

RHEUMATOLOGY	0.30	0%	1.6%	2%
THORACIC SURGERY	0.43	-1%	1.6%	1%
UROLOGY	1.36	2%	1.6%	4%
VASCULAR SURGERY	0.37	1%	1.6%	3%
Other Practitioners:				
AUDIOLOGIST	0.02	3%	1.6%	4%
CHIROPRACTOR	0.50	-1%	1.6%	1%
CLINICAL PSYCHOLOGIST	0.40	0%	1.6%	2%
CLINICAL SOCIAL WORKER	0.23	-1%	1.6%	1%
NURSE ANESTHETIST	0.38	1%	1.6%	3%
NURSE PRACTITIONER	0.30	0%	1.6%	1%
OPTOMETRY	0.54	-1%	1.6%	1%
PHYSICAL/OCCUPATIONAL THERAPY	0.61	2%	1.6%	4%
PHYSICIANS ASSISTANT	0.23	-1%	1.6%	1%
PODIATRY	1.17	0%	1.6%	1%
Suppliers:				
DIAGNOSTIC TESTING FACILITY	0.51	4%	1.6%	5%
INDEPENDENT LABORATORY	0.43	4%	1.6%	5%
PORTABLE X-RAY SUPPLIER	0.07	4%	1.6%	6%
ALL OTHER	0.29	-1%	1.6%	0%
ALL PHYSICIAN FEE SCHEDULE	53.53	0%	1.6%	2%

Table 11 shows the difference between 2002 and 2003 payment rates (March 1 to December 31) for selected high volume procedures. This table shows the combined impact of changes in RVUs and the physician fee schedule

update on total payment for each procedure. The table is analogous to Table 25 in the December 31, 2002, final rule (67 FR 80037) with the revised physician fee schedule update. There are separate columns that show the

change in the facility rates and the nonfacility rates. For an explanation of facility and non-facility practice expense refer to § 414.22(b)(5)(i).