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

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs [4]	Malpractice RVUs	Total	Global period	Update
A9160	.....	N	Podiatrist non-covered servi	0.00	0.00	0.00	0.00	XXX	0
A9170	.....	N	Chiropractor non-covered ser	0.00	0.00	0.00	0.00	XXX	0
A9190	.....	N	Misc/expe personal comfort i	0.00	0.00	0.00	0.00	XXX	0
A9270	.....	N	Non-covered item or service	0.00	0.00	0.00	0.00	XXX	0
A9300	.....	N	Exercise equipment	0.00	0.00	0.00	0.00	XXX	0
A9500	.....	E	Technetium TC 99m sestamibi	0.00	0.00	0.00	0.00	XXX	0
A9505	.....	E	Thallous chloride TL 201/mci	0.00	0.00	0.00	0.00	XXX	0
D0110	.....	D	Initial oral examination	0.00	0.00	0.00	0.00	YYY	N
D0120	.....	N	Periodic oral evaluation	0.00	0.00	0.00	0.00	XXX	0
D0130	.....	D	Emergency oral examination	0.00	0.00	0.00	0.00	YYY	N
D0140	.....	N	Limit oral eval problm focus	0.00	0.00	0.00	0.00	XXX	0
D0150	.....	R	Comprehensve oral evaluation	0.00	0.00	0.00	0.00	YYY	N
D0160	.....	N	Extensv oral eval prob focus	0.00	0.00	0.00	0.00	XXX	0
D0210	.....	G	Intraor complete film series	0.00	0.00	0.00	0.00	XXX	0
D0220	.....	G	Intraoral periapical first f	0.00	0.00	0.00	0.00	XXX	0
D0230	.....	G	Intraoral periapical ea add	0.00	0.00	0.00	0.00	XXX	0
D0240	.....	R	Intraoral occlusal film	0.00	0.00	0.00	0.00	YYY	N
D0250	.....	R	Extraoral first film	0.00	0.00	0.00	0.00	YYY	N
D0260	.....	R	Extraoral ea additional film	0.00	0.00	0.00	0.00	YYY	N
D0270	.....	R	Dental bitewing single film	0.00	0.00	0.00	0.00	YYY	N
D0272	.....	R	Dental bitewings two films	0.00	0.00	0.00	0.00	YYY	N
D0274	.....	R	Dental bitewings four films	0.00	0.00	0.00	0.00	YYY	N
D0290	.....	G	Dental film skull/facial bon	0.00	0.00	0.00	0.00	XXX	0
D0310	.....	G	Dental saliography	0.00	0.00	0.00	0.00	XXX	0
D0320	.....	G	Dental tmj arthrogram incl i	0.00	0.00	0.00	0.00	XXX	0
D0321	.....	G	Dental other tmj films	0.00	0.00	0.00	0.00	XXX	0
D0322	.....	G	Dental tomographic survey	0.00	0.00	0.00	0.00	XXX	0
D0330	.....	G	Dental panoramic film	0.00	0.00	0.00	0.00	XXX	0
D0340	.....	G	Dental cephalometric film	0.00	0.00	0.00	0.00	XXX	0
D0415	.....	N	Bacteriologic study	0.00	0.00	0.00	0.00	XXX	0
D0425	.....	N	Caries susceptibility test	0.00	0.00	0.00	0.00	XXX	0
D0460	.....	R	Pulp vitality test	0.00	0.00	0.00	0.00	YYY	N
D0470	.....	N	Diagnostic casts	0.00	0.00	0.00	0.00	XXX	0
D0471	.....	R	Diagnostic photographs	0.00	0.00	0.00	0.00	YYY	N
D0501	.....	R	Histopathologic examinations	0.00	0.00	0.00	0.00	YYY	N
D0502	.....	R	Other oral pathology procedu	0.00	0.00	0.00	0.00	YYY	N
D0999	.....	R	Unspecified diagnostic proce	0.00	0.00	0.00	0.00	YYY	N
D1110	.....	N	Dental prophylaxis adult	0.00	0.00	0.00	0.00	XXX	0
D1120	.....	N	Dental prophylaxis child	0.00	0.00	0.00	0.00	XXX	0
D1201	.....	N	Topical fluor w prophy child	0.00	0.00	0.00	0.00	XXX	0
D1203	.....	N	Topical fluor w/o prophy chi	0.00	0.00	0.00	0.00	XXX	0
D1204	.....	N	Topical fluor w/o prophy adu	0.00	0.00	0.00	0.00	XXX	0
D1205	.....	N	Topical fluoride w/ prophy a	0.00	0.00	0.00	0.00	XXX	0
D1310	.....	N	Nutri counsel-control caries	0.00	0.00	0.00	0.00	XXX	0
D1320	.....	N	Tobacco counseling	0.00	0.00	0.00	0.00	XXX	0
D1330	.....	N	Oral hygiene instruction	0.00	0.00	0.00	0.00	XXX	0
D1351	.....	N	Dental sealant per tooth	0.00	0.00	0.00	0.00	XXX	0
D1510	.....	R	Space maintainer fxd unilat	0.00	0.00	0.00	0.00	YYY	N
D1515	.....	R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	YYY	N
D1520	.....	R	Remove unilat space maintain	0.00	0.00	0.00	0.00	YYY	N
D1515	.....	R	Fixed bilat space maintainer	0.00	0.00	0.00	0.00	YYY	N
D1520	.....	R	Remove unilat space maintain	0.00	0.00	0.00	0.00	YYY	N
D1525	.....	R	Remove bilat space maintain	0.00	0.00	0.00	0.00	YYY	N
D1550	.....	R	Recement space maintainer	0.00	0.00	0.00	0.00	YYY	N
D2110	.....	N	Amalgam one surface primary	0.00	0.00	0.00	0.00	XXX	0
D2120	.....	N	Amalgam two surfaces primary	0.00	0.00	0.00	0.00	XXX	0
D2130	.....	N	Amalgam three surfaces prima	0.00	0.00	0.00	0.00	XXX	0
D2131	.....	N	Amalgam four/more surf prima	0.00	0.00	0.00	0.00	XXX	0
D2140	.....	N	Amalgam one surface permanen	0.00	0.00	0.00	0.00	XXX	0
D2150	.....	N	Amalgam two surfaces permane	0.00	0.00	0.00	0.00	XXX	0
D2160	.....	N	Amalgam three surfaces perma	0.00	0.00	0.00	0.00	XXX	0
D2161	.....	N	Amalgam 4 or > surfaces perm	0.00	0.00	0.00	0.00	XXX	0
D2210	.....	N	Silcate cement per restorat	0.00	0.00	0.00	0.00	XXX	0
D2330	.....	N	Resin one surface-anterior	0.00	0.00	0.00	0.00	XXX	0
D2331	.....	N	Resin two surfaces-anterior	0.00	0.00	0.00	0.00	XXX	0
D2332	.....	N	Resin three surfaces-anterio	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1995 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved (D0110–D9999).
[3] # Indicates RVUs are not used for Medicare payment.
[4] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.