

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

CPT1/ HCPCS2	MOD	Status	Description	Physician work RVUs3	Non-fac- ility PE RVUs	Facility PE RVUs	Mal- practice RVUs	Non-fac- ility Total	Facility total	Global
99433	A	Normal newborn care/hospital	0.62	NA	0.20	0.02	NA	0.84	XXX
99435	A	Newborn discharge day hosp	1.49	NA	0.51	0.06	NA	2.06	XXX
99436	A	Attendance, birth	1.49	NA	0.48	0.06	NA	2.03	XXX
99440	A	Newborn resuscitation	2.91	NA	0.93	0.13	NA	3.97	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
99500	I	Home visit, prenatal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99501	I	Home visit, postnatal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99502	I	Home visit, nb care	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99503	I	Home visit, resp therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99504	I	Home visit mech ventilator	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99505	I	Home visit, stoma care	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99506	I	Home visit, im injection	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99507	I	Home visit, cath maintain	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99509	I	Home visit day life activity	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99510	I	Home visit, sing/m/fam couns	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99511	I	Home visit, fecal/enema mgmt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99512	I	Home visit for hemodialysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99551	F	Home infus, pain mgmt, iv/sc	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99552	F	Hm infus pain mgmt, epid/ith	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99553	F	Home infuse, tocolytic tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99554	F	Home infus, hormone/platelet	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99555	F	Home infuse, chemotherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99556	F	Home infus, antibio/fung/vir	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99557	F	Home infuse, anticoagulant	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99558	F	Home infuse, immunotherapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99559	F	Home infus, periton dialysis	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99560	F	Home infus, entero nutrition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99561	F	Home infuse, hydration tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99562	F	Home infus, parent nutrition	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99563	F	Home admin, pentamidine	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99564	F	Hme infus, antihemophil agnt	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99565	F	Home infus, proteinase inhib	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99566	F	Home infuse, iv therapy	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99567	F	Home infuse, sympath agent	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99568	F	Home infus, misc drug, daily	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99569	F	Home infuse, each addl tx	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99600	I	Home visit nos	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99601	I	Home infusion/visit, 2 hrs	0.00	0.00	0.00	0.00	0.00	0.00	XXX
99602	I	Home infusion, each addl hr	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4890	R	Repair/maint cont hemo equip	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0150	R	Comprehensive oral evaluation	0.00	0.00	0.00	0.00	0.00	0.00	YYY
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
D0277	R	Vert bitewings-sev to eight	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
D0472	R	Gross exam, prep & report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0473	R	Micro exam, prep & report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0474	R	Micro w exam of surg margins	0.00	0.00	0.00	0.00	0.00	0.00	XXX
D0480	R	Cytopath smear prep & report	0.00	0.00	0.00	0.00	0.00	0.00	XXX
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
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 maintain	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1525	R	Remove bilat space maintain	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D1550	R	Recent space maintainer	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2970	R	Temporary- fractured tooth	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D2999	R	Dental unspec restorative pr	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3460	R	Endodontic endosseous implan	0.00	0.00	0.00	0.00	0.00	0.00	YYY
D3999	R	Endodontic procedure	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
D4268	R	Surgical revision procedure	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
D4355	R	Full mouth debridement	0.00	0.00	0.00	0.00	0.00	0.00	YYY

1 CPT codes and descriptions only are copyright 2003 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.

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3 +Indicates RVUs are not used for Medicare payment.