11–22–96
Vol. 61 No. 227
Pages 59303–59802

Federal Register

Friday
November 22, 1996

Briefings on How To Use the Federal Register
For information on briefings in Washington, DC, and Austin, TX, see announcement on the inside cover of this issue.

Now Available Online

Code of Federal Regulations

via

GPO Access

(Selected Volumes)

Free, easy, online access to selected *Code of Federal Regulations (CFR)* volumes is now available via *GPO Access*, a service of the United States Government Printing Office (GPO). *CFR* titles will be added to *GPO Access* incrementally throughout calendar years 1996 and 1997 until a complete set is available. GPO is taking steps so that the online and printed versions of the *CFR* will be released concurrently.

The *CFR* and *Federal Register* on *GPO Access*, are the official online editions authorized by the Administrative Committee of the Federal Register.

To access *CFR* volumes via the World Wide Web, and to find out which volumes are available online at a given time users may go to:

★ http://www.access.gpo.gov/nara/cfr

New titles and/or volumes will be added to this online service as they become available. The initial titles introduced include:

★ Title 20 (Parts 400–499)—Employees' Benefits (Social Security Administration)

★ Title 21 (Complete)—Food and Drugs (Food and Drug Administration, Drug Enforcement Administration, Office of National Drug Control Policy)

★ Title 40 (Almost complete)—Protection of Environment (Environmental Protection Agency)

For additional information on ***GPO Access*** products, services and access methods, see page II or contact the *GPO Access* User Support Team via:

★ Phone: toll-free: 1-888-293-6498
★ Email: gpoaccess@gpo.gov

FEDERAL REGISTER Published daily, Monday through Friday, (not published on Saturdays, Sundays, or on official holidays), by the Office of the Federal Register, National Archives and Records Administration, Washington, DC 20408, under the Federal Register Act (49 Stat. 500, as amended; 44 U.S.C. Ch. 15) and the regulations of the Administrative Committee of the Federal Register (1 CFR Ch. I). Distribution is made only by the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

The Federal Register provides a uniform system for making available to the public regulations and legal notices issued by Federal agencies. These include Presidential proclamations and Executive Orders and Federal agency documents having general applicability and legal effect, documents required to be published by act of Congress and other Federal agency documents of public interest. Documents are on file for public inspection in the Office of the Federal Register the day before they are published, unless earlier filing is requested by the issuing agency.

The seal of the National Archives and Records Administration authenticates this issue of the Federal Register as the official serial publication established under the Federal Register Act. 44 U.S.C. 1507 provides that the contents of the Federal Register shall be judicially noticed.

The Federal Register is published in paper, 24x microfiche and as an online database through *GPO Access*, a service of the U.S. Government Printing Office. The online edition of the Federal Register on *GPO Access* is issued under the authority of the Administrative Committee of the Federal Register as the official legal equivalent of the paper and microfiche editions. The online database is updated by 6 a.m. each day the Federal Register is published. The database includes both text and graphics from Volume 59, Number 1 (January 2, 1994) forward. Free public access is available on a Wide Area Information Server (WAIS) through the Internet and via asynchronous dial-in. Internet users can access the database by using the World Wide Web; the Superintendent of Documents home page address is http://www.access.gpo.gov/su_docs/, by using local WAIS client software, or by telnet to swais.access.gpo.gov, then login as guest, (no password required). Dial-in users should use communications software and modem to call (202) 512–1661; type swais, then login as guest (no password required). For general information about *GPO Access*, contact the *GPO Access* User Support Team by sending Internet e-mail to gpoaccess@gpo.gov; by faxing to (202) 512–1262; or by calling toll free 1–888–293–6498 or (202) 512–1530 between 7 a.m. and 5 p.m. Eastern time, Monday–Friday, except for Federal holidays.

The annual subscription price for the Federal Register paper edition is $494, or $544 for a combined Federal Register, Federal Register Index and List of CFR Sections Affected (LSA) subscription; the microfiche edition of the Federal Register including the Federal Register Index and LSA is $433. Six month subscriptions are available for one-half the annual rate. The charge for individual copies in paper form is $8.00 for each issue, or $8.00 for each group of pages as actually bound; or $1.50 for each issue in microfiche form. All prices include regular domestic postage and handling. International customers please add 25% for foreign handling. Remit check or money order, made payable to the Superintendent of Documents, or charge to your GPO Deposit Account, VISA or MasterCard. Mail to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954.

There are no restrictions on the republication of material appearing in the Federal Register.

How To Cite This Publication: Use the volume number and the page number. Example: 60 FR 12345.

SUBSCRIPTIONS AND COPIES

PUBLIC
Subscriptions:
Paper or fiche 202–512–1800
Assistance with public subscriptions 512–1806

General online information 202–512–1530
1–888–293–6498

Single copies/back copies:
Paper or fiche 512–1800
Assistance with public single copies 512–1803

FEDERAL AGENCIES
Subscriptions:
Paper or fiche 523–5243
Assistance with Federal agency subscriptions 523–5243

For other telephone numbers, see the Reader Aids section at the end of this issue.

FEDERAL REGISTER WORKSHOP

THE FEDERAL REGISTER: WHAT IT IS AND HOW TO USE IT

FOR: Any person who uses the Federal Register and Code of Federal Regulations.

WHO: Sponsored by the Office of the Federal Register.

WHAT: Free public briefings (approximately 3 hours) to present:

1. The regulatory process, with a focus on the Federal Register system and the public's role in the development of regulations.
2. The relationship between the Federal Register and Code of Federal Regulations.
3. The important elements of typical Federal Register documents.
4. An introduction to the finding aids of the FR/CFR system.

WHY: To provide the public with access to information necessary to research Federal agency regulations which directly affect them. There will be no discussion of specific agency regulations.

WASHINGTON, DC

WHEN: December 10, 1996 at 9:00 a.m.
WHERE: Office of the Federal Register
Conference Room
800 North Capitol Street, NW.
Washington, DC
(3 blocks north of Union Station Metro)
RESERVATIONS: 202–523–4538

AUSTIN, TX

WHEN: December 10, 1996
9:00 a.m. to 12:00 p.m.
WHERE: Atrium
Lyndon Baines Johnson Library
2313 Red River Street
Austin, TX
RESERVATIONS: 1–800–688–9889 x 0
(Federal Information Center)

Contents

Federal Register

Vol. 61, No. 227

Friday, November 22, 1996

Agriculture Department
See Farm Service Agency
See Food Safety and Inspection Service
See Rural Business and Cooperative Development Service
See Rural Housing Service
See Rural Utilities Service
NOTICES
Committees; establishment, renewal, termination, etc.:
California Spotted Owl Advisory Committee, 59400

Army Department
NOTICES
Meetings:
Science Board, 59423

Blind or Severely Disabled, Committee for Purchase From People Who Are
See Committee for Purchase From People Who Are Blind or Severely Disabled

Centers for Disease Control and Prevention
NOTICES
Laboratory evaluation of whole body isometric strength capability during simulated scaffold end frame lifting; NIOSH meeting, 59444

Coast Guard
PROPOSED RULES
Drawbridge operations:
Louisiana, 59396–59397
Oregon, 59394–59396
NOTICES
Meetings:
Lower Mississippi River Waterway Safety Advisory Committee, 59482–59483

Commerce Department
See Foreign-Trade Zones Board
See International Trade Administration
See National Oceanic and Atmospheric Administration

Committee for Purchase From People Who Are Blind or Severely Disabled
NOTICES
Procurement list; additions and deletions, 59400–59401

Committee for the Implementation of Textile Agreements
NOTICES
Cotton, wool, and man-made textiles:
Brazil, 59420–59421

Commodity Futures Trading Commission
PROPOSED RULES
Contract markets:
Contract market designation applications review and approval and exchange rules relating to contract terms and conditions, 59386–59393
NOTICES
Contract market proposals:
Chicago Mercantile Exchange—
91-day Mexican treasury bill, 59421
Coffee, Sugar & Cocoa Exchange—
Basic Formula Price milk, 59421–59422

Defense Department
See Army Department
See Navy Department
RULES
Civilian health and medical program of uniformed services (CHAMPUS):
Blood lead levels in infants, ambulance services, prescribed contraceptives, etc., 59337–59339
NOTICES
Agency information collection activities:
Submission for OMB review; comment request, 59422–59423

Employment and Training Administration
NOTICES
Adjustment assistance:
Goodyear Tire & Rubber Co., 59461
Kingstree Knits, 59461
Mobil Exploration & Producing U.S., Inc., et al., 59461
NordicTrack, 59461–59462
Oakloom Clothes, Inc., 59462
Smith Corona Corp., 59462
Snyder Oil Corp., 59462–59463
Strick Corp., 59463
Westmoreland Plastics, 59463
Agency information collection activities:
Proposed collection; comment request, 59463–59464
NAFTA transitional adjustment assistance:
Goodyear Tire & Rubber Co. et al., 59464
Intercontinental Branded Apparel, 59464

Employment Standards Administration
NOTICES
Minimum wages for Federal and federally-assisted construction; general wage determination decisions, 59464–59465

Energy Department
See Federal Energy Regulatory Commission
NOTICES
Meetings:
Environmental Management Site-Specific Advisory Board—
Hanford Site, 59425–59426
Los Alamos National Laboratory, 59425

Environmental Protection Agency
NOTICES
Environmental statements; availability, etc.:
Agency statements—
Comment availability, 59436–59437
Weekly receipts, 59435–59436
Meetings:
Environmental Policy and Technology National Advisory Council, 59437
Science Advisory Board, 59437
Pesticide, food, and feed additive petitions:
Spinosad, 59437–59440
Thiazopyr, 59440–59443
Toxic and hazardous substances control:
Premanufacture notices receipts, 59744–59759

Executive Office of the President
See Presidential Documents

Farm Service Agency
RULES
Single family housing; reengineering and reinvention of direct section 502 and 504 programs, 59762–59802

Federal Aviation Administration
RULES
Airworthiness directives:
Aerospace Technologies of Australia, 59323–59326
Boeing, 59317–59321
de Havilland, 59315–59317
Dornier, 59321–59322
Fokker, 59322–59323
HOAC Austria, 59326–59328
Class D airspace, 59328–59329
Class E airspace; correction, 59329
Jet routes, 59329
PROPOSED RULES
Class E airspace, 59383–59386

Federal Communications Commission
RULES
Common carrier services:
Interstate, interexchange telecommunications service providers; tariff filing requirements for non-dominant interexchange carriers for domestic services, 59340–59368
PROPOSED RULES
Practice and procedure:
Regulatory fees (1996 FY); assessment and collection, 59397–59399
NOTICES
Applications, hearings, determinations, etc.:
Quality Broadcasting, Inc., 59443

Federal Deposit Insurance Corporation
NOTICES
Meetings; Sunshine Act, 59443

Federal Emergency Management Agency
RULES
Flood insurance; communities eligible for sale:
North Dakota et al., 59339–59340
NOTICES
Disaster and emergency areas:
New Hampshire, 59443
North Carolina, 59443–59444

Federal Energy Regulatory Commission
NOTICES
Electric rate and corporate regulation filings:
Wisconsin Electric Power Co. et al., 59429–59433
Environmental statements; availability, etc.:
Butler County Conservation Board, 59433
Meetings; Sunshine Act, 59433–59435
Applications, hearings, determinations, etc.:
ANR Pipeline Co., 59426–59427
Lykes-Duke/Louis Dreyfus, Ltd., 59427
NGTS Energy Services, 59427
Northrop Grumman Corp. et al., 59427–59428
ONEOK Power Marketing Co., 59428
Pacific Gas & Electric Co., 59428
Tennessee Gas Pipeline Co., 59428–59429
Tosco Power Inc., 59429

Federal Highway Administration
NOTICES
Agency information collection activities:
Proposed collection; comment request, 59483–59485

Federal Housing Finance Board
RULES
Financing Corporation:
Operations; Federal regulatory reform, 59311–59315

Federal Maritime Commission
NOTICES
Agreements filed, etc., 59444

Federal Railroad Administration
RULES
Railroad accident reporting, 59368–59371
NOTICES
Railroad accident/incident reporting; custom software availability, 59485

Federal Reserve System
NOTICES
Meetings; Sunshine Act, 59444

Federal Transit Administration
NOTICES
Environmental statements; availability, etc.:
Dade County, FL; 27th Avenue project, 59485–59487

Food and Drug Administration
RULES
Food additives:
Polymers—
Ethylene/pentene-1 copolymers, 59330–59331
PROPOSED RULES
Food for human consumption:
Potentially hazardous foods; transportation and storage requirements, 59372–59382
NOTICES
Agency information collection activities:
Proposed collection; comment request, 59444–59445
Submission for OMB review; comment request, 59445–59446
Food additive petitions:
Bio-Cide International, Inc.; withdrawn, 59446–59447
Meetings:
Advisory committees, panels, etc., 59447–59451

Food Safety and Inspection Service
PROPOSED RULES
Meat and poultry inspection:
Pathogen reduction; hazard analysis and critical control point (HACCP) systems
Potentially hazardous foods; transportation and storage requirements, 59372–59382

Foreign-Trade Zones Board
NOTICES
Applications, hearings, determinations, etc.:
Michigan
ESCO Co., L.P.; colorformer chemicals manufacturing facility, 59401

Health and Human Services Department
See Centers for Disease Control and Prevention
See Food and Drug Administration
See Health Care Financing Administration
See National Institutes of Health

Health Care Financing Administration
RULES
Medicare:
Physician fee schedule (1997 CY); payment policies and relative value unit adjustments, 59490–59716
NOTICES
Agency information collection activities:
Submission for OMB review; comment request, 59451–59452
Medicare:
Physician fee schedule (1997 CY) and physician volume performance standard rates of increase (1997 FY), 59717–59724

Housing and Urban Development Department
NOTICES
Grants and cooperative agreements; availability, etc.:
Facilities to assist homeless—
Excess and surplus Federal property, 59455–59456

Indian Affairs Bureau
RULES
Fish and wildlife:
Indian fishing; Hoopa Valley Indian Reservation; CFR part removed, 59331–59332
NOTICES
Environmental statements; availability, etc.:
Pueblo of San Ildefonso trust land, NM; El Rancho electric substation construction, 59456–59457

Interior Department
See Indian Affairs Bureau
See Land Management Bureau
See National Park Service
See Surface Mining Reclamation and Enforcement Office

International Trade Administration
NOTICES
Antidumping:
Color television receivers from—
Korea, 59402–59407
Ferrosilicon from—
Brazil, 59407–59415
Oil country tubular goods other than drill pipe from—
Korea, 59415–59416
Tapered roller bearings and parts, finished and unfinished, from—
Romania, 59416–59417
Export trade certificates of review, 59418–59419
North American Free Trade Agreement (NAFTA); binational panel reviews:
Gray portland cement clinker from—
Mexico, 59419
Applications, hearings, determinations, etc.:
College of New Jersey et al., 59417
Northwestern University Medical School, 59417
University of—
North Carolina, 59417–59418

Justice Department
RULES
Organization, functions, and authority delegations:
Executive Office for Immigration Review; Immigration Appeals Board, 59305
NOTICES
Agency information collection activities:
Proposed collection; comment request, 59458–59459
Pollution control; consent judgments:
American Locker Group, Inc., et al., 59459
CITGO Asphalt Refining Co., 59459–59460
Peirce, 59460

Labor Department
See Employment and Training Administration
See Employment Standards Administration
See Pension and Welfare Benefits Administration
NOTICES
Agency information collection activities:
Submission for OMB review; comment request, 59460–59461

Land Management Bureau
NOTICES
Coal leases, exploration licenses, etc.:
Wyoming, 59457–59458
Meetings:
Resource advisory councils—
Upper Snake River Districts, 59458

National Credit Union Administration
RULES
Credit unions:
Organization and operations—
Permission granted to Federal credit unions to restructure their fields of membership; interpretive ruling and policy statement, 59305–59311

National Highway Traffic Safety Administration
NOTICES
Motor vehicle safety standards; exemption petitions, etc.:
Michelin North America, Inc., 59487

National Institutes of Health
NOTICES
Grants and cooperative agreements; availability, etc.:
Soluble tat peptide analogs for inhibition of HIV transcription and viral replication; scientific and commercial development, 59452–59453
Inventions, Government-owned; availability for licensing, 59453–59455
Recombinant DNA molecules research:
Actions under guidelines
Proposed, 59726–59742

National Oceanic and Atmospheric Administration
NOTICES
Permits:
Endangered and threatened species, 59419–59420

National Park Service
PROPOSED RULES
Special regulations:
Big Cypress National Preserve, FL; recreational frogging, 59393–59394

National Science Foundation
NOTICES
Agency information collection activities:
Proposed collection; comment request, 59468–59469

Navy Department
NOTICES
Environmental statements; availability, etc.:
Naval spent nuclear fuel management; container system, 59423–59425

Nuclear Regulatory Commission
NOTICES
Environmental statements; availability, etc.:
Union Electric Co., 59469
Petitions; Director's decisions:
Florida Power & Light Co., 59469–59472

Nuclear Waste Technical Review Board
NOTICES
Privacy Act:
Systems of records, 59472–59473

Pension and Welfare Benefits Administration
NOTICES
Employee benefit plans; prohibited transaction exemptions:
Chase Manhattan Bank et al., 59465–59468

Postal Service
NOTICES
Meetings; Sunshine Act, 59473

Presidential Documents
ADMINISTRATIVE ORDERS
Turkmenistan; findings with respect to Trade Agreement (Presidential Determination 97–5 of November 20, 1996), 59303

President's Council on Sustainable Development
NOTICES
Meetings, 59473–59474

Public Health Service
See Centers for Disease Control and Prevention
See Food and Drug Administration
See National Institutes of Health

Rural Business and Cooperative Development Service
RULES
Single family housing; reengineering and reinvention of direct section 502 and 504 programs, 59754–59794

Rural Housing Service
RULES
Single family housing; reengineering and reinvention of direct section 502 and 504 programs, 59754–59794

Rural Utilities Service
RULES
Single family housing; reengineering and reinvention of direct section 502 and 504 programs, 59754–59794

Securities and Exchange Commission
NOTICES
Meetings; Sunshine Act, 59476
Securities:
Suspension of trading—
Omnigene Diagnostics, Inc., 59476
Self-regulatory organizations; proposed rule changes:
American Stock Exchange, Inc., 59476–59478
National Securities Clearing Corp., 59478–59479
Applications, hearings, determinations, etc.:
Fremont Mutual Funds, Inc., et al., 59474–59476

Small Business Administration
PROPOSED RULES
Small business size standards:
Nonmanufacturer rule; waivers—
8mm tri-deck airborne recorder (ruggedized), 59382–59383
Routers and switches, 59382
NOTICES
Applications, hearings, determinations, etc.:
Penny Lane Partners, L.P., 59479–59480

State Department
NOTICES
Climate change action plan:
U.S. initiative on joint implementation; evaluation and assessment, 59480–59481
Meetings:
Defense Trade Advisory Group, 59481–59482
Shrimp trawl fishing; sea turtle protection guidelines; certifications, 59482

Surface Mining Reclamation and Enforcement Office
RULES
Permanent program and abandoned mine land reclamation plan submissions:
Colorado, 59332–59337

Textile Agreements Implementation Committee
See Committee for the Implementation of Textile Agreements

Transportation Department
See Coast Guard
See Federal Aviation Administration
See Federal Highway Administration
See Federal Railroad Administration
See Federal Transit Administration
See National Highway Traffic Safety Administration

Veterans Affairs Department
NOTICES
Meetings:
Women Veterans Advisory Committee, 59487–59488

Separate Parts In This Issue

Part II
Department of Health and Human Services, Health Care Financing Administration, 59490–59724

Part III
Deparment of Health and Human Services, National Institutes of Health, 59726–59742

Part IV
Environmental Protection Agency, 59744–59759

Part V
Department of Agriculture, Rural Housing Service, Rural Utilities Service, Rural Business and Cooperative Development Service, Farm Service Agency, 59754–59794

Reader Aids

Additional information, including a list of public laws, telephone numbers, reminders, and finding aids, appears in the Reader Aids section at the end of this issue.

