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
V5240	.....	N	Dispensing fee bicros	0.00	0.00	0.00	0.00	XXX	0
V5299	.....	R	Hearing service	0.00	0.00	0.00	0.00	XXX	N
V5336	.....	N	Repair communication device	0.00	0.00	0.00	0.00	XXX	0
V5362	.....	R	Speech screening	0.00	0.00	0.00	0.00	XXX	N
V5363	.....	R	Language screening	0.00	0.00	0.00	0.00	XXX	N
V5364	.....	R	Dysphagia screening	0.00	0.00	0.00	0.00	XXX	N

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., February 6, 1996. Any revisions to the interim RVUs will be announced in a document to be published in 1996 that provides our analysis of and responses to public comments. These revisions will apply to services furnished beginning January 1, 1997.

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.

10. *Update.* This column indicates whether the update for surgical procedures, primary care services, or other nonsurgical services applies to the CPT/HCPCS code in column 1. A ''0'' appears in this field for codes that are deleted in 1996 or are not paid under the physician fee schedule. A ''P'' in this column indicates that the update and CF for primary care services applies to this code. An ''N'' in this column indicates that the update and CF for other nonsurgical services applies to this code. An ''S'' in this column indicates that the separate update and CF for surgical procedures applies.

ADDENDUM C.—CODES WITH INTERIM RVUS

CPT/ HCPCS [1]	MOD	Status	Description	Physician work RVUs [2]	Practice expense RVUs [3]	Malpractice RVUs	Total	Global period	Update
17110	.....	A	Destruction of skin lesions	0.55	0.40	0.03	0.98	010	S
20100	.....	A	Explore wound, neck	9.50	4.97	1.16	15.63	010	S
20101	.....	A	Explore wound, chest	3.00	1.57	0.37	4.94	010	S
20102	.....	A	Explore wound, abdomen	3.68	1.92	0.45	6.05	010	S
20103	.....	A	Explore wound, extremity	4.95	2.59	0.60	8.14	010	S
20930	.....	B	Spinal bone allograft	0.00	0.00	0.00	0.00	XXX	0
20931	.....	A	Spinal bone allograft	1.81	1.73	0.28	3.82	ZZZ	S
20936	.....	B	Spinal bone autograft	0.00	0.00	0.00	0.00	XXX	0
20937	.....	A	Spinal bone autograft	2.79	2.66	0.44	5.89	ZZZ	S
20938	.....	A	Spinal bone autograft	3.02	2.88	0.47	6.37	ZZZ	S
21076	.....	A	Prepare face/oral prosthesis	12.54	16.77	1.35	30.66	010	S
21077	.....	A	Prepare face/oral prosthesis	31.54	42.18	3.39	77.11	090	S
21141	.....	A	Reconstruct midface, lefort	16.92	14.34	1.68	32.94	090	S
21142	.....	A	Reconstruct midface, lefort	17.58	14.84	1.74	34.16	090	S
21143	.....	A	Reconstruct midface, lefort	18.30	15.40	1.81	35.51	090	S
21145	.....	A	Reconstruct midface, lefort	18.92	14.34	1.68	34.94	090	S
21146	.....	A	Reconstruct midface, lefort	19.58	14.84	1.74	36.16	090	S
21147	.....	A	Reconstruct midface, lefort	20.30	15.40	1.81	37.51	090	S
22100	.....	A	Remove part of neck vertebra	9.05	7.64	1.09	17.78	090	S
22101	.....	A	Remove part, thorax vertebra	9.00	8.01	1.38	18.39	090	S
22102	.....	A	Remove part, lumbar vertebra	9.00	4.50	0.67	14.17	090	S
22103	.....	A	Remove extra spine segment	2.34	2.23	0.37	4.94	ZZZ	S
22110	.....	A	Remove part of neck vertebra	11.59	9.72	1.64	22.95	090	S
22112	.....	A	Remove part, thorax vertebra	11.59	9.90	1.63	23.12	090	S
22114	.....	A	Remove part, lumbar vertebra	11.59	7.25	1.17	20.01	090	S

[1] All CPT codes and descriptors copyright 1995 American Medical Association.
[2] # Indicates RVUs are not used for Medicare payment.
[3] * Indicates reduction of Practice Expense RVUs as a result of OBRA 1993.