 75 percent of the time in an office setting, would get a uniform percentage reduction. The reduced RVUs for practice expense would be calculated to be equivalent to 110 percent of the work RVUs for the service. However, the total of the reductions cannot exceed $390 million. The procedure codes affected and the final RVUs for 1998 are being published in the physician fee schedule final rule.

• Requirements for new resource-based practice expense RVUs.

Section 4505(d)(3) of the BBA 1997 requires that the Secretary transmit a Report to the Congress by March 1, 1998 including a presentation of data to be used in developing the practice expense RVUs and an explanation of the methodology. Section 4505(d)(3) requires that a proposed rule be published by May 1, 1998, with a 90-day comment period. In order for the transition to begin on January 1, 1999, a final rule would need to be published by October 31, 1998.

In the May 1, 1998 proposed rule, we are required to develop new resource-based practice expense RVUs. In developing new practice expense RVUs, section 4505(d)(3) requires us to: (1) utilize, to the maximum extent practicable, generally accepted cost accounting principles that recognize all staff, equipment, supplies, and expenses, not solely those that can be linked to specific procedures, and use actual data on equipment utilization and other key assumptions; (2) consult with organizations representing physicians regarding methodology and data to be used; and (3) develop a refinement process to be used during each of the 4 years of the transition period.

To assist us in developing the new RVUs using the data the BBA 1997 requires, we are requesting that any physicians, physician organizations, or others provide us with the following information:

• Generally accepted cost accounting principles—We are requesting comments on generally accepted cost accounting principles that recognize all staff, equipment, supplies, and expenses, not just those that can be tied to specific procedures. We particularly solicit comments on aspects of the cost accounting methodology used in the June 18, 1997 proposed rule that were not consistent with the statutory guidance.

We understand from various representatives of physicians and physician groups that special studies were conducted to develop or validate resource-based RVUs for physicians' services. We believe that the information collected from these studies could be helpful in allowing us to evaluate the consistency of our methodology with generally accepted cost accounting principles that recognize all resources, not just those that can be tied to specific procedures. Those studies would also provide a valuable source of information to develop the new set of proposed RVUs. Therefore, we are requesting that completed copies of studies of resource-based RVUs be submitted during the comment period for this notice. We are requesting any underlying surveys supporting those studies, including copies of the actual survey instrument, sample design, general and item response rates, and characteristics of non-response bias.

• Equipment utilization—We are requesting complete copies of any studies or other data showing the actual utilization of equipment by physician practices. The data should be related to specific pieces of equipment used in medical, surgical, and diagnostic (including radiology) services and should be identified as being used in the provision of specific procedure codes. In providing the information, the methodology used to determine the actual equipment utilization should be provided. If a survey was used to obtain the information, pertinent details about the survey (for example, the number and type of surveyed entities and general and item response rates, and assessment of the characteristics of non-response bias) should be provided, as well as a complete copy of the report describing the sampling design, methodology, directions, and definitions.

• Other assumptions—During the development of the proposed practice expense RVUs published in our June 18, 1997 proposed rule, we made a number of assumptions about pricing and other information needed. We would like any actual data that would assist us in reviewing or revising our assumptions for the following:

+ Useful life of equipment—We utilized manufacturer and other estimates of the useful life of equipment. We would like information on the actual useful life of equipment used in providing services. That is, we would like information about the time equipment is in service from the time it is purchased until it is disposed of. This information should be for equipment used by physician practices in furnishing specific procedures.

+ Direct and indirect costs—We would like actual data describing the amount and percentage of direct practice costs versus the amount and percentage of indirect practice costs by specialty. Indirect costs are generally being defined as those costs not *directly* allocable to individual services, such as rent, utilities, maintenance, phones, general clerical staff, and office equipment. We would also like summary information by specialty for these major types of indirect costs. Costs attributable to billing, procedure-specific equipment maintenance, and other direct expenses should not be included since they were captured by the clinical practice expert panels or through other means. The methodology commenters use to gather this information should be provided. If a survey was used, the details of the survey methodology, including the general and item response rates, and characteristics of non-response bias, should be provided, as well as a complete copy of the report describing the sampling design, methodology, directions, and definitions.

Site-of-service assumptions—In our June 18, 1997 proposed rule, we did not publish a practice expense RVU for a site-of-service (in-office or out-of-office) if the service, according to our data, was not performed in that site. We indicated ''NA'' (not applicable) in the column describing that site in Addendum C (Relative Value Units (RVUs) and Related Information) of the June 1997 proposed rule. We invite comments about whether services where an ''NA'' indicator was shown can be done safely at that site. Conversely, we invite comments about the safety of services furnished at a site where we show an RVU for a practice expense for a service.

(A copy of the entire June 1997 proposed rule, including the addenda, is available through the Internet at the following address: http://www.access.gpo.gov/su__docs/, by using local WAIS client software, or by telnet to swais.access.gpo.gov, then login as guest (no password required).)