Electronic Bulletin Board

Free Electronic Bulletin Board service for Public Law numbers, Federal Register finding aids, and a list of documents on public inspection is available on 202–275–1538 or 275–0920.

CFR PARTS AFFECTED IN THIS ISSUE

A cumulative list of the parts affected this month can be found in the Reader Aids section at the end of this issue.

3 CFR

Administrative Orders:

Presidential Determinations:

No. 97–5 of November 20, 1996 59303

7 CFR

1806 59762
1910 59762
1922 59762
1944 59762
1951 59762
1955 59762
1956 59762
1965 59762
3550 59762

8 CFR

3 59305

9 CFR

Proposed Rules:

325 59372
381 59372

12 CFR

701 59305
950 59311

13 CFR

Proposed Rules:

121 (2 documents) 59382

14 CFR

39 (8 documents) 59315, 59317, 59319, 59321, 59322, 59323, 59325, 59326
71 (3 documents) 59328, 59329

Proposed Rules:

71 (3 documents) 59383, 59384, 59385

17 CFR

Proposed Rules:

1 59386
5 59386

21 CFR

177 59330

Proposed Rules:

110 59372

25 CFR

250 59331

28 CFR

0 59305

30 CFR

906 59332

32 CFR

199 59337

33 CFR

Proposed Rules:

117 (2 documents) 59394

36 CFR

Proposed Rules

7 59393

42 CFR

410 59490
415 59490

44 CFR

64 59339

47 CFR

42 59340
61 59340
64 59340

Proposed Rules:

1 59397

49 CFR

225 59368

Federal Register
Vol. 61, No. 227
Friday, November 22, 1996

Presidential Documents

Title 3—

The President

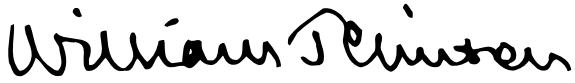
Presidential Determination No. 97–5 of November 20, 1996

Findings with Respect to the Trade Agreement With Turkmenistan

Memorandum for the United States Trade Representative

Pursuant to my authority under subsection 405(b)(1) of the Trade Act of 1974 (19 U.S.C. 2435(b)(1)), I have determined that actual or foreseeable reductions in United States tariffs and nontariff barriers to trade resulting from multilateral negotiations are satisfactorily reciprocated by Turkmenistan. I have further found that a satisfactory balance of concessions in trade and services has been maintained during the life of the Agreement on Trade Relations between the United States of America and Turkmenistan.

You are authorized and directed to publish this memorandum in the Federal Register.



THE WHITE HOUSE,
Washington, November 20, 1996.

[FR Doc. 96–30054
Filed 11–21–96; 8:45 am]
Billing code 3190–01–P

Rules and Regulations

Federal Register
Vol. 61, No. 227
Friday, November 22, 1996

DEPARTMENT OF JUSTICE

8 CFR Part 3

28 CFR Part 0

[EOIR No. 116F; AG Order No. 2062–96]

RIN 1125–AA17

Executive Office for Immigration Review; Board of Immigration Appeals; Board Members

AGENCY: Executive Office for Immigration Review, Justice.

ACTION: Final rule.

SUMMARY: This final rule expands the Board of Immigration Appeals (Board) to fifteen permanent members, including fourteen Board Members and a Chairman. This expansion is necessary because of the Board's increasing caseload. In order to maintain an effective, efficient system of appellate adjudication, it has become necessary to increase the number of Board Members.

EFFECTIVE DATE: This final rule is effective November 22, 1996.

FOR FURTHER INFORMATION CONTACT: Margaret M. Philbin, General Counsel, Executive Office for Immigration Review, Suite 2400, 5107 Leesburg Pike, Falls Church, Virginia 22041, telephone: (703) 305–0470.

SUPPLEMENTARY INFORMATION: This final rule provides for an expansion of the Board of Immigration Appeals to a fifteen-member permanent Board. This expansion is necessary because of the Board's increasing caseload. To maintain an effective, efficient system of appellate adjudication, it has become necessary to increase the number of Board Members. This change will allow the Board to sit in five permanent member panels of three. In addition, this change will further enhance effective, efficient adjudication while providing for en banc review in appropriate cases. This rule amends 8 CFR part 3 and 28 CFR part 0 to reflect the new fifteen member Board.

Compliance with 5 U.S.C. 553 as to notice of proposed rulemaking and delayed effective date is unnecessary because this rule relates to agency procedure and practice.

Regulatory Flexibility Act

In accordance with 5 U.S.C. 605(b), the Attorney General certifies that this rule does not have a significant economic impact on a substantial number of small entities.

Executive Order 12866

The Attorney General has determined that this rule is not a significant regulatory action under Executive Order No. 12866, and accordingly this rule has not been reviewed by the Office of Management and Budget.

Executive Order 12612

This rule has no Federalism implications warranting the preparation of a Federalism Assessment in accordance with Executive Order No. 12612.

Executive Order 12988

The rule complies with the applicable standards provided in sections 3(a) and 3(b)(2) of Executive Order No. 12988.

List of Subjects

8 CFR Part 3

Administrative practice and procedure, Immigration, Lawyers, Organizations and functions (Government agencies), Reporting and recordkeeping requirements.

28 CFR Part 0

Authority delegations (Government agencies), Government employees, Organization and functions (Government agencies), Whistleblowing.

For the reasons set forth in the preamble, part 3 of title 8 of the Code of Federal Regulations and part 0 of title 28 of the Code of Federal Regulations are amended as follows:

PART 3—EXECUTIVE OFFICE FOR IMMIGRATION REVIEW

1. The authority citation for part 3 is revised to read as follows:

Authority: 5 U.S.C. 301; 8 U.S.C. 1103, 1252 note, 1252b, 1362; 28 U.S.C. 509, 510, 1746; sec. 2, Reorg. Plan No. 2 of 1950, 3 CFR, 1949–1953 Comp., p. 1002.

Subpart A—Board of Immigration Appeals

§ 3.1 [Amended]

2. In § 3.1, paragraph (a)(1) is amended by removing the word ''eleven'' in the second sentence and adding in its place the word ''fourteen.''

PART 0—ORGANIZATION OF THE DEPARTMENT OF JUSTICE

3. The authority citation for part 0 continues to read as follows:

Authority: 5 U.S.C. 301; 28 U.S.C. 509, 510, 515–519.

Subpart U—Executive Office for Immigration Review

§ 0.116 [Amended]

4. Section 0.116 is amended by removing the word ''eleven'' in the first sentence and adding in its place the word ''fourteen.''

Dated: November 14, 1996.

Janet Reno,

Attorney General.

[FR Doc. 96–29699 Filed 11–21–96; 8:45 am]

BILLING CODE 4410–19–M

NATIONAL CREDIT UNION ADMINISTRATION

12 CFR Part 701

Organization and Operations of Federal Credit Unions

AGENCY: National Credit Union Administration.

ACTION: Interim final rule with request for comments and Interpretive Ruling and Policy Statement 96–2 (IRPS 96–2).

SUMMARY: The purpose of this interim Interpretive Ruling and Policy Statement is to permit federal credit unions to restructure their fields of membership consistent with the recent Court of Appeals decision (''the Decision'') and District Court order (''the Order'') limiting federal credit unions' ability to serve eligible credit union members and new select groups. NCUA recognizes that this interim policy will not provide complete relief to all multiple group federal credit unions, since any interim policy must meet the requirements set forth in the Decision and the Order. Similarly, this interim policy does not assist

individuals who wish to obtain, but do not currently have, access to federal credit unions as a result of the Decision. This interim policy is intended to provide limited and temporary relief until the legal issues with respect to the Decision are finally resolved. NCUA is also issuing a final amendment to update its rules entitled ''Organization and Operations of Federal Credit Unions.''

DATES: The interim rule is effective November 14, 1996. Comments must be received on or before February 1, 1997.

ADDRESSES: Comments should be directed to Becky Baker, Secretary of the Board. Mail or hand deliver comments to: National Credit Union Administration, 1775 Duke Street, Alexandria, Virginia 22314–3428. Fax comments to (703) 518–6319. Post comments on NCUA's electronic bulletin board by dialing (703) 518–6480. Please send comments by one method only.

FOR FURTHER INFORMATION CONTACT: J. Leonard Skiles, President, Asset Management and Assistance Center, 4807 Spicewood Springs Road, Suite 5100, Austin, Texas 78759, or telephone (512) 795–0999; Stephen E. Austin, Director of Supervision, Office of Examination and Insurance, 1775 Duke Street, Alexandria, Virginia, or telephone (703) 518–6360, Lynn K. McLaughlin, Program Officer, at the above address and telephone number, Michael J. McKenna, Acting Associate General Counsel, Office of General Counsel, at the above address or telephone (703) 518–6540.

SUPPLEMENTARY INFORMATION: In 1982, safety and soundness concerns prompted the NCUA Board to revise chartering policy consistent with the Federal Credit Union Act to permit the combination of multiple groups with unlike common bonds. Such combinations could be accomplished through the chartering process, amendment of the charter, or by way of merger to form a single credit union. Another primary reason for the policy change was to provide small groups of people who did not have the resources to charter their own credit unions access to credit union service.

In First National Bank and Trust Co., et al. v. *NCUA*, the U.S. Court of Appeals for the District of Columbia Circuit invalidated certain select group additions to the field of membership of a North Carolina credit union (''the Decision''). In the context of that case, the Court ruled that groups with unlike common bonds could not be joined to form a single credit union. Furthermore, in the consolidated cases of *First National Bank and Trust Co., et al.* v. *NCUA* and the *American Bankers Association* v. *NCUA, et al.*, the District Judge issued a nationwide injunction ordering that federal credit unions are immediately barred from adding select groups without the same common bond to their fields of membership (''the Order''). The District Court further ordered that federal credit unions are prohibited from adding any new members to select groups which were added pursuant to the multiple group policy. The Order adversely impacts approximately 158,000 select groups in 3,586 multiple group federal credit unions. NCUA has analyzed the impact of the Order and has determined that it has created and will continue to create disruption in the operations of credit unions. Equally important, a significant number of persons in small groups will be denied access to credit union services. This is particularly burdensome and harmful to persons in low to moderate income communities.

The Court of Appeals, in its Decision, recognized that NCUA may identify and approve interpretations that provide broader common bonds than NCUA's current ''single employer'' policy. This interim policy, therefore, affords some relief to the federal credit unions affected by the Order by allowing them to restructure their existing fields of membership within the limits of the Federal Credit Union Act as construed in the Decision. NCUA will continue to pursue all available legal means to seek reversal of the Decision and Order. The interim policy is not intended to exhaust NCUA's authority to interpret the common bond provisions. NCUA will continue to review possible chartering and field of membership policy changes in an effort to permit federal credit unions to exercise to the fullest extent possible their ability to serve those who want or need credit union service.

This interim policy takes effect immediately upon adoption by the NCUA Board and is effective until further notice. To the degree this policy is inconsistent with IRPS 94–1, as amended by IRPS 96–1, those policies are superseded and this policy statement is controlling. More specifically, the select group policies and those procedures related to the select group polices, such as the Streamlined Expansion Procedure, are superseded. To the extent any action taken pursuant to this interim policy is more restrictive than any future revision of this interim rule requires, then the more restrictive provisions adopted by the credit unions can be modified. To the extent any action taken pursuant to this interim rule is less restrictive than any future revision of this interim rule requires, then the less restrictive provisions adopted by credit unions will not be unilaterally revoked by NCUA.

The NCUA Board has adopted three basic substantive changes to current chartering and field of membership policy as set forth in IRPS 94–1 as amended by IRPS 96–1. These changes include adding a fourth definition of occupational common bond, streamlining the documentation requirements for a community charter, and adding a subset to the community charter option.

Occupational Common Bond

IRPS 94–1, and previous policy statements by NCUA since 1982, allowed the combination of unlike common bond groups. Federal credit unions that utilized the multiple group policy and now have select groups within their fields of membership must now designate a core common bond. This designation of a core common bond is extremely important and must be completed by March 1, 1997. New field of membership expansions will not be permitted unless a core common bond has been designated. Those groups that are not within the core common bond cannot be served, except that members of record as of October 25, 1996, can still receive service from the credit union. New members can only be added from the core common bond.

Consistent with the Decision in *First National Bank and Trust Company, et al.* v. *NCUA*, the NCUA Board is adding a fourth definition of occupational common bond. Under previous policy, an occupational common bond was based on:

- Employment (or a long-term contractural relationship equivalent to employment) in a single corporation or other legal entity;
- Employment in a corporation or other legal entity with an ownership interest in or by another legal entity; and
- Employment in a corporation or other legal entity which is related to another legal entity (such as a company under contract and possessing a strong dependency relationship with another company).

Pursuant to this interim policy, an occupational common bond incorporates any charter based on employment in a trade, industry, or profession. This type of common bond can include employment at any number of corporations or other legal entities, that while not under common ownership, share a common bond by

virtue of producing similar products or providing similar services. While there is some latitude in defining trade, industry, or profession, the groups must have a close nexus. NCUA will evaluate such factors as the nature, size and diversity of the trade, industry, or profession and the geographic limits associated with the proposed charter. For example, all manufacturing enterprises in Seattle, Washington, would not qualify since manufacturing, in and of itself, is overly broad and would include manufacturing of all types of products. However, all computer software manufacturers in Seattle would qualify, since it relates to a specific type of manufactured product. This type of common bond charter can be similar to, but distinguishable from, a common bond based on a single corporation. For example, all Navy personnel would qualify as a single corporation (employer), but all teachers would not. The latter would be a profession and subject to certain limitations as discussed below. NCUA will interpret the industry standard in a manner consistent with the Act and Congressional purpose.

Further examples of this type of occupational common bond include all textile workers, all coal miners, or the medical profession. Federal credit unions with this type of occupational common bond can only provide credit union service to those qualifying groups within the credit union's operational area. For example, a credit union located in California may serve the oil industry, but such groups must be within the operational area of the credit union's service facilities.

As defined in IRPS 94–1, operational area is that area which, as determined by NCUA, in its sole discretion, may reasonably be served by the service facilities that will be accessible to the groups in the field of membership. The operational area will vary depending on the location of the credit union. For example, the operational area for a credit union in an urban area may be smaller than the operational area for a credit union in a sparsely populated rural district.

An existing credit union that wishes to serve a trade, industry, or profession must first designate its occupational common bond. This requirement does not apply to a new charter. This could be the original core common bond group or another group within its field of membership. For example, a credit union that serves primarily teachers, but whose original core common bond was municipal employees, could designate teachers or ''education'' as it occupational common bond. It would then be able to add new members from that occupational group. However, the designation must come from an existing group within its current field of membership. For example, a credit union that serves primarily teachers, could not be redesignated as a credit union serving the auto industry if the auto industry is not already included in the field of membership.

To designate its common bond, the credit union must submit a request to the appropriate regional director. If the request is approved, the credit union may immediately begin serving all groups within its previously existing field of membership meeting this occupational common bond definition. Credit unions that have groups within their fields of membership that do not meet this new definition, cannot add new members from those groups. For these groups, credit unions can only serve members of record as of October 25, 1996.

To add new groups from within the new occupational common bond, the credit union must apply and obtain written approval of the regional director. The application letter must demonstrate that the group is within the common bond, the group has provided a written request for service, the group presently does not have service available, and the group is within the operational area of one of the credit union's service facilities. If the group to be added was previously served by another credit union but has lost service as a result of the court decisions, the credit union wishing to add the group must consult with the other credit union prior to submitting its application to NCUA.

Community Chartering Policy

NCUA's community chartering policy is not affected by the ongoing litigation. However, the NCUA Board is making two changes to the community chartering policy that are consistent with the Federal Credit Union Act in order to provide all federal credit unions with further options in restructuring their fields of membership.

First, the documentation requirements for a community charter have been streamlined. A credit union that wants to serve anyone who lives, works, worships, or goes to school in a community area must still meet the long-standing community criteria. For example, the community must have clearly defined geographic boundaries that are recognized as a distinct neighborhood, community, or rural district. However, the documentation required to demonstrate that the proposed service area is a well-defined community has been streamlined. This will greatly facilitate the expeditious processing of community charters.

The ''well defined neighborhood, community or rural district'' requirement will automatically be met if the area to be served is in a single political jurisdiction or portion thereof, and if the population of the requested political jurisdiction does not exceed 1,000,000. If the area to be served is not contained within a single political jurisdiction or if the population of the area exceeds 1,000,000, then more detailed documentation is necessary to support that the proposed area is a well-defined community. Generally, the political subdivision will most often coincide with a ''county'', or its political equivalent, and any portion thereof.

