

These impacts are prior to the application of the CY 2010 negative PFS CF update under the current statute.

- Combined impact of all of the estimated CY 2010 RVU changes under the 4-year transition (Tran) adopted in this final rule with comment period for the PE changes. These are the estimated CY 2010 impacts, prior to the application of the CY 2010 negative PFS CF update under the current statute.

TABLE 49: CY 2010 Total Allowed Charge Impact for Work, Practice Expense, and Malpractice Changes*

	(A) Specialty	(B) Allowed Charges (mil \$)	(C) Impact of Work RVU Changes	(D) Impact of PE RVU Changes**		(E) Tran	(F) Impact of MP RVU Changes	(G) Combined Impact		(H)
				Full	Tran			Full	Tran	
1	TOTAL	77,796	0%	0%	0%	0%	0%	0%	0%	
2	ALLERGY/IMMUNOLOGY	173	0%	-1%	0%	0%	-2%	0%	0%	
3	ANESTHESIOLOGY	1,744	0%	4%	1%	0%	3%	0%	0%	
4	CARDIAC SURGERY	373	-1%	-1%	0%	2%	1%	1%	1%	
5	CARDIOLOGY	7,158	-1%	-10%	-5%	-1%	-13%	-8%	-8%	
6	COLON AND RECTAL SURGERY	130	-1%	4%	1%	1%	4%	1%	1%	
7	CRITICAL CARE	223	-1%	2%	1%	1%	3%	1%	1%	
8	DERMATOLOGY	2,520	1%	1%	1%	1%	3%	3%	3%	
9	EMERGENCY MEDICINE	2,416	0%	2%	1%	0%	3%	1%	1%	
10	ENDOCRINOLOGY	374	-1%	3%	0%	0%	2%	0%	0%	
11	FAMILY PRACTICE	5,094	2%	5%	2%	1%	7%	4%	4%	
12	GASTROENTEROLOGY	1,792	-2%	0%	0%	1%	0%	-1%	-1%	
13	GENERAL PRACTICE	727	1%	4%	1%	0%	6%	3%	3%	
14	GENERAL SURGERY	2,227	-1%	3%	1%	1%	4%	1%	1%	
15	GERIATRICS	170	1%	6%	2%	1%	8%	3%	3%	
16	HAND SURGERY	89	-1%	3%	1%	-1%	2%	-1%	-1%	
17	HEMATOLOGY/ONCOLOGY	1,897	0%	-5%	-1%	0%	-6%	-1%	-1%	
18	INFECTIOUS DISEASE	554	-1%	3%	0%	1%	3%	0%	0%	
19	INTERNAL MEDICINE	10,133	1%	4%	1%	1%	5%	2%	2%	
20	INTERVENTIONAL PAIN MANAGE	356	-2%	3%	-1%	0%	0%	-3%	-3%	
21	INTERVENTIONAL RADIOLOGY	225	-1%	-9%	-2%	0%	-10%	-3%	-3%	
22	NEPHROLOGY	1,803	-1%	2%	0%	1%	2%	1%	1%	
23	NEUROLOGY	1,414	-3%	4%	1%	0%	1%	-2%	-2%	
24	NEUROSURGERY	591	-1%	2%	0%	0%	1%	-1%	-1%	
25	NUCLEAR MEDICINE	74	-5%	-15%	-10%	-2%	-23%	-18%	-18%	
26	OBSTETRICS/GYNECOLOGY	624	0%	0%	-1%	0%	0%	-1%	-1%	
27	OPHTHALMOLOGY	4,758	0%	11%	3%	2%	13%	5%	5%	
28	ORTHOPEDIC SURGERY	3,261	0%	3%	1%	-1%	2%	0%	0%	
29	OTOLARNGOLOGY	933	-1%	1%	-1%	0%	0%	-2%	-2%	
30	PATHOLOGY	994	0%	-1%	1%	-1%	-3%	-1%	-1%	
31	PEDIATRICS	65	1%	3%	1%	0%	4%	2%	2%	
32	PHYSICAL MEDICINE	824	-1%	6%	2%	0%	5%	1%	1%	

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
	Specialty	Allowed Charges (mil \$)	Impact of Work RVU Changes	Impact of PE RVU Changes**		Impact of MP RVU Changes	Combined Impact	
				Full	Tran		Full	Tran
33	PLASTIC SURGERY	284	0%	4%	1%	1%	5%	2%
34	PSYCHIATRY	1,095	0%	2%	1%	1%	3%	2%
35	PULMONARY DISEASE	1,765	-1%	2%	0%	1%	2%	0%
36	RADIATION ONCOLOGY	1,809	0%	-3%	0%	-2%	-5%	-1%
37	RADIOLOGY	5,056	0%	-14%	-3%	-2%	-16%	-5%
38	RHEUMATOLOGY	493	0%	-1%	0%	0%	-2%	-1%
39	THORACIC SURGERY	389	-1%	0%	0%	2%	1%	1%
40	UROLOGY	1,993	-1%	-8%	-3%	0%	-10%	-4%
41	VASCULAR SURGERY	656	-1%	-3%	-2%	0%	-3%	-2%
42	AUDIOLOGIST	36	-1%	-16%	-9%	-7%	-23%	-17%
43	CHIROPRACTOR	713	0%	3%	1%	1%	4%	2%
44	CLINICAL PSYCHOLOGIST	544	0%	-8%	-2%	0%	-8%	-2%
45	CLINICAL SOCIAL WORKER	362	0%	-7%	-1%	0%	-7%	-1%
46	NURSE ANESTHETIST	681	0%	4%	1%	0%	4%	1%
47	NURSE PRACTITIONER	1,018	1%	5%	1%	1%	6%	3%
48	OPTOMETRY	848	1%	10%	3%	1%	12%	5%
49	ORAL/MAXILLOFACIAL SURGERY	36	-1%	4%	1%	0%	3%	0%
50	PHYSICAL/OCCUPATIONAL THERAPY	1,883	0%	9%	3%	-1%	8%	2%
51	PHYSICIAN ASSISTANT	757	0%	4%	1%	0%	5%	2%
52	PODIATRY	1,682	1%	6%	2%	-1%	6%	2%
53	DIAGNOSTIC TESTING FACILITY	923	-1%	-29%	-7%	-4%	-34%	-12%
54	INDEPENDENT LABORATORY	970	0%	-5%	0%	-1%	-7%	-1%
55	PORTABLE X-RAY SUPPLIER	87	0%	8%	3%	-1%	7%	2%

* Does not include the impact of the current statute CY 2010 negative update except as applied in the OPSS imaging cap comparison (see next footnote). Rows may not sum to total due to rounding.

** Note: The statute caps the PFS imaging payment amount at the comparable payment amount in the hospital outpatient prospective payment system (OPSS) cap. In the absence of the negative current statute CY 2010 PFS update, the proposed fully implemented PE change to the equipment utilization rate for expensive diagnostic equipment from 50 percent to 90 percent would increase expenditures by less than 1 percent due to a loss of savings from the OPSS cap.