

TABLE II.—LUMP SUM VALUATIONS

[In using this table: (1) For benefits for which the participant or beneficiary is entitled to be in pay status on the valuation date, the immediate annuity rate shall apply; (2) For benefits for which the deferral period is  $y$  years (where  $y$  is an integer and  $0 < y \leq n_1$ ), interest rate  $i_1$  shall apply from the valuation date for a period of  $y$  years, and thereafter the immediate annuity rate shall apply; (3) For benefits for which the deferral period is  $y$  years (where  $y$  is an integer and  $n_1 < y \leq n_1 + n_2$ ), interest rate  $i_2$  shall apply from the valuation date for a period of  $y - n_1$  years, interest rate  $i_1$  shall apply for the following  $n_1$  years, and thereafter the immediate annuity rate shall apply; (4) For benefits for which the deferral period is  $y$  years (where  $y$  is an integer and  $y > n_1 + n_2$ ), interest rate  $i_3$  shall apply from the valuation date for a period of  $y - n_1 - n_2$  years, interest rate  $i_2$  shall apply for the following  $n_2$  years, interest rate  $i_1$  shall apply for the following  $n_1$  years, and thereafter the immediate annuity rate shall apply]

Rate set	For plans with a valuation date		Immediate annuity rate (percent)	Deferred annuities (percent)				
	On or after	Before		$i_1$	$i_2$	$i_3$	$n_1$	$n_2$
*	*		*	*	*	*	*	*
35	09-1-96	10-1-96	5.25	4.50	4.00	4.00	7	8

Issued in Washington, DC, on this 12th day of August 1996.  
 Martin Slate,  
*Executive Director, Pension Benefit Guaranty Corporation.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Care Financing Administration**

**42 CFR Part 415**

[BPD-827-CN]

RIN 0938-AG96

**Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1996**

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Correction of final rule with comment period.

**SUMMARY:** This document corrects technical errors that appeared in the final rule with comment period published in the Federal Register on December 8, 1995 (60 FR 63124) entitled "Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1996."

**EFFECTIVE DATES:** January 1, 1996, except part 415, which is effective July 1, 1996.

**FOR FURTHER INFORMATION CONTACT:** Shana Olshan, (410) 786-5714; William Morse, (410) 786-4520.

**SUPPLEMENTARY INFORMATION:**

**Background**

In the Federal Register Document [95-29754], dated December 8, 1995, on page 63172 there is a technical error in

the preamble and, on pages 63177 and 63187 there are technical errors in the regulations text in § 414.30 ("Conversion factor update") and § 415.178 ("Anesthesia services"), respectively. In § 414.30, due to a typographical error, we inadvertently identified a revision being made to paragraph (b)(3) as adding a new paragraph (c). We correct both the amendatory statement and the regulations text. In the final rule, we also inadvertently retained language reflected in the July 26, 1995 (60 FR 38430) proposed rule concerning documentation of a preoperative and postoperative visit by the teaching physician in connection with anesthesia services. To be consistent with our policy of not requiring the teaching surgeon to be present at the preoperative and postoperative visit, we intended to revise the language related to the teaching anesthesiologist.

**Correction of Errors**

**Preamble**

Beginning on page 63171, in column 3, the first sentence of the last paragraph is corrected to read: "The information collection requirements in § 415.178 ("Anesthesia services"), paragraph (b), concern documentation of the teaching physician's presence or participation in the administration of the anesthesia. To be consistent with our policy concerning teaching surgeons, we will not require documentation of presence at the preoperative and postoperative visit."

**Regulations Text**

1. On page 63177, in column 1, item 4 is corrected to read as follows:

"4. In § 414.30, the introductory text to the section and the introductory text to paragraph (b) are republished and paragraphs (b)(2) and (3) are revised to read as follows:

**§ 414.30 Conversion factor update.**

Unless Congress acts in accordance with section 1848(d)(3) of the Act—

\* \* \* \* \*

(b) *Downward adjustment.* The downward adjustment may not exceed the following:

\* \* \* \* \*

(2) For CY 1994, 2.5 percentage points.

(3) For CYs 1995 and thereafter, 5 percentage points."

**§ 415.178 [Corrected]**

2. On page 63187, in column 1, paragraph (b) of § 415.178 ("Anesthesia services") is corrected to read as follows: "(b) *Documentation.* Documentation must indicate the physician's presence or participation in the administration of the anesthesia."

(Section 1848 of the Social Security Act (42 U.S.C. 1395w-4))

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: August 8, 1996.

Neil J. Stillman,

*Deputy Assistant Secretary for Information Resources Management*

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BILLING CODE 4120-01-M

**42 CFR Parts 417, 473 and 498**

[BPD-704-CN]

**Medicare and Medicaid Programs: Provider Appeals; Technical Amendments; Corrections**

**AGENCY:** Health Care Financing Administration, HHS.

**ACTION:** Correction notice.

**SUMMARY:** Federal Register document 96-13521 beginning on page 32347 of the issue of June 24, 1996, updated HCFA regulations that pertain to provider appeals from determinations