Except as noted below, a credit union seeking a community charter must contact all the credit unions with a service facility in the proposed service area. The applicant credit union should provide the comments of any overlapped credit unions in the area, and the regional director will conduct a standard overlap analysis. An overlap analysis may result in denial of the charter, change in the community boundaries, or use of exclusionary clauses. Documentation reflecting support for the charter application is still required, except as noted below.

Second, while NCUA traditionally has interpreted the field of membership authority for ''groups within a well-defined neighborhood, community, or rural district'' to encompass all groups within that community, a subset of a community charter credit union (called ''group community'') is now authorized. This type of community charter is available to those wishing to serve specific occupational, associational, and community groups within a well-defined neighborhood, community, or rural district. The requirements for a group community parallel those required of a community charter. However, if a multiple group credit union is converting to a group community, then a business plan, overlap analysis, and evidence of community support is not required.

Upon converting to a group community charter, the credit union will immediately recover the ability to add new members from all groups that were previously served by the credit union (i.e., at the time of the Order) and that are located within the community. New members from existing groups outside the community cannot be served by the group community. To add new groups from within the community, the credit union must receive prior approval by submitting an application to the

regional director documenting that the group is within the community, the group has provided a written request for service, and whether the group presently has credit union service available.

If the credit union wishes to add a group that was previously served by another credit union, but has lost service as a result of the court decisions concerning common bond, the federal credit union wishing to add the group must consult with the other credit union and provide the results of that consultation in its application to NCUA. A determination as to whether that group can be added will be made based on a review of any safety and soundness concerns and the needs of the group.

Associational Common Bonds

No amendments to the associational common bond requirements are included in this interim policy. After review of the associational common bond requirements in IRPS 94–1 as amended by IRPS 96–1, the Board determined that the policy allows for many types of associations to qualify as eligible groups. However, any associational credit union with multiple groups must designate a core common bond.

Emergency Mergers

NCUA is issuing clarifying amendments to the provisions concerning emergency mergers and purchase and assumptions consistent with the Order and Decision. Further, NCUA is removing the 12 month insolvency limitation since it is not required by the Federal Credit Union Act.

Regional Action

This policy is not self-executing. Credit Unions must receive the approval of NCUA before restructuring their fields of membership to serve either specified groups within a single common bond of ''trade, industry, or profession'' or specified groups within a ''well-defined community.'' Once approval is granted by NCUA, a federal credit union can serve new members from all of its previously approved groups that fall within the newly defined field of membership.

Effective Date; Interim Rule; Comment Period

Although this amendment is being issued as an interim final rule and is effective immediately, the NCUA Board encourages interested parties to submit comments. Comments may be submitted on or before February 1, 1997.

Federal credit unions are suffering irreparable injury due to the injunction issued in the consolidated cases of *First National Bank and Trust Co., et al.* and the *American Bankers Association* v. *NCUA, et al.* Since 1982, federal credit unions have been permitted to diversify their membership base through the addition of select groups. This ability has strengthened federal credit unions and reduced losses to the NCUSIF and extended credit union service to millions of persons who would not otherwise be eligible to join a credit union.

The inability to add new members from existing select groups effectively begins the process of divesting those groups from the credit union. This has an immediate effect of cutting off service to millions of potential members and adversely affecting credit unions. This adverse effect on credit unions poses potential safety and soundness concerns with respect to the National Credit Union Share Insurance Fund.

Therefore, the Board finds it is necessary and appropriate to act expeditiously in this matter in order to allow credit unions to partially restructure their fields of membership. If this rule is not effective immediately, credit unions and their members will continue to be adversely impacted. Accordingly, the Board for good cause finds that (i) pursuant to 5 U.S.C. 553(b)(3)(B), notice and public procedure are impracticable, unnecessary, and contrary to the public interest, and (ii) pursuant to 5 U.S.C. 553(d)(3), the rule shall be effective immediately and without 30 days advance notice or publication. Further, NCUA has determined that this is not a major rule under 5 U.S.C. Chapter 8, and shall be effective immediately.

Regulatory Procedures

Regulatory Flexibility Act

The Regulatory Flexibility Act requires NCUA to prepare an analysis to describe any significant economic impact a regulation may have on a substantial number of small credit unions (primarily those under $1 million in assets). This interim rule will not have a significant economic impact on a substantial number of small credit unions and therefore a regulatory flexibility analysis is not required.

Paperwork Reduction Act

NCUA has determined that the amendments do not increase paperwork requirements under the Paperwork Reduction Act of 1995 and regulations of the Office of Management and Budget (OMB). 60 FR 44978 (August 29, 1995).

Executive Order 12612

Executive Order 12612 requires NCUA to consider the effect of its actions on state interests. This interim regulation makes no significant changes with respect to state credit unions and therefore, will not materially affect state interests.

List of Subjects in 12 CFR Part 701

Credit, Credit unions, Reporting and recordkeeping requirements.

By the National Credit Union Administration Board on November 14, 1996.

Becky Baker,

Secretary of the Board.

Accordingly, NCUA amends 12 CFR part 701 as follows:

PART 701—ORGANIZATION AND OPERATION OF FEDERAL CREDIT UNIONS

1. The authority citation for part 701 continues to read as follows:

Authority: 12 U.S.C. 1752(5), 1755, 1756, 1757, 1759, 1761a, 1761b, 1766, 1767, 1782, 1784, 1787, 1789. Section 701.6 is also authorized by 31 U.S.C. 3717. Section 701.31 is also authorized by 12 U.S.C. 1601, et seq., 42 U.S.C. 1981 and 3601–3610. Section 701.35 is also authorized by 12 U.S.C. 4311–4312.

2. Section 701.1 is revised to read as follows:

§ 701.1 Federal credit union chartering, field of membership modifications, and conversions.

National Credit Union Administration practice and procedure concerning chartering, field of membership modifications, and conversions are set forth in Interpretive Ruling and Policy Statement 94–1 Chartering and Field of Membership Policy (IRPS 94–1) as amended by IRPS 96–1 and IRPS 96–2. Copies may be obtained by contacting NCUA at the address found in § 792.2(g)(1) of this chapter. The combined IRPS are incorporated into this section.

(Approved by the Office of Management and Budget under control number 3133–0015.)

Note: The text of the Interpretive Ruling and Policy Statement (IRPS 94–1) does not and the following amendments will not appear in the Code of Federal Regulations.

3. In IRPS 94–1, Chapter 1, Section II.A is revised to read as follows:

II.A.—Occupational Common Bonds

II.A.1—General

A federal credit union may include in a single occupational common bond, any and all persons who share that common bond. NCUA permits a person's membership eligibility in an occupational common bond to be established in four ways:

• Employment (or a long-term contractual relationship equivalent to employment) in a single corporation or other legal entity makes that person part of an occupational common bond of employees of the entity;

• Employment in a corporation or other legal entity with an ownership interest in or by another legal entity makes that person part of occupational common bond of employees of the two legal entities;

• Employment in a corporation or other legal entity which is related to another legal entity (such as a company under contract and possessing a strong dependency relationship with another company) makes that person part of an occupational common bond of employees of the two entities; or

• Employment based on a trade, industry, or profession.

An occupational common bond based on a trade, industry, or profession must include a geographic limitation. This limitation does not apply to any other occupational common bonds. However, a proposed or existing federal credit union may limit its field of membership to a specific geographic area.

So that NCUA may monitor any potential field of membership overlaps, each group to be served (e.g., employees of subsidiaries, franchisees, and contractors) must be separately listed in Section 5 of the charter.

The corporate or other legal entity (i.e., the employer) may also be included in the common bond—e.g., ''ABC Corporation and its subsidiaries.'' The corporation or legal entity will be defined in the last clause in Section 5 of the credit union's charter.

Some examples of single occupational common bonds are:

• Employees of the Scott Manufacturing Company who work in Chester, Pennsylvania. (common bond—same employer);

• Employees of the Scott Manufacturing Company. (common bond—same employer without geographic limitation);

• Employees, elected and appointed officials of municipal government in Parma, Ohio. (common bond—same employer with geographic limitation);

• Employees of the federal government. (common bond—single sponsor);

• Employees of Johnson Soap Company and its subsidiary, Johnson Toothpaste Company, who work in Augusta and Portland, Maine. (common bond—parent and subsidiary company with geographic limitation);

• Employees of the Department of Defense—civilian and U.S. Army. (common bond—same employer without geographic limitation);

• Employees of those contractors who work regularly at the U.S. Naval Shipyard in Bremerton, Washington. (common bond—employees of contractors with geographic limitation);

• Employees, doctors, medical staff, technicians, medical and nursing students who work in or are paid from Boston Medical Center. (single corporation); or

• Employees of JKL, Incorporated and STU, Incorporated working for the XYZ Joint Venture Company in Los Gatos, California. (common bond—same employer—ongoing dependent relationship).

Some examples of insufficiently defined single occupational groups are:

• Employees of manufacturing firms in Seattle, Washington. (no defined sponsor or industry);

• Persons employed or working in Chicago, Illinois. (no occupational common bond); or

• Employees of all colleges and universities in the State of Texas. (not a single occupational common bond; although this may qualify as an occupational common bond based on trade).

II.A.2—Trade, Industry, or Profession

A common bond based on employment in a trade, industry, or profession can include employment at any number of corporations or other legal entities that—while not under common ownership—have a common bond by virtue of producing similar products or providing similar services. Because this type of common bond is the most expansive and has overlap implications, a geographic limitation is required. In general, a geographic limitation corresponds to the credit union's operational area. Also, each employee group to be served must be separately listed in Section 5 of the credit union charter.

While proposed or existing credit unions have some latitude in defining a trade, industry, or profession occupational common bond, it can not be defined so broadly as to include groups in fields which are not closely related. For example, all textile workers or all government employees in a limited geographic area (including federal, state, and local) may qualify under this category. However, employees of all manufacturing companies would not. The common bond relationship must be one that demonstrates a commonality of interests within a specific trade, industry, or profession. More than one federal credit union may serve the same trade, industry, or profession.

Some examples of trade, industry, or profession common bonds are:

• Employees and teachers who work for universities and colleges in Austin, Texas. (same profession; acceptable if within the credit union's operational area);

• All persons working in the educational system in Atlanta, Georgia. (same trade, acceptable if within the credit union's operational area);

• Employees of the federal, state, and municipal governments in Fairfax County, Virginia. (same industry; acceptable with a geographic limitation, i.e., within the credit union's operational area);

• Employees of the coal mining industry in Erie County, Pennsylvania. (same industry; acceptable if within the credit union's operational area); or

• Persons working as Certified Public Accountants in Los Angeles, California. (same profession; acceptable if within the credit union's operational area).

Some examples of insufficiently defined trade, industry, or profession common bonds are:

• Employees and teachers who work for public schools. (same trade, but no geographic limitation); or

• Employed persons in Maryland. (no common bond—no specified trade).

II.A.3—Common Bond Amendments

II.A.3.a—Designation of Common Bond

The chartering and field of membership policies effective prior to the implementation of this interim policy statement allowed for the combination of multiple select groups that did not share the same common endeavor, purpose or interest to form a single credit union. These policies have been suspended. Accordingly, It is now necessary for those federal credit unions that were chartered, or expanded their field of membership pursuant to the multiple select group policies, to designate a core field of membership, i.e., a common bond. Credit unions must designate a core common bond by March 1, 1997. If a credit union fails to designate its core common bond, NCUA will designate the original core group as its common bond.

The core common bond can be defined as the employee group that constituted the field of membership, i.e., its core group, at the time of charter. The core common bond can also be defined as any group in the credit union's field of membership, including a common bond of trade, industry, or profession. If a group other than the one that constituted the core common bond at the time of charter is designated as the core common bond, then the newly designated core common bond must receive NCUA's concurrence. To change the core common bond the credit union must submit a written request to NCUA for approval. The designation of a core common bond does not apply to community charters.

The designation of a core common bond is critical for the following reasons:

• New members can be accepted only from the designated core common bond;

• Future field of membership expansions will be based on the designated core common bond;

• Only members of record, as of October 25, 1996, of select groups that do not have the same designated core common bond can continue to be served; and

• Once a core common bond has been designated, it can not be changed. However, in those cases where there is a valid safety and soundness concern or a different common bond group is acquired as a result of an emergency merger, the credit union may request a new designation.

II.A.3.b—Documentation Requirements

A charter applicant or existing occupational federal credit union that submits a request to amend its charter to add new groups must provide documentation to establish that the occupational common bond requirement has been met.

All amendments to an occupational common bond credit union's field of membership, except the designation of the original core common bond, must be approved by the regional director. The regional director may approve an amendment to expand the field of membership if:

• The common bond requirements of this section are satisfied;

• The group to be added has provided a written request for service to the credit union;

• The group presently does not have credit union service available (if credit union service is available, the region must conduct an overlap analysis), other than through a community credit union; and

• The occupational common bond is based on a trade, industry, or profession only if the group is within the operational area of one of the credit union's service facilities.

If the credit union wishes to add a group that was previously served by another credit union, but has lost service as a result of the court decisions concerning common bond, the federal credit union wishing to add the group must consult with the other credit union and provide the results of that consultation in its application to NCUA. A determination as to whether that group can be added will be made based on a review of any safety and soundness concerns and the needs of the group.

4. In IRPS 94–1, Chapter 1, Section II.C is revised to read as follows:

II.C—Community Charters

II.C.1—General

A community credit union is permitted to serve persons who live in, worship in, go to school in, or work in a ''well-defined neighborhood, community or rural district.'' A subset of a community charter is a group community, which permits a credit union to serve specific occupational, associational, and community groups within that same well defined area. Although there are differences in documentation requirements for a group community charter, the definition of a ''well defined neighborhood, community or rural district'' is the same.

II.C.2—General Community Charter Criteria

NCUA policy is to limit a community to a single, geographically well-defined area where residents have common interests or interact. NCUA recognizes four types of affinity on which a community common bond can be based—persons who live in, worship in, go to school in, or work in the community. Businesses and other legal entities within the community boundaries may also qualify for membership. More than one community credit union may serve the same community area.

Given the diversity of community characteristics throughout the country and NCUA's goal of making credit union service available to all eligible groups, NCUA has established the following requirements for community charters:

• The geographic area's boundaries must be clearly defined; and

• The charter applicant must establish that the area is recognized as a well defined ''neighborhood, community, or rural district.''

Some examples of community charter definitions are:

• Persons who live, work, worship, or go to school in, and businesses located in the area of XYZ City bounded by Fern Street on the north, Long Street on the east, Fourth Street on the south, and Elm Avenue on the west.

• Persons who live or work in Green County, Maine.

• Persons who live, worship, go to school in, or work in and businesses and other legal entities located in Independent School District No. 1, DuPage County, Illinois.

Some examples of insufficiently defined community charter definitions are:

• Persons who live or work within and businesses located within a ten-mile radius of Washington, D.C. (Not a recognized neighborhood, community, or rural district).

• Persons who live or work in the industrial section of New York, New York. (No clearly defined boundaries).

II.C.3—Documentation Requirements for a Community Charter

For a community charter, any political jurisdiction or portion thereof, excluding state boundaries, automatically qualifies as a well-defined community, if the population of the requested political jurisdiction does not exceed 1,000,000. If the area to be served is not contained within a single political jurisdiction, or if the population of the area to be served exceeds 1,000,000, the credit union should provide to NCUA for approval, if available, the following documentation to support that it is a well-defined community:

• The defined political jurisdictions;

• Major trade areas (shopping patterns and traffic flows);

• Shared/common facilities (for example, educational, medical, police and fire protection, school district, water, etc.);

• Organizations and clubs within the community area;

• Newspapers or other periodicals published for and about the area;

• Maps designating the areas to be served;

• Common characteristics and background of residents (for example, income, religious beliefs, primary ethnic groups, similarity of occupations, household types, primary age group, etc.); and

• History of area.

Except for a group community, the following information must be provided to support a need for a community credit union:

• A list of credit unions presently in area and evidence that these credit unions were contacted regarding the community charter. If available, provide the opinion of the overlapped credit unions; and

• Written documentation reflecting support for the charter application, field of membership expansion, or conversion to a community credit union. This may be in the form of letters, surveys, studies, pledges, or a petition. Other types of evidence may also be acceptable.

II.C.4—Business Plan

Business plans are required of all credit unions expanding their community boundaries or converting to a community charter (except for a credit union converting to a group community). The business plan for a community federal credit union should comply with the requirements of Chapter 1, Section IV.A.4.b, except that a summary of survey results is not required.

II.C.5—Community Service Area

The service area for a community federal credit union is the area defined in its charter usually with north, south, east, and west boundaries. If the community is a recognized political jurisdiction, the service area may be defined by the applicable political jurisdiction, such as ''DEF Township, Kansas'' or ''GHI County, Minnesota.''

II.C.6—Group Community

A group community charter is available to those wishing to serve specific occupational, associational, and community groups within a well-defined neighborhood, community, or rural district.

An example of a group community common bond definition is:

• The following groups within Smithson County, Pennsylvania: Employees of HAC Corporation and Smith and Wesson Firearms, who work in Smithson County, Pennsylvania; members of the Greater Smithson County Ruritan Club who qualify for membership in accordance with its bylaws in effect on November 9, 1996; members of the First Amish Church in Smithson County, Pennsylvania; members of the National Rifle Association in Smithson County, Pennsylvania, who qualify for membership in accordance with its bylaws in effect on November 9, 1996; and members of the Greystone Electric Membership Cooperative in Smithson County, Pennsylvania.

A group community charter must receive regional director approval to expand its field of membership to include new groups within that community. The regional director may approve the amendment if the request supports:

• The group is within the defined geographical area;

• The group has provided a written request for service to the credit union; and

• Whether the group presently has credit union service available from an occupational or associational credit union.

If the credit union wishes to add a group that was previously served by another credit union, but has lost service as a result of the court decisions concerning common bond, the federal credit union wishing to add the group must consult with the other credit union and provide the results of that consultation in its application to NCUA. A determination as to whether that group can be added will be made based on a review of any safety and soundness concerns and the needs of the group.