• Use of physician-employed staff in hospitals and other facility settings.

We have been informed by physicians and others that it is a common and widespread practice for a physician's employees, for example, nurses, to accompany the physician to the hospital, ambulatory surgical center, and other facilities. It has been

suggested that the function of the staff is to assist the physician in providing services by acting as assistants-at-surgery or serving as scrub nurses.

There seems to be some question whether this practice is in fact common and widespread; therefore, we are requesting comments and information about this practice. We seek precise information about the extent to which it occurs, including but not limited to the specific procedures involved, the specific functions performed by the staff, the specific type of staff involved and their training and credentialling, the particular types of facilities involved, and the type of diagnosis-related group to which the service is assigned. We seek comments from physicians who are familiar with this practice as well as from physicians who are not familiar with it.

We particularly seek information and data from executives and managers of hospitals, ambulatory surgical centers, and other facilities about the nature and extent of this practice. Where it occurs, we are particularly interested in the specific functions performed by the physician's employees and the extent to which they are substitutes for hospital employees. This is particularly important because action would have to be taken to reduce the Medicare facility reimbursement rate since the rate currently covers payment for staff to provide functions that are not provided directly by the facility.

For physicians and others who are providing information about the use of their own staff, and for others who are familiar with the practice, we would like the details of the arrangements, including the name and location of the hospital or facility; whether the facility is a teaching or community hospital; whether the hospital is located in an urban or rural area; the facility's requirements for credentialing of the staff; the specific functions the physician's staff are performing, including any limits on duties of the staff by the facility; and any compensation arrangements from the facility. In addition, where surveys have been conducted to document this practice, we would like to receive complete copies of the survey and its results, including the details of the survey methodology, the response rates, a description of the survey universe and any analysis of non-response bias, the sampling design, directions, definitions, survey forms, and correspondence with respondents.

We would like to contact some of these specific institutions in order to provide us with a more complete understanding of the specific types of staff involved and the specific types of functions provided by the staff.

- Refinement process—We have concluded the first step in the refinement process for resource-based practice expenses. From October 6 through October 8, 1997, we conducted 17 validation panels to review the raw input data previously accumulated by our contractor, Abt Associates, during the clinical practice expert panel process. We validated about 325 high-volume procedure codes. The information from this validation process, subsequent processes under development, and information obtained as a result of this notice will provide a basis for the practice expense RVUs to be proposed in our proposed rule in 1998.

We expect that refinement will be a continuing process for the existing codes and for new codes that come into the system. Since section 4505(d)(1)(C) of the BBA 1997 requires that we develop a refinement process for each of the 4 years of the transition, we would welcome comments on how such a refinement process would operate. In particular, we would like comments about the process to refine the current codes each year and specific comments about assigning practice expense RVUs to new codes. The comments should describe not only the process, but who should be involved and how all of the users of the physician fee schedule would have access to the process. Commenters should consider the amount of time for refinements in 1998 given when the comment period will close (July 31, 1998) and when a final rule needs to be published (October 31, 1998) allowing sufficient time to compile and assemble comments. We will consider the public comments we receive in response to this notice to develop our spring 1998 proposed rule for resource-based practice expense RVUs.

(Secs. 1102, 1848, and 1871 of the Social Security Act; 42 U.S.C. 1302, 1395w–4, and 1395hh)

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

Dated: October 9, 1997.

Nancy-Ann Min DeParle,

Deputy Administrator, Health Care Financing Administration.

Dated: October 28, 1997.

Donna E. Shalala,

Secretary.

[FR Doc. 97–29029 Filed 10–30–97; 8:45 am]

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Federal Register

Friday
October 31, 1997

Part IV

The President

Executive Order 13066—Amendment to Executive Order 13037, Commission To Study Capital Budgeting

Federal Register
Vol. 62, No. 211
Friday, October 31, 1997

Presidential Documents

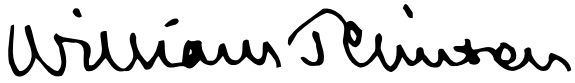
Title 3—

The President

Executive Order 13066 of October 29, 1997

Amendment to Executive Order 13037, Commission To Study Capital Budgeting

By the authority vested in me as President by the Constitution and the laws of the United States of America, and in order to increase the membership of the Commission to Study Capital Budgeting, it is hereby ordered that the second sentence of section 1 of Executive Order 13037 is amended by deleting ''11'' and inserting ''no more than 20'' in lieu thereof. It is further ordered that section 3 of Executive Order 13037 is amended by deleting the words ''by March 15, 1998, or''.



THE WHITE HOUSE,
October 29, 1997.

[FR Doc. 97–29126
Filed 10–30–97; 11:55 am]
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Ambulatory surgical services; new technology

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 October 30, 1997

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