5. In IRPS 94–1, Chapter 2, Section III.B is amended by removing the words ''within 12 months'' and adding a new paragraph at the end of the section to read as follows:

III.B. * * *

If the continuing and merging credit union do not have the same core common bond, then the continuing credit union's core common bond will be controlling for future common bond expansions. However, the continuing credit union may, at the time of the emergency merger, request a redesignation to the merging credit union's core common bond. Subsequent field of membership expansions must be based on a single designated core common bond.

However, the continuing credit union may serve new members of the merging credit union's core common bond and members of record as of October 25, 1996, of the non-core common bond groups.

6. In IRPS 94–1, Chapter 2, Section III.C is amended by adding a new paragraph at the end of the section to read as follows:

III.C. * * *

If the continuing and the purchased and assumed credit unions do not have the same common bond, then the continuing credit union's core common bond will be controlling for future common bond expansions. However, the continuing credit union may, at the time of the P&A, request a redesignation to the purchased and assumed credit union's core common bond if the P&A meets the emergency merger criteria. Subsequent field of membership expansions must be based on a single designated common bond. However, the continuing credit union may serve new members of the purchased and assumed credit union's core common bond and members of record as of October 25, 1996, of the non-core common bond groups.

[FR Doc. 96–29886 Filed 11–21–96; 8:45 am]

BILLING CODE 7535–01–P

FEDERAL HOUSING FINANCE BOARD

12 CFR Part 950

[No. 96–80]

Revision of Financing Corporation Operations Regulation

AGENCY: Federal Housing Finance Board.

ACTION: Interim final rule with request for comments.

SUMMARY: The Federal Housing Finance Board (Finance Board) is amending its regulation on Financing Corporation (FICO) operations to comply with new statutory requirements and to eliminate provisions that have been rendered obsolete by statutory changes. The interim final rule is consistent with the goals of the Regulatory Reinvention Initiative of the National Performance Review.

DATES: The interim final rule will become effective on November 22, 1996. The Finance Board will accept comments on the interim final rule in writing on or before December 23, 1996.

ADDRESSES: Mail comments to Elaine L. Baker, Executive Secretary, Federal Housing Finance Board, 1777 F Street, N.W., Washington, D.C. 20006. Comments will be available for public inspection at this address.

FOR FURTHER INFORMATION CONTACT: Christine M. Freidel, Assistant Director, Financial Management Division, Office of Policy, 202/408–2976, or Janice A. Kaye, Attorney-Advisor, Office of General Counsel, 202/408–2505, Federal Housing Finance Board, 1777 F Street, N.W., Washington, D.C. 20006.

SUPPLEMENTARY INFORMATION:

I. Statutory and Regulatory Background

A. FICO Obligations

The Federal Savings and Loan Insurance Corporation (FSLIC) Recapitalization Act of 1987 amended the Federal Home Loan Bank Act (Bank Act) by adding a new section 21 directing the establishment of FICO. *See* Public Law 100–86, Title III, section 302, 101 Stat. 585 (Aug. 10, 1987), *codified at* 12 U.S.C. 1441. On August 28, 1987, the Finance Board's predecessor, the former Federal Home Loan Bank Board (FHLBB), chartered FICO to recapitalize the former FSLIC. To raise funds for that purpose, Congress authorized FICO to issue up to $10.825 billion in public debt. *See* 12 U.S.C. 1441(e)(1) (1987) (superseded). From 1987 to 1989, FICO issued $8.17 billion in 30-year obligations, the proceeds of which were used to resolve failed savings associations. Congress terminated FICO's debt issuance authority in 1991, effectively capping FICO's borrowings at the then outstanding $8.17 billion in obligations.[1]

To assure repayment of the $8.17 billion principal amount of the FICO obligations, section 21(g)(2) of the Bank Act requires FICO to invest in, and hold in a segregated account, certain enumerated securities that will have a principal amount payable at maturity approximately equal to the aggregate amount of principal on the FICO obligations. *See* 12 U.S.C. 1441(g)(2). Accordingly, the principal on FICO bonds was defeased by using Federal Home Loan Bank (FHLBank) retained earnings to purchase 30-year zero coupon United States Treasury securities that have a face value sufficient to retire the FICO bonds at maturity. These securities currently are held in a segregated account at the Federal Reserve Bank of New York.

B. FICO Expenses

Pursuant to section 21 of the Bank Act, FICO may incur two categories of expenses: (1) administrative expenses, which include general office and operating expenses, and (2) non-administrative expenses, which include the almost $800 million in interest due each year until maturity of the last FICO obligation, issuance costs, and custodian fees. *See id.* 1441(b)(7), (f)(2), (g)(5). The FHLBanks pay FICO's administrative expenses in accordance with a statutory formula based on the percentage of FICO stock held by each FHLBank. *See id.* 1441(b)(7).

There are four statutory sources of funds to pay FICO's non-administrative expenses. Under section 21(f)(1) of the Bank Act, FICO has authority to use assessments previously assessed against insured institutions (*i.e.*, FSLIC-insured thrifts) under the special assessment provisions that were in effect prior to enactment of the Financial Institutions Reform, Recovery and Enforcement Act of 1989 (FIRREA). *See id.* 1441(f)(1), 1441(f) (1987 superseded); Public Law 101–73, Title V, section 512(13), 103 Stat. 406 (Aug. 9, 1989). Funds from this source have been exhausted and are no longer available.

To the extent pre-FIRREA assessments are insufficient to cover FICO's non-administrative expenses, under section 21(f)(2) of the Bank Act, FICO has first priority to impose and collect assessments against each Savings Association Insurance Fund (SAIF) member that is a savings association. *See* 12 U.S.C. 1441(f)(2) (1996). FICO's assessment authority is subject to the approval of the Board of Directors of the Federal Deposit Insurance Corporation (FDIC), and must be made in the same manner as assessments are made by the FDIC. *Id.* To date, FICO's assessments on SAIF member savings associations have been the major or sole source of revenue to pay FICO's non-administrative expenses, *i.e.*, FICO's interest, issuance, and custodial costs.

Effective January 1, 1997, the Deposit Insurance Funds Act of 1996 (Funds Act) amends FICO's assessment authority under section 21(f)(2) of the Bank Act. *See* Public Law 104–208, Title II, Subtitle G, 110 Stat. 3009 (Sept. 30, 1996). Section 2702 of the Funds Act eliminates the provision granting FICO first priority to make assessments and changes FICO's assessment base from all SAIF member savings associations to all depository institutions insured by the FDIC. *See* 12 U.S.C. 1441(f)(2) (1997). Beginning with the first assessment in 1997, FICO has authority, with the approval of the Board of Directors of the FDIC, to assess all insured depository institutions to cover the interest payments due on FICO obligations and FICO's issuance costs and custodian fees. *Id.* However, until the earlier of

[1] *See* Pub. L. 102–233, Title I, section 104, 105 Stat. 1762 (Dec. 12, 1991), *codified at* 12 U.S.C. 1441(e)(2). Fifteen percent of the outstanding FICO bond principal matures in the year 2017, 57 percent matures in 2018, and the remaining 28 percent matures in 2019. *See* General Accounting Office, *Deposit Insurance Funds Report,* 11 n.5 (Mar. 1995).

December 31, 1999 or the date on which the last savings association ceases to exist, the assessment rate FICO imposes on an insured depository institution with respect to any BIF-assessable deposits must be 1/5 of the assessment rate FICO imposes on an insured depository institution with respect to any SAIF-assessable deposits. *Id.* 1441(f)(2)(A). For purposes of the FICO assessment, the term ''BIF-assessable deposit'' means a deposit that is subject to assessment for purposes of the Bank Insurance Fund (BIF) under the Federal Deposit Insurance Act (FDI Act), including a deposit that is treated as a BIF-insured deposit under section 5(d)(3) of the FDI Act, and the term ''SAIF-assessable deposit'' means a deposit that is subject to assessment for purposes of the SAIF under the FDI Act, including a deposit that is treated as a SAIF-insured deposit under section 5(d)(3) of the FDI Act.[2] Absent statutory changes or unforeseen fluctuations in the assessment base, FICO anticipates that assessments on insured depository institutions will provide sufficient funds to pay its non-administrative expenses.

However, if funds available from pre-FIRREA assessments and assessments on all insured depository institutions are insufficient to cover FICO's non-administrative expenses, section 21(f)(3) of the Bank Act authorizes FICO to use FSLIC Resolution Fund (FRF) receivership proceeds that are not required by the Resolution Funding Corporation to fund its principal fund. *Id.* 1441(f)(3). If the funds available pursuant to the three sources provided by section 21(f) of the Bank Act are insufficient to pay FICO's interest expenses, section 5(d)(2) of the FDI Act provides that the Secretary of the Treasury may order the transfer to FICO of exit fees assessed against insured depository institutions that participated in transactions by which they switched deposit insurance funds. *See id.* 1815(d)(2)(E), (F).

C. FICO Regulations

The operating authority for FICO initially appeared in part 592 of the FHLBB's regulations. When Congress abolished the FHLBB in 1989, it transferred regulatory and supervisory authority over FICO to the Finance Board. *See* FIRREA, section 401, 103 Stat. 183, *codified at* 12 U.S.C. 1437 note; FIRREA, Title V. The Finance Board derives its authority over FICO from the provisions of section 21 of the Bank Act. *See* 12 U.S.C. 1441. Under sections 21 (b)(8) and (c), the FICO Directorate[3] and FICO's exercise of its statutory powers are subject to such regulations, orders, and directions as the Finance Board may prescribe. *Id.* 1441(b)(8), (c). In addition, under section 21(j), the Finance Board has authority to prescribe any regulations necessary to carry out the provisions of section 21, including regulations defining terms used in section 21. *Id.* 1441(j). In September 1989, pursuant to the authority granted by section 21 of the Bank Act, the Finance Board deleted part 592 of the FHLBB's regulations and promulgated the current rules regarding FICO's operating authority at part 950 of its regulations. *See* 54 FR 38589, 38592–38598 (Sept. 19, 1989), *codified at* 12 CFR part 950.

The statutory changes made by the Funds Act require that corresponding amendments be made to the provisions of the FICO operations regulation that concern FICO's assessment authority. In addition, the changes made by the Funds Act, as well as prior statutory changes that terminated FICO's debt issuance authority, *see supra*, have rendered obsolete many of the existing provisions of part 950. Accordingly, the Finance Board is amending part 950 to comply with new statutory requirements, eliminate provisions that have been rendered obsolete, and clarify the practices and procedures of the Finance Board and FICO.

II. Analysis of the Interim Final Rule

A. Elimination of Obsolete Provisions

The Finance Board has determined that the following provisions of part 950, which relate to or concern issuance of FICO debt obligations, are no longer required and therefore should be eliminated in their entirety: § 950.4 Authority to issue obligations; § 950.6 Minority participation in public offerings; § 950.10 Capital assessments of Federal loan banks [sic]; § 950.11 Establishment, maintenance and funding of reserve account; and in § 950.1, definitions of the terms ''deficient bank,'' ''excess amount,'' ''FSLIC Resolution Fund,'' ''Funding Corporation,'' ''net earnings,'' and ''remaining bank.'' Streamlining part 950 by repealing these provisions is consistent with the goals of the Regulatory Reinvention Initiative of the National Performance Review.

B. Implementation of New Statutory Requirements

Section 950.8(a) of the interim final rule continues the current requirement that FICO determine the anticipated interest expenses on its obligations at least semiannually.

In § 950.8(b), the Finance Board has implemented the provisions of the Funds Act that authorize FICO to assess all insured depository institutions, rather than just SAIF members, to cover FICO's non-administrative expenses. *See supra* part I(B). The term ''insured depository institution,'' which replaces the definition of ''SAIF member'' in § 950.1, has the same meaning as in section 3 of the FDI Act, namely, ''any bank or savings association the deposits of which are insured by the [FDIC] * * *'' *See* 12 U.S.C. 1813(c)(2). For purposes of part 950, the term ''non-administrative expenses'' means custodian fees, issuance costs, and interest on Financing Corporation obligations. Custodian fees include any fees or expenses FICO incurs in connection with the establishment or maintenance of, or the transfer of any security to, or maintenance of any security in, the segregated account established to safeguard the securities that defease the principal amount of the FICO obligations. *See supra* part I(A). This is the same meaning given to the term ''custodian fees'' in section 21(g)(5)(B) of the Bank Act. *See* 12 U.S.C. 1441(g)(5)(B). Issuance costs include fees and commissions FICO incurs in connection with the issuance or servicing of its obligations. The regulation provides an illustrative list that includes costs the Finance Board has to date determined to be issuance costs.

Section 950.8(b)(1) authorizes FICO, with the approval of the Board of Directors of the FDIC, to impose against and collect from each insured depository institution an assessment sufficient to pay its non-administrative expenses. FICO must make the assessment in the same manner as the FDIC makes assessments under section 7 of the FDI Act. *See* 12 U.S.C. 1817.

Subject to the statutory limits on assessment rates with respect to BIF- and SAIF-assessable deposits, *see supra* part I(B), § 950.8(b)(2) requires FICO to determine at least semiannually and to advise the FDIC and any collection agent of the rate(s) of the assessment it will assess against insured depository institutions in order to pay its non-administrative expenses. In determining the assessment rate(s), FICO must consider historical data regarding assessment collections and current

[2] *See id.* 1441(f)(4); Funds Act section 2710. Section 5(d)(3) of the FDI Act attributes to BIF or SAIF the deposits of an insured depository institution that has undergone a conversion transaction by which it switched deposit insurance funds. *See* 12 U.S.C. 1815(d)(3).

[3] The FICO Directorate is the managing body of FICO. *See id.* 1441(b)(1).

information concerning the SAIF and BIF deposit base and the location of insured depository institutions that is available only to the FDIC. Accordingly, the FDIC will provide such accurate, complete, and timely information as FICO may require to carry out its statutory responsibilities to pay its non-administrative expenses by setting the assessment rate(s) and imposing an assessment against all insured depository institutions.

To facilitate collection of the FICO assessment, § 950.8(b)(3)(i) requires FICO to collect assessments in accordance with section 21(f)(2) of the Act and the provisions of this regulation, and permits assessment collection through a collection agent. Currently, the FDIC collects and processes FICO's assessment pursuant to a memorandum of understanding between FICO and the FDIC. The FDIC handles administrative tasks, such as computing each institution's assessment, issuing invoices notifying institutions of the amount to be paid and the date of payment, and arranging for the collection of the assessment through the payments system. The Finance Board expects the assessment process to continue to operate in a similar fashion. Further, § 950.8(a)(3)(ii) authorizes each FHLBank to establish and maintain a demand deposit account for any insured depository institution located in the FHLBank's district regardless of whether the institution is a FHLBank member.

Sections 950.8 (c) and (d) of the interim final rule, which concern FICO's authority to receive FRF receivership proceeds and exit fees, *see supra* part I(B), restate without substantive change the provisions found currently in §§ 950.12 (b)(2) and (b)(3), respectively.

C. Clarifying Current Regulatory Requirements

The remainder of the interim final rule clarifies and reorganizes provisions that appear in the current FICO operations regulation. The following provisions of the interim final rule restate provisions of the current rule without substantive change: In § 950.1, definitions of the terms ''Act,'' ''Bank or Banks,'' ''Directorate,'' ''FDIC,'' and ''Office of Finance;'' § 950.2 FICO's general operating authority; § 950.3 FICO Directorate's authority to establish investment policies and procedures; § 950.4 book-entry procedure for FICO obligations; and § 950.5 FICO's authority to use the services of FHLBank or Office of Finance officers, employees, or agents to carry out its functions.

Section 950.6 of the interim final rule, which concerns FICO's budget and expenses, is a revision of § 950.8 of the current rule. To provide increased flexibility, paragraphs (a) and (b) require FICO to submit to the FICO Directorate, and the FICO Directorate to submit in turn to the Finance Board, FICO's budget of proposed expenditures for approval annually rather than by a date certain each year. Since the Finance Board disseminates FICO's approved annual budget to the FHLBanks, the requirement that FICO transmit a copy of its budget to the FHLBanks is deleted. Paragraphs (c) and (d) make clear that FICO may not incur expenditures unless they have been approved by either the Finance Board or the FICO Directorate within limits set by the Finance Board.

Consistent with current practice, § 950.7 of the interim final rule requires the FHLBanks to pay FICO's administrative expenses. FICO determines the amount of administrative expenses each FHLBank must pay in the manner provided by section 21(b)(7)(B) of the Bank Act. *See* 12 U.S.C. 1441(b)(7)(B). The definition of the term ''administrative expenses'' in § 950.1 is revised to reflect more closely the format of the financial documents provided by FICO to the Finance Board and to make clear that issuance costs are not administrative expenses. *See* 12 U.S.C. 1441(b)(7)(C). Consistent with current practice, the interim final rule replaces the requirement that FICO bill each FHLBank at least semiannually with a requirement that FICO bill the FHLBanks periodically. Paragraph (c) makes clear that FICO must adjust the amount of administrative expenses the FHLBanks must pay in any calendar year, if, in the prior year, administrative expenses have been approved by the Finance Board, paid by the FHLBanks, but not actually incurred by FICO.

Section 950.9 concerns reports FICO must make to the Finance Board. To reduce the regulatory reporting burden on FICO and to provide increased flexibility, the requirement that FICO submit reports on a quarterly basis, which appears in § 950.14 of the current rule, is deleted. To ensure the current relevance and utility of the information provided in the reports FICO submits to the Finance Board, the laundry list of required information in the current rule is replaced with a requirement that FICO file reports containing such information as the Finance Board may direct.

To ensure compliance with the Bank Act and Finance Board regulations, § 950.10 of the interim final rule requires the Finance Board to examine FICO's operations at least annually.

III. Notice and Public Participation

The Finance Board finds that the notice and comment procedure required by the Administrative Procedure Act is unnecessary, impracticable, and contrary to the public interest in this instance. *See* 5 U.S.C. 553(b)(3)(B). The Funds Act directs FICO to impose an assessment on all insured depository institutions on January 1, 1997. *See* Funds Act section 2702. In order to timely impose this assessment, the FDIC, acting as FICO's collection agent, must promptly undertake a number of administrative tasks, such as computing each institution's assessment, issuing invoices that notify the institution of the amount to be paid and the date of payment, and arranging for the collection of the assessment through the payments system. This rule provides the authority for FICO to proceed with the assessment process. It would not be possible for FICO to carry out its statutory responsibilities if the rule is subject to the notice and comment process. Nevertheless, because the Finance Board believes public comments aid in effective rulemaking, it will accept written comments on the interim final rule on or before December 23, 1996.

IV. Effective Date

For the reasons stated in part III above, the Finance Board for good cause finds that the interim final rule should become effective on November 22, 1996. *See* 5 U.S.C. 553(d)(3).

V. Paperwork Reduction Act

No collections of information pursuant to the Paperwork Reduction Act of 1995 are contained in this interim final rule. *See* 44 U.S.C. 3501, *et seq.* Consequently, the Finance Board has not submitted any information to the Office of Management and Budget for review.

VI. Regulatory Flexibility Act

The Finance Board is adopting the changes to part 950 in the form of an interim final rule and not as a proposed rule. Therefore, the provisions of the Regulatory Flexibility Act do not apply. *See* 5 U.S.C. 601(2), 603(a).

List of Subjects in 12 CFR Part 950

Federal home loan banks, Securities.

Accordingly, the Federal Housing Finance Board hereby revises title 12, chapter IX, subchapter C, part 950 of the Code of Federal Regulations, to read as follows:

PART 950—OPERATIONS

Sec.
950.1 Definitions.
950.2 General authority.
950.3 Authority to establish investment policies and procedures.
950.4 Book-entry procedure for Financing Corporation obligations.
950.5 Bank and Office of Finance employees.
950.6 Budget and expenses.
950.7 Administrative expenses.
950.8 Non-administrative expenses; assessments.
950.9 Reports to the Finance Board.
950.10 Review of books and records.

Authority: 12 U.S.C. 1441(b)(8), (c), and (j).

§ 950.1 Definitions.

For purposes of this part:

(a) *Act* means the Federal Home Loan Bank Act, as amended (12 U.S.C. 1421, *et seq.*).

(b) *Administrative expenses:*

(1) Include general office and operating expenses such as telephone and photocopy charges, printing, legal, and professional fees, postage, courier services, and office supplies; and

(2) Do not include any form of employee compensation, custodian fees, issuance costs, or any interest on (and any redemption premium with respect to) any Financing Corporation obligations.

(c) *Bank* or *Banks* means a Federal Home Loan Bank or the Federal Home Loan Banks.

(d) *BIF-assessable deposit* means a deposit that is subject to assessment for purposes of the Bank Insurance Fund under the Federal Deposit Insurance Act (12 U.S.C. 1811, *et seq.*), including a deposit that is treated as a deposit insured by the Bank Insurance Fund under section 5(d)(3) of the Federal Deposit Insurance Act.

(e) *Custodian fees* means any fee incurred by the Financing Corporation in connection with the transfer of any security to, or maintenance of any security in, the segregated account established under section 21(g)(2) of the Act, and any other expense incurred by the Financing Corporation in connection with the establishment or maintenance of such account.

(f) *Directorate* means the board established under section 21(b) of the Act to manage the Financing Corporation.

(g) *Exit fees* means the amounts paid under sections 5(d)(2) (E) and (F) of the Federal Deposit Insurance Act, and regulations promulgated thereunder (12 CFR part 312).

(h) *FDIC* means the agency established as the Federal Deposit Insurance Corporation.

(i) *Finance Board* means the agency established as the Federal Housing Finance Board.

(j) *Insured depository institution* has the same meaning as in section 3 of the Federal Deposit Insurance Act.

(k) *Issuance costs* means issuance fees and commissions incurred by the Financing Corporation in connection with the issuance or servicing of Financing Corporation obligations, including legal and accounting expenses, trustee, fiscal, and paying agent charges, securities processing charges, joint collection agent charges, advertising expenses, and costs incurred in connection with preparing and printing offering materials to the extent the Financing Corporation incurs such costs in connection with issuing any obligations.

(l) *Non-administrative expenses* means custodian fees, issuance costs, and interest on Financing Corporation obligations.

(m) *Obligations* means debentures, bonds, and similar debt securities issued by the Financing Corporation under sections 21 (c)(3) and (e) of the Act.

(n) *Office of Finance* means the joint office of the Banks established under part 941 of this chapter.

(o) *Receivership proceeds* means the liquidating dividends and payments made on claims received by the Federal Savings and Loan Insurance Corporation Resolution Fund established under section 11A of the Federal Deposit Insurance Act from receiverships, that are not required by the Resolution Funding Corporation to provide funds for the Funding Corporation Principal Fund established under section 21B of the Act.

(p) *SAIF-assessable deposit* means a deposit that is subject to assessment for purposes of the Savings Association Insurance Fund under the Federal Deposit Insurance Act, including a deposit that is treated as a deposit insured by the Savings Association Insurance Fund under section 5(d)(3) of the Federal Deposit Insurance Act.

§ 950.2 General authority.

Subject to the limitations and interpretations in this part and such orders and directions as the Finance Board may prescribe, the Financing Corporation shall have authority to exercise all powers and authorities granted to it by the Act and by its charter and bylaws regardless of whether the powers and authorities are specifically implemented in regulation.

§ 950.3 Authority to establish investment policies and procedures.

The Directorate shall have authority to establish investment policies and procedures with respect to Financing Corporation funds provided that the investment policies and procedures are consistent with the requirements of section 21(g) of the Act. The Directorate shall promptly notify the Finance Board in writing of any changes to the investment policies and procedures.

§ 950.4 Book-entry procedure for Financing Corporation obligations.

(a) *Authority.* Any Federal Reserve Bank shall have authority to apply book-entry procedure to Financing Corporation obligations.

(b) *Procedure.* The book-entry procedure for Financing Corporation obligations shall be governed by the book-entry procedure established for Bank securities, codified at part 912 of this chapter. Wherever the term ''Federal Home Loan Bank security(ies)'' appears in part 912, the term shall be construed also to mean ''Financing Corporation obligation(s),'' if appropriate to accomplish the purposes of this section.

§ 950.5 Bank and Office of Finance employees.

The Financing Corporation shall have authority to utilize the officers, employees, or agents of any Bank or the Office of Finance in such manner as may be necessary to carry out its functions.

§ 950.6 Budget and expenses.

(a) *Directorate approval.* The Financing Corporation shall submit annually to the Directorate for approval, a budget of proposed expenditures for the next calendar year that includes administrative and non-administrative expenses.

(b) *Finance Board approval.* The Directorate shall submit annually to the Finance Board for approval, the budget of the Financing Corporation's proposed expenditures it approved pursuant to paragraph (a) of this section.

(c) *Spending limitation.* The Financing Corporation shall not exceed the amount provided for in the annual budget approved by the Finance Board pursuant to paragraph (b) of this section, or as it may be amended by the Directorate within limits set by the Finance Board.

(d) *Amended budgets.* Whenever the Financing Corporation projects or anticipates that it will incur expenditures, other than interest on Financing Corporation obligations, that exceed the amount provided for in the

annual budget approved by the Finance Board or the Directorate pursuant to paragraph (b) or (c) of this section, the Financing Corporation shall submit an amended annual budget to the Directorate for approval, and the Directorate shall submit such amended budget to the Finance Board for approval.

§ 950.7 Administrative expenses.

(a) *Payment by Banks.* The Banks shall pay all administrative expenses of the Financing Corporation approved pursuant to § 950.6.

(b) *Amount.* The Financing Corporation shall determine the amount of administrative expenses each Bank shall pay in the manner provided by section 21(b)(7)(B) of the Act. The Financing Corporation shall bill each Bank for such amount periodically.

(c) *Adjustments.* The Financing Corporation shall adjust the amount of administrative expenses the Banks are required to pay in any calendar year pursuant to paragraphs (a) and (b) of this section, by deducting any funds that remain from the amount paid by the Banks for administrative expenses in the prior calendar year.

§ 950.8 Non-administrative expenses; assessments.

(a) *Interest expenses.* The Financing Corporation shall determine anticipated interest expenses on its obligations at least semiannually.

(b) *Assessments on insured depository institutions.* (1) *Authority.* To provide sufficient funds to pay the non-administrative expenses of the Financing Corporation approved under § 950.6, the Financing Corporation shall, with the approval of the Board of Directors of the FDIC, assess against each insured depository institution an assessment in the same manner as assessments are made by the FDIC under section 7 of the Federal Deposit Insurance Act.

(2) *Assessment rate*—(i) *Determination.* The Financing Corporation at least semiannually shall determine the rate or rates of the assessment it will assess against insured depository institutions pursuant to section 21(f)(2) of the Act and paragraph (b)(1) of this section.

(ii) *Limitation.* Until the earlier of December 31, 1999, or the date as of which the last savings association ceases to exist, the rate of the assessment imposed on an insured depository institution with respect to any BIF-assessable deposit shall be a rate equal to ⅕ of the rate of the assessment imposed on an insured depository institution with respect to any SAIF-assessable deposit.

(iii) *Notice.* The Financing Corporation shall notify the FDIC and the collection agent, if any, of its determination under paragraph (b)(2)(i) of this section.

(3) *Collecting assessments*—(i) *Collection agent.* The Financing Corporation shall have authority to collect assessments made under section 21(f)(2) of the Act and paragraph (b)(1) of this section through a collection agent of its choosing.

(ii) *Accounts.* Each Bank shall permit any insured depository institution whose principal place of business is in its district to establish and maintain at least one demand deposit account to facilitate collection of the assessments made under section 21(f)(2) of the Act and paragraph (b)(1) of this section.

(c) *Receivership proceeds*—(1) *Authority.* To the extent the amounts collected under paragraph (b) of this section are insufficient to pay the non-administrative expenses of the Financing Corporation approved under § 950.6, the Financing Corporation shall have authority to require the FDIC to transfer receivership proceeds to the Financing Corporation in accordance with section 21(f)(3) of the Act.

(2) *Procedure.* The Directorate shall request in writing that the FDIC transfer the receivership proceeds to the Financing Corporation. Such request shall specify the estimated amount of funds required to pay the non-administrative expenses of the Financing Corporation approved under § 950.6.

(d) *Exit fees*—(1) *Authority.* To the extent the amounts provided under paragraphs (b) and (c) of this section are insufficient to pay the interest due on Financing Corporation obligations, the Financing Corporation shall have authority to request that the Secretary of the Treasury order the transfer of exit fees to the Financing Corporation in accordance with section 5(d)(2)(E) of the Federal Deposit Insurance Act.

(2) *Procedure.* The Directorate shall request in writing that the Secretary of the Treasury order that exit fees be transferred to the Financing Corporation. Such request shall specify the estimated amount of funds required to pay the interest due on Financing Corporation obligations.

§ 950.9 Reports to the Finance Board.

The Financing Corporation shall file such reports as the Finance Board shall direct.

§ 950.10 Review of books and records.

The Finance Board shall examine the Financing Corporation at least annually to determine whether the Financing Corporation is performing its functions in accordance with the requirements of section 21 of the Act and this part.

By the Board of Directors of the Federal Housing Finance Board.

Bruce A. Morrison,

Chairperson.

[FR Doc. 96–29748 Filed 11–21–96; 8:45 am]

BILLING CODE 6725–01–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 93–NM–194–AD; Amendment 39–9814; AD 96–23–09]

RIN 2120–AA64

Airworthiness Directives; de Havilland Model DHC–8–100 and –300 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment supersedes an existing airworthiness directive (AD), applicable to certain de Havilland Model DHC–8–100 and –300 series airplanes, that currently requires repetitive inspections to detect cracks of the upper drag strut trunnion fittings of the nose landing gear (NLG) and to verify tightness of the fitting attachment bolts, and replacement of fittings or fasteners, if necessary. This amendment requires the installation of a modification to terminate the repetitive inspections. This amendment is prompted by the development of a modification that positively addresses the identified unsafe condition. The actions specified by this AD are intended to prevent failure of the upper drag strut trunnion fittings of the NLG, which could lead to collapse of the NLG.

DATES: Effective December 27, 1996.

The incorporation by reference of de Havilland DHC–8 Alert Service Bulletin S.B. A8–53–40, Revision 'D', dated June 30, 1995; and de Havilland DHC–8 Service Bulletin S.B. 8–53–49, dated June 30, 1995, as listed in the regulations, is approved by the Director of the Federal Register as of December 27, 1996.

The incorporation by reference of certain other publications, as listed in the regulations was approved previously by the Director of the Federal Register

as of May 27, 1993 (58 FR 25549, April 27, 1993).

ADDRESSES: The service information referenced in this AD may be obtained from Bombardier, Inc., Bombardier Regional Aircraft Division, Garratt Boulevard, Downsview, Ontario M3K 1Y5, Canada. This information may be examined at the Federal Aviation Administration (FAA), Transport Airplane Directorate, Rules Docket, 1601 Lind Avenue, SW., Renton, Washington; or at the FAA, New York Aircraft Certification Office, Engine and Propeller Directorate, 10 Fifth Street, Third Floor, Valley Stream, New York; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Jon Hjelm, Aerospace Engineer, Airframe Branch, ANE–172, FAA, Engine and Propeller Directorate, New York Aircraft Certification Office, 181 South Franklin Avenue, Room 202, Valley Stream, New York 11581; telephone (516) 256–7523; fax (516) 568–2716.

SUPPLEMENTARY INFORMATION: A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) by superseding AD 93–08–03, amendment 39–8550 (58 FR 25549, April 27, 1993), which is applicable to certain de Havilland Model DHC–8–100 and –300 series airplanes, was published as a supplemental notice of proposed rulemaking (NPRM) in the Federal Register on September 9, 1996 (61 FR 47459). The action proposed to supersede AD 93–08–03 to continue to require repetitive inspections to detect cracks of the upper drag strut trunnion fittings of the nose landing gear (NLG) and to verify tightness of the fitting attachment bolts, and replacement of the fittings or fasteners, if necessary. That action also proposed to require the installation of a modification to terminate the repetitive inspections. Additionally, the action also proposed revise the applicability of the existing AD.

Interested persons have been afforded an opportunity to participate in the making of this amendment. No comments were submitted in response to the proposal or the FAA's determination of the cost to the public.

Conclusion

The FAA has determined that air safety and the public interest require the adoption of the rule as proposed.

Cost Impact

The FAA estimates that 146 de Havilland Model DHC–8–100 and –300 series airplanes of U.S. registry will be affected by this AD.

Accomplishment of the currently required inspections takes approximately 1 work hour per airplane, at an average labor rate of $60 per hour. Based on these figures, the cost impact of the currently required inspection actions on U.S. operators is estimated to be $8,760, or $60 per airplane, per inspection.

The modification will take approximately 18 work hours per airplane to accomplish, at an average labor rate of $60 per work hour. Required parts will cost approximately $3,325 per airplane. Based on these figures, the cost impact of the AD on U.S. operators is estimated to be $638,725, or $4,405 per airplane.

The cost impact figures discussed above are based on assumptions that no operator has yet accomplished any of the requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted.

Regulatory Impact

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A final evaluation has been prepared for this action and it is contained in the Rules Docket. A copy of it may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES**.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by removing amendment 39–8550 (58 FR 25549, April 27, 1993), and by adding a new airworthiness directive (AD), amendment 39–9814, to read as follows:

96–23–09 De Havilland, Inc.: Amendment 39–9814. Docket 93–NM–194–AD. Supersedes AD 93–08–03, Amendment 39–8550.

Applicability: Model DHC–8–102, –103, –301, –311, and –314 series airplanes; having serial numbers 003 through 395 inclusive, but excluding serial numbers 011, 362, and 391; on which Modification 8/2139 (as described in de Havilland Service Bulletin S.B. 8–53–49, dated June 30, 1995) has not been accomplished; certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been otherwise modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (d) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent failure of the upper drag strut trunnion fittings of the nose landing gear (NLG), which could lead to collapse of the NLG, accomplish the following:

(a) Within 500 landings after May 27, 1993 (the effective date of AD 93–08–03, Amendment 39–8550), unless accomplished within the last 500 landings, conduct a visual inspection of both upper drag strut trunnion fittings of the NLG to detect cracks; and conduct an inspection of the fitting attachment bolts to verify tightness; in accordance with de Havilland DHC–8 Alert Service Bulletin S.B. A8–53–40, Revision 'A', dated June 12, 1992; or Revision 'B', dated February 24, 1993; or Revision 'D', dated June 30, 1995.

(1) If no crack is detected in the upper drag strut trunnion fittings of the NLG, and no looseness is detected in the fitting attachment bolts, repeat the inspections at intervals not to exceed 1,000 landings until the modification required by paragraph (b) of this AD is accomplished.

(2) If any crack is detected on either fitting, prior to further flight, replace both fittings

with confirmed crack-free fittings in accordance with the service bulletin. After such replacement, the inspections required by this paragraph must continue at intervals not to exceed 1,000 landings until the modification required by paragraph (b) of this AD is accomplished.

(3) If any fitting attachment bolt is found to be loose during the initial inspection, prior to further flight, replace the fasteners (nut, washer, and bolt) that secure the fitting, in accordance with the service bulletin. After such replacement, the inspections required by this paragraph must continue at intervals not to exceed 1,000 landings until the modification required by paragraph (b) of this AD is accomplished.

(4) If any fastener is found to be loose during any repetitive inspection required by this AD, prior to further flight, tighten the bolt to the value specified in the service bulletin.

(b) Within 6 months after the effective date of this AD, install Modification 8/2139 in accordance with de Havilland Service Bulletin S.B. 8–53–49, dated June 30, 1995. Installation of this modification constitutes terminating action for the inspection requirements of this AD.

(c) Installation of Modification 8/2139, in accordance with de Havilland Service Bulletin S.B. 8–53–49, dated June 30, 1995, constitutes terminating action for the inspections required by this AD.

(d) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, New York Aircraft Certification Office (ACO), FAA, Engine and Propeller Directorate. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, New York ACO.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the New York ACO.

(e) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(f) The actions shall be done in accordance with de Havilland DHC–8 Alert Service Bulletin S.B. A8–53–40, Revision 'A', dated June 12, 1992 Revision 'B', dated February 24, 1993, Revision 'D', dated June 30, 1995; and de Havilland Service Bulletin S.B. 8–53–49, dated June 30, 1995. The incorporation by reference of de Havilland DHC–8 Alert Service Bulletin S.B. A8–53–40, Revison 'A', dated June 12, 1992; and Revision 'B', dated February 24, 1993, was approved previously by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51 as of May 27, 1993 (58 FR 25549, April 27, 1993). The incorporation by reference of de Havilland DHC–8 Alert Service Bulletin S.B. A8–53–40, Revision 'D', dated June 30, 1995; and de Havilland Service Bulletin S.B. 8–53–49, dated June 30, 1995, is approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Bombardier, Inc., Bombardier Regional Aircraft Division, Garratt Boulevard, Downsview, Ontario M3K 1Y5, Canada. Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the FAA, New York Aircraft Certification Office, Engine and Propeller Directorate, 10 Fifth Street, Third Floor, Valley Stream, New York; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

(g) This amendment becomes effective on December 27, 1996.

Issued in Renton, Washington, on November 5, 1996.

Darrell M. Pederson,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 96–28869 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–U

14 CFR Part 39

[Docket No. 96–NM–261–AD; Amendment 39–9818; AD 96–23–51]

RIN 2120–AA64

Airworthiness Directives; Boeing Model 737 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule; request for comments.

SUMMARY: This document publishes in the Federal Register an amendment adopting Airworthiness Directive (AD) T96–23–51 that was sent previously to all known U.S. owners and operators of Boeing Model 737 series airplanes by individual telegrams. This AD requires repetitive tests to verify proper operation of the rudder power control unit (PCU), and replacement of the PCU, if necessary. This amendment is prompted by tests of the main rudder PCU, conducted by the manufacturer, which demonstrated a potential failure scenario that was previously unknown. The actions specified by this AD are intended to prevent rudder motion in the opposite direction of the rudder command.

DATES: Effective November 27, 1996, to all persons except those persons to whom it was made immediately effective by telegraphic AD T96–23–51, issued November 1, 1996, which contained the requirements of this amendment.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of November 27, 1996.

Comments for inclusion in the Rules Docket must be received on or before January 21, 1997.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–103, Attention: Rules Docket No. 96–NM–261–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

The applicable service information may be obtained from Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207. This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Kenneth W. Frey, Aerospace Engineer, Systems and Equipment Branch, ANM–130S, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (206) 227–2673; fax (206) 227–1181.

SUPPLEMENTARY INFORMATION: As part of its Continuing Operational Safety Program, the FAA has become aware of new information related to the safety of Boeing Model 737 series airplanes. Recent tests of the main rudder power control unit (PCU), conducted at Boeing, demonstrated a potential failure scenario that was previously unknown. These tests revealed that rudder pedal input can cause deformation in the linkage leading to the primary and secondary slides of the servo valve of the main rudder PCU, if the secondary slide of the PCU jams in certain positions; this situation could result in rudder motion in the opposite direction of the rudder command.

The intent of the original design of the PCU dual servo valve, in compliance with certification requirements, is to allow either the primary or secondary slide to neutralize the effect of a jam of the other slide. If the secondary slide of the servo valve of the main rudder PCU jams and the primary slide does not neutralize the effects of the jam, under certain conditions, a rudder pedal command could result in rudder motion in the opposite direction of the rudder command and lead to reduced controllability of the airplane.

Explanation of Relevant Service Information

The FAA has reviewed and approved Boeing Alert Service Bulletin 737–27A1202, dated November 1, 1996. The alert service bulletin describes procedures for performing a test to verify proper operation of the rudder PCU, and replacement of the rudder PCU with a new unit, if necessary. The

test procedure will ensure that the servo valve does not have a latent jam.

Explanation of Requirements of the Rule

Since the unsafe condition described is likely to exist or develop on other airplanes of the same type design, the FAA issued Telegraphic AD T96–23–51 to prevent rudder motion in the opposite direction of the rudder command. The AD requires repetitive tests to verify proper operation of the rudder PCU, and replacement of the rudder PCU with a new unit, if necessary. The actions are required to be accomplished in accordance with the alert service bulletin described previously.

The AD also requires that operators submit a report of the test results to the FAA.

Since it was found that immediate corrective action was required, notice and opportunity for prior public comment thereon were impracticable and contrary to the public interest, and good cause existed to make the AD effective immediately by individual telegrams issued on November 1, 1996, to all known U.S. owners and operators of Model 737 series airplanes. These conditions still exist, and the AD is hereby published in the Federal Register as an amendment to section 39.13 of the Federal Aviation Regulations (14 CFR 39.13) to make it effective to all persons.

Differences Between the AD and the Relevant Service Information

Operators should note that the Boeing alert service bulletin specifies that it pertains only to airplanes that have certain serial numbers. However, this AD (as well as the previously-issued telegraphic version of it) is applicable to *all* Model 737 series airplanes. It is the FAA's intent that the entire fleet of Model 737's be inspected in accordance with the requirements of this AD. Where there are differences between the manufacturer's service information and the AD, it is the stipulations of the AD that prevail.

Interim Action

This is considered to be interim action. The manufacturer has advised that it currently is developing a design modification that will eliminate the need for the repetitive test requirements of this AD. Once this modification is developed, approved, and available, the FAA may consider additional rulemaking.

Comments Invited

Although this action is in the form of a final rule that involves requirements affecting flight safety and, thus, was not preceded by notice and an opportunity for public comment, comments are invited on this rule. Interested persons are invited to comment on this rule by submitting such written data, views, or arguments as they may desire. Communications shall identify the Rules Docket number and be submitted in triplicate to the address specified under the caption **ADDRESSES**. All communications received on or before the closing date for comments will be considered, and this rule may be amended in light of the comments received. Factual information that supports the commenter's ideas and suggestions is extremely helpful in evaluating the effectiveness of the AD action and determining whether additional rulemaking action would be needed.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the rule that might suggest a need to modify the rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report that summarizes each FAA-public contact concerned with the substance of this AD will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this rule must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 96–NM–261–AD.'' The postcard will be date stamped and returned to the commenter.

Regulatory Impact

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

The FAA has determined that this regulation is an emergency regulation that must be issued immediately to correct an unsafe condition in aircraft, and that it is not a ''significant regulatory action'' under Executive Order 12866. It has been determined further that this action involves an emergency regulation under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979). If it is determined that this emergency regulation otherwise would be significant under DOT Regulatory Policies and Procedures, a final regulatory evaluation will be prepared and placed in the Rules Docket. A copy of it, if filed, may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES.**

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

96–23–51 Boeing: Amendment 39–9818. Docket 96–NM–261–AD.

Applicability: All Model 737 series airplanes, certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (c) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Note 2: The Boeing alert service bulletin that is referenced in this AD specifies that it pertains only to airplanes that have certain serial numbers. However, this AD is applicable to *all* Model 737 series airplanes. Where there are differences between the manufacturer's service information and the AD, it is the stipulations of the AD that prevail.

Compliance: Required as indicated, unless accomplished previously.

To prevent rudder motion in the opposite direction of the rudder command, accomplish the following:

(a) Within 10 days after the effective date of this AD, perform a test to verify proper operation of the rudder power control unit (PCU), in accordance with Boeing Alert Service Bulletin 737–27A1202, dated November 1, 1996.

(1) If the rudder PCU operates properly, repeat the test thereafter at intervals not to exceed 250 flight hours.

(2) If the rudder PCU operates improperly, prior to further flight, replace the rudder PCU with a new rudder PCU, in accordance with the alert service bulletin. Repeat the test thereafter at intervals not to exceed 250 flight hours.

(b) Within 24 hours after accomplishing any test required by paragraph (a) of this AD, submit a report of any finding(s) of discrepancies to the Manager, Seattle Aircraft Certification Office, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (206) 227–2673; fax (206) 227–1181. Information collection requirements contained in this regulation have been approved by the Office of Management and Budget (OMB) under the provisions of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 *et seq.*) and have been assigned OMB Control Number 2120–0056.

(c) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Seattle Aircraft Certification Office (ACO), FAA, Transport Airplane Directorate. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Seattle ACO.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Seattle ACO.

(d) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(e) The actions shall be done in accordance with Boeing Alert Service Bulletin 737–27A1202, dated November 1, 1996. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207. Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

(f) This amendment becomes effective on November 27, 1996, to all persons except those persons to whom it was made immediately effective by telegraphic AD T96–23–51, issued on November 1, 1996, which contained the requirements of this amendment.

Issued in Renton, Washington, on November 7, 1996.

Darrell M. Pederson,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 96–29260 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–P

14 CFR Part 39

[Docket No. 96–NM–255–AD; Amendment 39–9829; AD 96–24–03]

RIN 2120–AA64

Airworthiness Directives; Boeing Model 747–400 ''Combi'' Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule; request for comments.

SUMMARY: This amendment adopts a new airworthiness directive (AD), applicable to certain Boeing 747–400 series airplanes in the ''combi'' configuration. This action requires replacing the decompression panels that are located in the smoke barrier between the passenger and main deck cargo compartment, with new panels of an improved design. This amendment is prompted by reports indicating that normal pressurization cycles are causing premature tearing or opening of these decompression panels. The actions specified in this AD are intended to prevent increased airflow in the cargo compartment caused by the tearing or opening of these panels; this condition, if not corrected, could result in delayed fire detection and reduced effectiveness of the cargo compartment fire suppression system.

DATES: Effective December 9, 1996.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of December 9, 1996.

Comments for inclusion in the Rules Docket must be received on or before January 21, 1997.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–103, Attention: Rules Docket No. 96–NM–255–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

The service information referenced in this AD may be obtained from Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207. This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Susan Letcher, Aerospace Engineer, Systems and Equipment Branch, ANM–130S, FAA, Seattle Aircraft Certification Office, 1601 Lind Avenue, SW., Renton, Washington; telephone (206) 227–2670; fax (206) 227–1181.

SUPPLEMENTARY INFORMATION: The FAA has received at least four reports indicating that tearing and inadvertent opening of the decompression (''blow-out'') panels located in the smoke barrier between the passenger and main deck cargo compartment have occurred on Boeing Model 747–400 ''combi'' airplanes. One operator reported that the decompression panel on one of its airplanes tore and inadvertently opened during service. A subsequent survey indicated that three other operators had experienced similar in-service incidents. Investigation has revealed that fatigue associated with normal pressurization cycles is causing the premature tearing of the decompression panels.

Tearing and subsequent opening of these decompression panels allows additional air to flow into the cargo compartment. In the event of a fire in the cargo compartment, the additional airflow would dilute the smoke and, consequently, result in delayed detection of the fire. Additionally, the increased airflow would dilute the cargo compartment fire suppression agent below effective concentrations and, thus, degrade the capability of the system to suppress a fire.

This condition is significant specifically for airplanes that are equipped with a ''90-minute fire suppression system'' installed in accordance with ''Option 4'' of paragraph (b)(4) of AD 93–07–15, amendment 39–8547 (58 FR 21243, April 20, 1993). That AD requires various actions that are intended to minimize the hazards associated with a fire occurring in the main deck Class B cargo compartment. Paragraph (b)(4) of AD 93–07–15 requires, among other things, installing a cargo compartment fire extinguishing system in the Class B cargo compartment that

* * * provides an initial fire extinguishant concentration of at least 5% of the empty compartment volume of Halon 1301 or equivalent, and a fire suppression extinguishant concentration of at least 3% of the empty compartment volume of Halon 1301 or equivalent, for a period of time not less than 90 minutes.

If additional air flows into the cargo compartment through a torn or open panel and dilutes the amount of

extinguishant, it would reduce the effectiveness of the 90-minute fire suppression system.

Explanation of Relevant Service Information

Boeing has issued Alert Service Bulletin 747–25A3064, dated December 21, 1995, which describes procedures for replacing the currently-installed decompression panels with new panels of an improved design. The new panels are more resistant to tearing and inadvertent opening.

Explanation of Requirements of the Rule

Since an unsafe condition has been identified that is likely to exist or develop on other airplanes of the same type design, this AD is being issued to prevent tearing and inadvertent opening of the decompression panels that are located in the smoke barrier between the passenger and main deck cargo compartment. This AD requires the replacement of certain panels with new panels having an improved design. The actions are required to be accomplished in accordance with the service bulletin described previously.

This AD is applicable only to airplanes that are equipped with a 90-minute fire suppression system, which is specified as ''Option 4'' in paragraph (b)(4) of AD 93–07–15.

Cost Impact

None of the Model 747–400 ''Combi'' airplanes affected by this action are on the U.S. Register. All airplanes included in the applicability of this rule currently are operated by non-U.S. operators under foreign registry; therefore, they are not directly affected by this AD action. However, the FAA considers that this rule is necessary to ensure that the unsafe condition is addressed in the event that any of these subject airplanes are imported and placed on the U.S. Register in the future.

Should an affected airplane be imported and placed on the U.S. Register in the future, it would require approximately 1 work hour to accomplish the required actions, at an average labor charge of $60 per work hour. Required parts would cost approximately $14,000 per airplane. Based on these figures, the cost impact of this AD would be $14,060 per airplane.

Determination of Rule's Effective Date

Since this AD action does not affect any airplane that is currently on the U.S. register, it has no adverse economic impact and imposes no additional burden on any person. Therefore, prior notice and public procedures hereon are unnecessary and the amendment may be made effective in less than 30 days after publication in the Federal Register.

Comments Invited

Although this action is in the form of a final rule and was not preceded by notice and opportunity for public comment, comments are invited on this rule. Interested persons are invited to comment on this rule by submitting such written data, views, or arguments as they may desire. Communications shall identify the Rules Docket number and be submitted in triplicate to the address specified under the caption **ADDRESSES**. All communications received on or before the closing date for comments will be considered, and this rule may be amended in light of the comments received. Factual information that supports the commenter's ideas and suggestions is extremely helpful in evaluating the effectiveness of the AD action and determining whether additional rulemaking action would be needed.

Comments are specifically invited on the overall regulatory, economic, environmental, and energy aspects of the rule that might suggest a need to modify the rule. All comments submitted will be available, both before and after the closing date for comments, in the Rules Docket for examination by interested persons. A report that summarizes each FAA-public contact concerned with the substance of this AD will be filed in the Rules Docket.

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this rule must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 96–NM–255–AD.'' The postcard will be date stamped and returned to the commenter.

Regulatory Impact

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A final evaluation has been prepared for this action and it is contained in the Rules Docket. A copy of it may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES.**

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

96–24–03 Boeing: Amendment 39–9829. Docket 96–NM–255–AD.

Applicability: Model 747–400 ''combi'' airplanes; as listed in Boeing Alert Service Bulletin 747–25A3064, dated December 21, 1995; on which a 90-minute fire suppression system specified in paragraph (b)(4) of AD 93–07–15, amendment 39–8547, has been installed; certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been otherwise modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (b) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent increased airflow in the cargo compartment caused by the tearing or opening of the decompression panels, which could result in delayed fire detection and reduced effectiveness of the fire suppression system, accomplish the following:

(a) Within 90 days after the effective date of this AD, replace the decompression

(''blow-out'') panels in the smoke barrier above the cargo/passenger partition, with improved panels, in accordance with Boeing Alert Service Bulletin 747–25A3064, dated December 21, 1995.

(b) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Seattle Aircraft Certification Office (ACO), FAA, Transport Airplane Directorate. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Seattle ACO.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Seattle ACO.

(c) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(d) The replacement shall be done in accordance with Boeing Alert Service Bulletin 747–25A3064, dated December 21, 1995. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Boeing Commercial Airplane Group, P.O. Box 3707, Seattle, Washington 98124–2207. Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

(e) This amendment becomes effective on December 9, 1996.

Issued in Renton, Washington, on November 14, 1996.

James V. Devany,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 96–29726 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–U

14 CFR Part 39

[Docket No. 95–NM–230–AD; Amendment 39–9828; AD 96–24–02]

RIN 2120–AA64

Airworthiness Directives; Dornier Model 328–100 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD), applicable to certain Dornier Model 328–100 series airplanes, that requires removal of the acoustic damping foils at the skin behind the overhead switch panel. This amendment is prompted by a report of debonding of the edges of the acoustic damping foils. The actions specified by this AD are intended to prevent such debonding, which could result in short circuiting of parts of the overhead switch panel due to contact with loose edges of the foils, and consequent smoke and/or fire in the cockpit.

DATES: Effective December 27, 1996.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of December 27, 1996.

ADDRESSES: The service information referenced in this AD may be obtained from Dornier Luftfahrt GmbH, P.O. Box 1103, D–82230 Wessling, Germany. This information may be examined at the Federal Aviation Administration (FAA), Transport Airplane Directorate, Rules Docket, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Connie Beane, Aerospace Engineer, Standardization Branch, ANM–113, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (206) 227–2796; fax (206) 227–1149.

SUPPLEMENTARY INFORMATION: A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an airworthiness directive (AD) that is applicable to certain Dornier Model 328–100 series airplanes was published in the Federal Register on August 26, 1996 (61 FR 43691). That action proposed to require removal of the acoustic damping foils at the skin behind the overhead switch panel.

Interested persons have been afforded an opportunity to participate in the making of this amendment. No comments were submitted in response to the proposal or the FAA's determination of the cost to the public.

Conclusion

The FAA has determined that air safety and the public interest require the adoption of the rule as proposed.

Cost Impact

The FAA estimates that 12 Dornier Model 328–100 series airplanes of U.S. registry will be affected by this AD, that it will take approximately 1 work hour per airplane to accomplish the required actions, and that the average labor rate is $60 per work hour. Based on these figures, the cost impact of the AD on U.S. operators is estimated to be $720, or $60 per airplane.

The cost impact figure discussed above is based on assumptions that no operator has yet accomplished any of the requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted.

Regulatory Impact

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A final evaluation has been prepared for this action and it is contained in the Rules Docket. A copy of it may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES.**

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

96–24–02 Dornier: Amendment 39–9828. Docket 95–NM–230–AD.

Applicability: Model 328–100 series airplanes, serial numbers 3005 through 3024 inclusive; certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been otherwise modified, altered, or repaired in the area subject to the requirements of this

AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (b) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent debonding of the edges of the acoustic damping foils, which could result in short circuiting of parts of the overhead switch panel due to contact with loose edges of the foils, and consequent smoke and/or fire in the cockpit; accomplish the following:

(a) Within 90 days after the effective date of this AD, remove the acoustic damping foils having part number 001A258A1101204 at the skin behind the overhead switch panel in accordance with Dornier Service Bulletin SB–328–25–072, dated December 16, 1994.

(b) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Manager, Standardization Branch, ANM–113, FAA, Transport Airplane Directorate. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Standardization Branch, ANM–113.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Standardization Branch, ANM–113.

(c) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(d) The removal shall be done in accordance with Dornier Service Bulletin SB–328–25–072, dated December 16, 1994. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Dornier Luftfahrt GmbH, P.O. Box 1103, D–82230 Wessling, Germany. Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

(e) This amendment becomes effective on December 27, 1996.

Issued in Renton, Washington, on November 14, 1996.

Darrell M. Pederson,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 96–29725 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–U

14 CFR Part 39

[Docket No. 96–NM–80–AD; Amendment 39–9827; AD 96–24–01]

RIN 2120–AA64

Airworthiness Directives; Fokker Model F27 Mark 100, 200, 300, 400, 500, 600, and 700 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD), applicable to all Fokker Model F27 Mark 100, 200, 300, 400, 500, 600, and 700 series airplanes, that requires replacement of certain rudder horn assemblies with a new assembly. For certain airplanes, the amendment also requires replacement of certain rudder control rods with a new rod. This amendment is prompted by reports of cracked rudder horns and a cracked rudder control rod, caused by impact overload. The actions specified by this AD are intended to prevent such an overload and consequent cracking of the subject parts, which could result in reduced structural integrity of the rudder horn assembly or loss of rudder control; this condition could lead to reduced controllability of the airplane.

DATES: Effective December 27, 1996.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of December 27, 1996.

ADDRESSES: The service information referenced in this AD may be obtained from Fokker Aircraft USA, Inc., 1199 North Fairfax Street, Alexandria, Virginia 22314. This information may be examined at the Federal Aviation Administration (FAA), Transport Airplane Directorate, Rules Docket, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Ruth Harder, Aerospace Engineer, Standardization Branch, ANM–113, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (206) 227–1721; fax (206) 227–1149.

SUPPLEMENTARY INFORMATION: A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an airworthiness directive (AD) that is applicable to all Fokker Model F27 Mark 100, 200, 300, 400, 500, 600, and 700 series airplanes was published in the Federal Register on August 27, 1996 (61 FR 44004). That action proposed to require replacement of certain rudder horn assemblies with a new rudder horn assembly. For certain airplanes, that action also proposed to require replacement of certain rudder control rods with a new rudder control rod.

Interested persons have been afforded an opportunity to participate in the making of this amendment. No comments were submitted in response to the proposal or the FAA's determination of the cost to the public.

Conclusion

The FAA has determined that air safety and the public interest require the adoption of the rule as proposed.

Cost Impact

The FAA estimates that 34 Fokker Model F27 Mark 100, 200, 300, 400, 500, 600, and 700 series airplanes of U.S. registry will be affected by this AD. It will take approximately 7 work hours per airplane to accomplish the replacement of the rudder horn assembly, at an average labor rate of $60 per work hour. Required parts will cost approximately $2,656 per airplane. Based on these figures, the cost impact of the replacement of the rudder horn assembly required by this AD on U.S. operators is estimated to be $101,490, or $2,985 per airplane.

There currently are no Fokker Model F27 Mark 100, 200, 300, 400, 500, 600, or 700 series airplanes on the U.S. Register that will require the replacement of the rudder control rod. The only airplanes that will require this replacement currently are operated by non-U.S. operators under foreign registry; therefore, they are not directly affected by this AD action. However, the FAA considers that inclusion of that requirement in this rule is necessary to ensure that the unsafe condition is addressed in the event that any of these airplanes are imported and placed on the U.S. Register in the future.

Should any of those airplanes (having serial numbers 10102, and 10105 through 10165, inclusive) be imported and placed on the U.S. Register in the future, it will take approximately 5 work hours per airplane to accomplish the replacement of the rudder control rod, at an average labor rate of $60 per work hour. Required parts will cost approximately $635 per airplane. Based on these figures, the cost impact of the replacement of the rudder control rod required by this AD on U.S. operators is estimated to be $935 per airplane.

The cost impact figures discussed above are based on assumptions that no operator has yet accomplished any of

the requirements of this AD action, and that no operator would accomplish those actions in the future if this AD were not adopted.

Regulatory Impact

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A final evaluation has been prepared for this action and it is contained in the Rules Docket. A copy of it may be obtained from the Rules Docket at the location provided under the caption **ADDRESSES.**

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding the following new airworthiness directive:

96–24–01 Fokker: Amendment 39–9827. Docket 96–NM–80–AD.

Applicability: All Model F27 Mark 100, 200, 300, 400, 500, 600, and 700 series airplanes, certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been otherwise modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (b) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

To prevent an impact overload and consequent cracking of the subject parts, which could result in reduced structural integrity of the rudder horn assembly or loss of rudder control, and, consequently, lead to reduced controlability of the airplane, accomplish the following:

(a) Within 18 months after the effective date of this AD, accomplish paragraphs (a)(1) and (a)(2) of this AD, as applicable, in accordance with Fokker Service Bulletin F27/27–131, Revision 1, dated June 15, 1994.

(1) For all airplanes: Replace the rudder horn assembly, having part number (P/N) 3401–042–901 or 3401–042–401, with a new rudder horn assembly, having P/N F3402–070–407, in accordance with Part 1 of the Accomplishment Instructions of the service bulletin.

(2) For airplanes having serial numbers 10102, and 10105 through 10165 inclusive: Replace the rudder control rod, having P/N 5233–018-xxx, with a new rudder control rod, having P/N F8507–052–403, in accordance with Part 2 of the Accomplishment Instructions of the service bulletin.

(b) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, Standardization Branch, ANM–113, FAA, Transport Airplane Directorate. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Standardization Branch, ANM–113.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Standardization Branch, ANM–113.

(c) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(d) The replacements shall be done in accordance with Fokker Service Bulletin F27/27–131, Revision 1, dated June 15, 1994. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Fokker Aircraft USA, Inc., 1199 North Fairfax Street, Alexandria, Virginia 22314. Copies may be inspected at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

(e) This amendment becomes effective on December 27, 1996.

Issued in Renton, Washington, on November 14, 1996.

Darrell M. Pederson,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 96–29724 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–U

14 CFR Part 39

[Docket No. 95–CE–75–AD; Amendment 39–9830; AD 96–24–04]

RIN 2120–AA64

Airworthiness Directives; Aerospace Technologies of Australia, Nomad Models N22B, N22S, and N24A Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that applies to Aerospace Technologies of Australia (ASTA) Nomad Models N22B, N22S, and N24A airplanes. This action requires repetitively inspecting the tailplane stabilizer center section and repairing any cracked tailplane structure. This AD also provides an optional modification as a terminating action, after an inspection in which no cracks are found. A tailplane failure on one of the affected airplanes prompted this action. The actions specified by this AD are intended to prevent cracking in the stabilizer center section, which, if not detected and corrected, could result in tailplane failure and loss of control of the airplane.

DATES: Effective January 17, 1997.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of January 17, 1997.

ADDRESSES: Service information that applies to this AD may be obtained from AeroSpace Technologies of Australia, Limited, ASTA DEFENCE, Private Bag No. 4, Beach Road Lara 3212, Victoria, Australia. This information may also be examined at the Federal Aviation Administration (FAA), Central Region, Office of the Assistant Chief Counsel, Attention: Rules Docket 95–CE–75–AD, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Mr. Ron Atmur, Aerospace Engineer, Los

Angeles Aircraft Certification Office, FAA, 3960 Paramount Blvd., Lakewood, California, 90712; telephone (310) 627–5224; facsimile (310) 627–5210.

SUPPLEMENTARY INFORMATION: A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an AD that would apply to ASTA Nomad Models N22B, N22S, and N24A airplanes was published in the Federal Register on March 22, 1996 (61 FR 11784). The action proposed to require inspecting (using both visual and eddy current methods) the tailplane stabilizer center section for cracks, and prior to further flight, repairing any cracked tailplane stabilizer center section for these ASTA airplanes that do not have Modifications N663 and N768 incorporated in the area of the tailplane stabilizer center section. This AD also provides the option of modifying the tailplane stabilizer center section (Mod. N663 and N768) as a terminating action.

Applicable Service Information

Accomplishment of the proposed action would be in accordance with Nomad Service Bulletin ANMD–55–26, Revision 8, dated April 15, 1994.

Comments

Interested persons have been afforded an opportunity to participate in the making of this amendment. No comments were received on the proposed rule or the FAA's determination of the cost to the public.

FAA's Determination

After careful review of all available information related to the subject presented above, the FAA has determined that air safety and the public interest require the adoption of the rule as proposed except for minor editorial corrections. The FAA has determined that these minor corrections will not change the meaning of the AD and will not add any additional burden upon the public than was already proposed.

Costs Impact

The FAA estimates that 15 airplanes in the U.S. registry will be affected by this AD, that it will take approximately 15 workhours per airplane to accomplish this action, and that the average labor rate is approximately $60 an hour. The total cost impact of this AD upon U.S. operators of the affected airplanes is estimated to be $13,500 or $900 per airplane. This figure only includes the cost for the initial inspection and does not include replacement costs if the tailplane stabilizer center section is found cracked, nor does it include repetitive inspection costs. Additionally, the FAA has no way of determining how many tailplane stabilizer center sections may be cracked or how many repetitive inspections each owner/operator may incur over the life of the airplane.

Regulatory Impact

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the final evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES.**

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [AMENDED]

2. Section 39.13 is amended by adding a new airworthiness directive (AD) to read as follows:

96–24–04. Aerospace Technologies of Australia (ASTA): Amendment 39–9830; Docket No. 95–CE–75–AD.

Applicability: Nomad Models N22B, N22S, and N24A airplanes (all serial numbers), certificated in any category, that have not incorporated ASTA Modification N663 and N768 in the area of the tailplane stabilizer.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (d) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required within the next 100 hours time-in-service (TIS) after the effective date of this AD, unless already accomplished, and thereafter at intervals not to exceed 100 hours TIS.

To prevent cracking in the tailplane stabilizer center section, which, if not detected and corrected, could result in tailplane failure and loss of control of the airplane, accomplish the following:

(a) Inspect the tailplane stabilizer center section and center lightening hole for cracks (using both visual and eddy current methods) in accordance with section ''C. Description, (1) Part 1—Inspection.'' of ASTA Nomad Service Bulletin (SB) ANMD–55–26, Revision 8, dated April 15, 1994.

(b) If cracks are found during any inspection required by this AD, prior to further flight, repair the stabilizer center section in accordance with a repair scheme obtained from the manufacturer through the Manager, Los Angeles Aircraft Certification Office, at the address specified in paragraph (d).

(1) This repair scheme does not eliminate the repetitive inspection requirement.

(2) The repetitive inspection requirement of this AD may be terminated by incorporating both Modification (Mod.) N663 and N768 in accordance with the Accomplishment Instructions section of Nomad SB ANMD–55–26, Revision 8, dated April 15, 1994. These modifications may only be incorporated, prior to further flight, after any inspection, provided no cracks are found.

(3) Modifications N663 and N768 may also be incorporated as terminating action to the repetitive inspections of this AD on airplanes that have cracks repaired in the tailplane stabilizer center section provided the modifications are incorporated, prior to further flight, after an inspection where no cracks were found.

Note 2: Mod. N663 reworks the horizontal stabilizer to incorporate a strengthened main spar assembly that includes a gust stop spring box and modified mass balance arm. The trim tab hinges are moved 0.17 inches aft and farings are added to the bottom skin of the horizontal stabilizer to permit increased trim tab movement. Mod. N768 incorporates Mod. N663 and replaces the pivot brackets, attachment bolts, and spar web doubler with strengthened components.

(c) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR

21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(d) An alternative method of compliance or adjustment of the initial or repetitive compliance times that provides an equivalent level of safety may be approved by the Manager, Los Angeles Aircraft Certification Office, FAA, 3960 Paramount Blvd., Lakewood, California. The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Los Angeles Aircraft Certification Office.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Los Angeles Aircraft Certification Office.

(e) The inspections, modifications, and replacements required by this AD shall be done in accordance with Nomad Service Bulletin ANMD–55–26, Revision 8, dated April 15, 1994. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from AeroSpace Technologies of Australia, Limited, ASTA Defence, Private Bag No. 4, Beach Road Lara 3212, Victoria, Australia. Copies may be inspected at the FAA, Central Region, Office of the Assistant Chief Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri, or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

(f) This amendment (39–9830) becomes effective on January 17, 1997.

Issued in Kansas City, Missouri, on November 13, 1996.

James E. Jackson,

Acting Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 96–29723 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–U

---

14 CFR Part 39

[Docket No. 95–CE–93–AD; Amendment 39–9831; AD 96–24–05]

RIN 2120–AA64

Airworthiness Directives; Aerospace Technologies of Australia Nomad Models N22B, N22S, and N24A Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that applies to Aerospace Technologies of Australia (ASTA) Nomad Models N22B, N22S, and N24A airplanes. This action requires inspecting the flap and aileron control rod fork ends for water accumulation and corrosion inside the internally drilled holes, and replacing the control rod fork ends if there is visible corrosion, or sealing the hole if no corrosion is found. Reports of water entering the internal holes of the flap and aileron control rod fork ends, causing corrosion, prompted this AD action. The actions specified by this AD are intended to prevent corrosion and water accumulation in the flap and aileron control rod fork ends, which, if not detected and corrected, could cause loss of control of the flaps and aileron and possible loss of control of the airplane.

DATES: Effective January 17, 1997.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of January 17, 1997.

ADDRESSES: Service information that applies to this AD may be obtained from Aerospace Technologies of Australia, Limited, ASTA DEFENCE, Private Bag No. 4, Beach Road Lara 3212, Victoria, Australia. This information may also be examined at the Federal Aviation Administration (FAA), Central Region, Office of the Assistant Chief Counsel, Attention: Rules Docket 95–CE–93–AD, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106; or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Mr. Ron Atmur, Aerospace Engineer, Los Angeles Aircraft Certification Office, FAA, 3960 Paramount Blvd., Lakewood, California, 90712; telephone (310) 627–5224; facsimile (310) 627–5210.

SUPPLEMENTARY INFORMATION:

Events Leading to This Action

A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an AD that would apply to ASTA Nomad Models N22B, N22S, and N24A airplanes was published in the Federal Register on March 14, 1996 (61 FR 10478). The action proposed inspecting the flap and aileron control rod fork ends for water accumulation and corrosion inside the internally drilled holes, and replacing the control rod fork ends if there is visible corrosion or sealing the hole if no corrosion is found.

Related Service Information

Accomplishment of this action would be in accordance with ASTA Nomad Service Bulletin (SB) NMD–27–24, dated October 8, 1982.

Interested persons have been afforded an opportunity to participate in the making of this amendment. No comments were received on the proposed rule or the FAA's determination of the cost to the public.

FAA's Determination

After careful review of all available information related to the subject presented above, the FAA has determined that air safety and the public interest require the adoption of the rule as proposed except for minor editorial corrections. The FAA has determined that these minor corrections will not change the meaning of the AD and will not add any additional burden upon the public than was already proposed.

Cost Impact

The FAA estimates that 15 airplanes in the U.S. registry would be affected by this AD, that it would take approximately 3 workhours per airplane to accomplish this action, and that the average labor rate is approximately $60 an hour. In estimating the total cost impact of this AD on U.S. operators, the FAA is only using the inspection criteria (3 workhours). The FAA has no way of knowing how many airplanes have incorporated the modification. With this in mind and based on those figures above, the total cost impact of this AD upon U.S. operators of the affected airplanes is $2,700. This figure only includes the cost for the initial inspection and does not include replacement costs of the corroded part. The FAA has no way of determining the number of corroded control rod fork ends.

Compliance Time for This AD

The compliance time of this AD is in calendar time instead of hours time-in-service (TIS). The FAA has determined that a calendar time compliance is the most desirable method because the unsafe condition described by this AD is caused by corrosion. Corrosion initiates as a result of airplane operation, but can continue to develop regardless of whether the airplane is in service or in storage. Therefore, to ensure that the above-referenced condition is detected and corrected on all airplanes within a reasonable period of time without inadvertently grounding any airplanes, a compliance schedule based upon calendar time instead of hours TIS is appropriate.

Regulatory Impact

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism

implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the final evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES**.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding a new airworthiness directive (AD) to read as follows:

96–24–05 Aerospace Technologies of Australia (ASTA): Amendment 39–9831; Docket No. 95–CE–93–AD.

Applicability: Nomad Models N22B, N22S, and N24A airplanes with the following serial numbers, certificated in any category.

Nomad N22B and N22S

N22B–5M, N22B–6M, N22B–7, N22B–11M, N22B–12M, N22B–15M, N22B–16M, N22B–18M, N22B–19M, N22B–20M, N22B–21M, N22B–22M, N22B–23M, N22B–25, N22B–27, N22B–31M, N22B–33, N22B–35, N22B–37, N22B–50, N22B–53, N22B–56, N22B–57, N22B–58, N22B–59, N22B–61, N22B–65M, N22B–66, N22B–67M, N22B–68, N22B–69, N22B–70, N22S–82, N22B–83, N22S–84, N22B–85M, N22S–86, N22S–87, N22B–88M, N22S–90, N22B–91M, N22S–92, N22B–93, N22B–95, N22B–97M, N22B–100M, N22B–102, N22B–103, and N22B–104

Nomad N24A

N24A–44, N24A–46, N24A–62, N24A–64, N24A–71, N24A–72, N24A–73, N24A–74, N24A–75, N24A–76, N24A–77, N24A–78, and N24A–79

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (e) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it. Compliance: Required within 1 year after the effective date of this AD, unless already accomplished.

To prevent corrosion and water accumulation in the flap and aileron control rod fork ends, which, if not detected and corrected, could cause loss of control of the flaps and aileron and possible loss of control of the airplane, accomplish the following:

(a) Inspect for corrosion and water accumulation inside the internally drilled holes of the flap and aileron control rod fork ends in accordance with the *Accomplishment Instructions* section of Nomad Service Bulletin (SB) NMD–27–24, dated October 8, 1982.

(b) If corrosion is present, prior to further flight, replace the control rod fork ends, part number (P/N) 1/N–45–351 or P/N 1/N–45–1059, and seal the drilled holes in accordance with the *Accomplishment Instructions* section of Nomad SB NMD–27–24, dated October 8, 1982.

(c) If no corrosion is present, prior to further flight, seal the drilled holes to prevent future corrosion in accordance with the *Accomplishment Instructions* section of Nomad SB NMD–27–24, dated October 8, 1982.

(d) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(e) An alternative method of compliance or adjustment of the compliance time that provides an equivalent level of safety may be approved by the Manager, Los Angeles Aircraft Certification Office, FAA, 3960 Paramount Blvd., Lakewood, California. The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Los Angeles Aircraft Certification Office.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Los Angeles Aircraft Certification Office.

(f) The inspection, modification, or replacement required by this AD shall be done in accordance with Nomad Service Bulletin NMD–27–24, dated October 8, 1982. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from Aerospace Technologies of Australia, Limited, ASTA DEFENCE, Private Bag No. 4, Beach Road Lara 3212, Victoria, Australia. Copies may be inspected at the FAA, Central Region, Office of the Assistant Chief Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri, or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

(g) This amendment (39–9831) becomes effective on January 17, 1997.

Issued in Kansas City, Missouri, on November 13, 1996.

James E. Jackson,

Acting Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 96–29721 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–U

---

14 CFR Part 39

[Docket No. 95–CE–62–AD; Amendment 39–9832; AD 96–24–07]

RIN 2120–AA64

Airworthiness Directives; HOAC Austria Model DV–20 Katana Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that applies to certain HOAC Austria Model DV–20 Katana airplanes. This action requires replacing the muffler with one of improved design, installing a heat shield around the exhaust system endpipe, and adjusting the airplane weight and balance. This AD results from reports of cracks in the welding joint that connects the exhaust system endpipe to the muffler on three of the affected airplanes. The actions specified by this AD are intended to prevent separation of the exhaust system endpipe from the muffler because of cracks in the welding that connects these parts, which could result in heat damage to the electrical system and engine controls.

DATES: Effective January 17, 1997.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of January 17, 1997.

ADDRESSES: Service information that applies to this AD may be obtained from HOAC Austria Ges.m.b.H., N.A. Otto-Strabe 5, A–2700, Wiener Neustadt. This information may also be examined at the Federal Aviation Administration (FAA), Central Region, Office of the Assistant Chief Counsel, Attention: Rules Docket No. 95–CE–62–AD, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106; or at the Office of the

Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

FOR FURTHER INFORMATION CONTACT: Mr. Greg Holt, Program Manager, Brussels Aircraft Certification Division, FAA, Europe, Africa, and Middle East Office, c/o American Embassy, B–1000 Brussels, Belgium; telephone (32 2) 508.2692; facsimile (32 2) 230.6899; or Mr. Robert Alpiser, Project Officer, Small Airplane Directorate, Aircraft Certification Service, FAA, 1201 Walnut, suite 900, Kansas City, Missouri 64105; telephone (816) 426–6934; facsimile (816) 426–2169.

SUPPLEMENTARY INFORMATION:

Events Leading to the Issuance of This AD

A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an AD that would apply certain HOAC Austria Model DV–20 Katana airplanes was published in the Federal Register on August 22, 1996 (61 FR 43317). The action proposed to require replacing the muffler with one of improved design, installing a heat shield around the exhaust system endpipe, and adjusting the airplane weight and balance. Accomplishment of the proposed muffler replacement as specified in the notice of proposed rulemaking (NPRM) would be in accordance with the applicable maintenance manual; accomplishment of the proposed heat shield installation as specified in the NPRM would be in accordance with Drawing No. DV2–7800R01–00, as referenced in HOAC Austria Service Bulletin (SB) No. 20–7/2, dated September 8, 1994; and accomplishment of the weight and balance adjustment as specified in the NPRM would be in accordance with HOAC Austria SB No. 20–7/2, dated September 8, 1994.

The NPRM resulted from reports of cracks in the welding joint that connects the exhaust system endpipe to the muffler on three of the affected airplanes.

Interested persons have been afforded an opportunity to participate in the making of this amendment. No comments were received on the proposed rule or the FAA's determination of the cost to the public.

The FAA's Determination

After careful review of all available information related to the subject presented above, the FAA has determined that air safety and the public interest require the adoption of the rule as proposed except for minor editorial corrections. The FAA has determined that these minor corrections will not change the meaning of the AD and will not add any additional burden upon the public than was already proposed.

Compliance Time of This AD

The FAA has determined that an interval of three calendar months is an appropriate compliance time to address the identified unsafe condition in a timely manner. This compliance time was deemed appropriate after considering the safety implications, the average utilization rate of the affected fleet, and the availability of the replacement parts.

Cost Impact

The FAA estimates that 5 airplanes in the U.S. registry will be affected by this AD, that it will take approximately 1 workhour per airplane to accomplish the required action, and that the average labor rate is approximately $60 an hour. HOAC Austria will provide parts at no cost to the affected airplane owners/operators. Based on these figures, the total cost impact of the AD on U.S. operators is estimated to be $300 or $60 per airplane. The FAA is unaware of any affected airplane that already has the required muffler replacement and heat shield installation.

Regulatory Impact

The regulations adopted herein will not have substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Therefore, in accordance with Executive Order 12612, it is determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act. A copy of the final evaluation prepared for this action is contained in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES**.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me by the Administrator, the Federal Aviation Administration amends part 39 of the Federal Aviation Regulations (14 CFR part 39) as follows:

PART 39—AIRWORTHINESS DIRECTIVES

1. The authority citation for part 39 continues to read as follows:

Authority: 49 USC 106(g), 40113, 44701.

§ 39.13 [Amended]

2. Section 39.13 is amended by adding a new airworthiness directive (AD) to read as follows:

96–24–07 HOAC Austria: Amendment 39–9832; Docket No. 95–CE–62–AD.

Applicability: Model DV–20 Katana airplanes, serial numbers 20005 through 20078, certificated in any category.

Note 1: This AD applies to each airplane identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For airplanes that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must request approval for an alternative method of compliance in accordance with paragraph (d) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required within the next three calendar months after the effective date of this AD, unless already accomplished.

To prevent separation of the exhaust system endpipe from the muffler because of cracks in the welding that connects these parts, which could result in heat damage to the electrical system and engine controls, accomplish the following:

(a) For any Model DV–20 Katana airplane incorporating a serial number in the range of 20005 through 20078, replace the muffler with one that incorporates a type ''f'' endpipe. The letter ''F'' is stamped on the endpipe of these type ''f'' parts. Accomplish this action in accordance with HOAC Austria Maintenance Manual, Doc No. 4.02.02.

(b) For any Model DV–20 Katana airplane incorporating a serial number in the range of 20005 through 20058, accomplish the following:

(1) Install a heat shield in accordance with Drawing No. DV2–7800R01–00, as referenced in HOAC Austria Service Bulletin (SB) No. 20–7/2, dated September 8, 1994.

(2) Adjust the mass (weight) and center of gravity (CG) in accordance with the instructions in HOAC Austria SB No. 20–7/2, dated September 8, 1994.

(c) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR

21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(d) An alternative method of compliance or adjustment of the compliance time that provides an equivalent level of safety may be approved by the Manager, Brussels Aircraft Certification Division, FAA, Europe, Africa, and Middle East Office, c/o American Embassy, B–1000 Brussels, Belgium. The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Brussels Aircraft Certification Division.

Note 2: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Brussels Aircraft Certification Division.

(e) The installation required by this AD shall be done in accordance with HOAC Drawing No. DV2–7800R01–00, as referenced in HOAC Austria Service Bulletin No. 20–7/2, dated September 8, 1994. The adjustment required by this AD shall be done in accordance with HOAC Austria Service Bulletin No. 20–7/2, dated September 8, 1994. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from HOAC Austria Ges.m.b.H., N.A. Otto-Strabe 5, A–2700, Wiener Neustadt. Copies may be inspected at the FAA, Central Region, Office of the Assistant Chief Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri, or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

(f) This amendment (39–9832) becomes effective on January 17, 1997.

Issued in Kansas City, Missouri, on November 15, 1996.

Michael Gallagher,

Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 96–29862 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–P

14 CFR Part 71

[Airspace Docket No. 96–ASW–29]

Revocation of Class D Airspace; Blytheville, AR

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule; Request for comments.

SUMMARY: This action revokes the Class D airspace at Blytheville, AR. The decommissioning of the Blytheville, Arkansas International Airport control tower removes the need for Class D airspace extending upward from the surface to, but not including, 2,800 feet Mean Sea Level (MSL) within a 4.6-mile radius of the airport. This action is intended to revoke the unnecessary Class D airspace.

EFFECTIVE DATE: 0901 UTC, December 9, 1996.

Comment Date: Comments must be received on or before January 21, 1997.

ADDRESSES: Send comments on the rule in triplicate to Manager, Operations Branch, Air Traffic Division, Federal Aviation Administration Southwest Region, Docket No. 96–ASW–29, Fort Worth, TX 76193–0530.

The official docket may be examined in the Office of the Assistant Chief Counsel, Federal Aviation Administration, Southwest Region, 2601 Meacham Boulevard, Room 663, Fort Worth, TX, between 9:00 AM and 3:00 PM, Monday through Friday, except Federal holidays. An informal docket may also be examined during normal business hours at the Operations Branch, Air Traffic Division, Federal Aviation Administration, Southwest Region, Room 414, Forth Worth, TX.

FOR FURTHER INFORMATION CONTACT: Donald J. Day, Operations Branch, Air Traffic Division, Southwest Region, Federal Aviation Administration, Fort Worth, TX 76193–0530, telephone 817–222–5593.

SUPPLEMENTARY INFORMATION:

Request for Comments on the Rule

Although this action is a final rule, which involves the revocation of Class D airspace at Blytheville, AR, and was not preceded by notice and public procedure, comments are invited on the rule. However, after the review of any comments and, if the FAA finds that further changes are appropriate, it will initiate rulemaking proceedings to extend the effective date or to amend the regulation.

Interested parties are invited to participate in this rulemaking proceeding by submitting written comments on the proposal to the FAA. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in evaluating the effects of the rule, and in determining whether additional rulemaking is required.

Class D airspace designations are published in Paragraph 5000 of FAA Order 7400.9D dated September 4, 1996, and effective September 16, 1996, which is incorporated by reference in 14 CFR 71.1. The Class D airspace designation listed in this document will be published subsequently in the Order.

The Rule

This amendment to part 71 of the Federal Aviation Regulations (14 CFR part 71) revokes the Class D airspace, providing controlled airspace for terminal instrument operations, located at Blytheville, Arkansas International Airport, AR. The current Class D airspace was supported by a control tower, which was decommissioned following the closure of Eaker Air Force Base, subsequently renamed Blytheville, Arkansas International Airport.

Since this action merely involves the revocation of Class D airspace as a result of closing the airport control tower, notice and public procedure under 5 U.S.C. 553(b) are unnecessary. Since there will no longer be a control tower at Blytheville, Arkansas International Airport, the Class D airspace must be removed to avoid confusion on the part of the pilots flying in the vicinity of the airport, and to promote the safe and efficient handling of air traffic in the area. Therefore, I find that notice and public procedure under 5 U.S.C. 553 are unnecessary and good cause exists for making this amendment effective in less than thirty days.

The FAA has determined that this regulation only involves an established body of technical regulations that need frequent and routine amendments to keep them operationally current. It, therefore—(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

In consideration of the foregoing, the Federal Aviation Administration amends 14 CFR part 71 as follows:

PART 71—[AMENDED]

1. The authority citation for 14 CFR part 71 continues to read as follows:

Authority: 49 U.S.C. app. 40103, 40113, 40120; E.O. 10854; 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389; 49 U.S.C. 106(g); 14 CFR 11.69.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of the Federal Aviation Administration Order 7400.9D, *Airspace Designations and Reporting Points,* dated September 4, 1996, and

effective September 16, 1996, is amended as follows:

Paragraph 5000 Class D airspace areas designated for an airport

* * * * *

ASW AR D Blytheville, AR [Removed]

* * * * *

Issued in Fort Worth, TX, on November 12, 1996.

Albert L. Viselli,

Acting Manager, Air Traffic Division, Southwest Region.

[FR Doc. 96–29953 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–M

14 CFR Part 71

[Airspace Docket No. 96–AGL–11]

Modification of Class E Airspace; Miller, SD; Correction

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule; correction.

SUMMARY: This action corrects an error in the title, Summary, and the rule of Miller Municipal Airport, Miller, SD Class E5 airspace published in a final rule on September 17, 1996 (61 FR 48825), Airspace Docket Number 96–AGL–11.

EFFECTIVE DATE: 0901 UTC, December 5, 1996.

FOR FURTHER INFORMATION CONTACT: John A. Clayborn, Air Traffic Division, Operations Branch, AGL–530, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

History

Federal Register Document 96–23804, Airspace Docket 96–AGL–11, published on September 17, 1996 (61 FR 48825), established Class E5 airspace at Miller Municipal Airport, Miller, SD. An error was discovered in the title, Summary and The Rule of the docket. This action corrects the title, Summary and The Rule to indicate the docket action to be a modification versus establishment. Class E airspace existed prior to accommodating the Nondirectional Beacon (NDB).

Correction to Final Rule

Accordingly, pursuant to the authority delegated to me, the title of the notice of airspace designation for the Miller Municipal Airport, Miller, SD, Class E5 airspace, as published in the Federal Register on September 17, 1996 (61 FR 48825), (Federal Register document 96–23804; page 48825, column 3), is corrected as follows:

14 CFR Part 71—[Corrected]

Modification of Class E airspace; Miller, SD; Correction.

* * * * *

Issued in Des Plaines, Illinois on November 5, 1996.

Peter H. Salmon,

Acting Manager, Air Traffic Division.

[FR Doc. 96–29958 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–M

14 CFR Part 71

[Airspace Docket No. 95–AGL–16]

RIN 2120–AA66

Realignment of Jet Route J–522

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This rule extends Jet Route 522 (J–522) from Green Bay, WI, to Brainerd, MN. This action provides a published route for aircraft to transition from the en route environment to the standard terminal arrival route (STAR) serving the Minneapolis-St. Paul International Airport.

EFFECTIVE DATE: 0901 UTC, January 30, 1997.

FOR FURTHER INFORMATION CONTACT: Patricia P. Crawford, Airspace and Rules Division, ATA–400, Office of Air Traffic Airspace Management, Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591; telephone: (202) 267–8783.

SUPPLEMENTARY INFORMATION:

History

On April 16, 1996, the FAA proposed to amend Title 14 of the Code of Federal Regulations part 71 (14 CFR part 71) to extend J–522 from Green Bay, WI, to Brainerd, MN (61 FR 16622). Interested parties were invited to participate in this rulemaking proceeding by submitting written comments on the proposal to the FAA. No comments objecting to the proposal were received. Except for editorial changes, this amendment is the same as that proposed in the notice. Jet Routes are published in paragraph 2004 of FAA Order 7400.9D dated September 4, 1996, and effective September 16, 1996, which is incorporated by reference in 14 CFR 71.1. The jet route listed in this document will be published subsequently in the Order.

The Rule

This amendment to 14 CFR part 71 extends J–522 from Green Bay, WI, to Brainerd, MN. Extending J–522 will provide a published route for aircraft to transition from the en route environment to the STAR serving the Minneapolis-St. Paul International Airport.

The FAA has determined that this regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore—(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

In consideration of the foregoing, the Federal Aviation Administration amends 14 CFR part 71 as follows:

PART 71—[AMENDED]

1. The authority citation for part 71 continues to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389; 14 CFR 11.69.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of the Federal Aviation Administration Order 7400.9D, Airspace Designations 95–AGL–16 4 and Reporting Points, dated September 4, 1996, and effective September 16, 1996, is amended as follows:

Paragraph 2004—Jet Routes

* * * * *

J–522 [Revised]

From Brainerd, MN; Green Bay, WI; Traverse City, MI; Au Sable, MI; Toronto, ON, Canada; INT Toronto 099° and Hancock, NY, 302° radials; Hancock; to Kingston, NY. The airspace within Canada is excluded.

* * * * *

Issued in Washington, DC, on November 8, 1996.

Jeff Griffith,

Program Director for Air Traffic Airspace Management.

[FR Doc. 96–29959 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Part 177

[Docket No. 95F–0365]

Indirect Food Additives: Polymers

AGENCY: Food and Drug Administration, HHS.

ACTION: Final rule.

SUMMARY: The Food and Drug Administration (FDA) is amending the food additive regulations to provide for the safe use of ethylene/pentene-1 copolymers containing not less than 90 percent of polymer units derived from ethylene as components of articles intended for use in contact with food. This action is in response to a petition filed by Sasol Alpha Olefins.

DATES: Effective November 22, 1996; written objections and requests for a hearing by December 23, 1996.

ADDRESSES: Submit written objections to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Daniel N. Harrison, Center for Food Safety and Applied Nutrition (HFS–216), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3084.

SUPPLEMENTARY INFORMATION: In a notice published in the Federal Register of November 15, 1995 (60 FR 57434), FDA announced that a food additive petition (FAP 5B4482) had been filed by Sasol Alpha Olefins, P.O. Box 5486, Johannesburg 2000, Republic of South Africa. The petition proposed to amend the food additive regulations in § 177.1520 *Olefin polymers* (21 CFR 177.1520) to provide for the safe use of ethylene/pentene-1 copolymers containing not less than 90 percent of polymer units derived from ethylene as components of articles intended for use in contact with food.

FDA has evaluated data in the petition and other relevant material. Based on this information, the agency concludes that the proposed food additive use is safe, that it will achieve its intended technical effect, and therefore, that the regulations in § 177.1520 should be amended as set forth below.

In accordance with § 171.1(h) (21 CFR 171.1(h)), the petition and the documents that FDA considered and relied upon in reaching its decision to approve the petition are available for inspection at the Center for Food Safety and Applied Nutrition by appointment with the information contact person listed above. As provided in § 171.1(h), the agency will delete from the documents any materials that are not available for public disclosure before making the documents available for inspection.

The agency has carefully considered the potential environmental effects of this action. FDA has concluded that the action will not have a significant impact on the human environment, and that an environmental impact statement is not required. The agency's finding of no significant impact and the evidence supporting that finding, contained in an environmental assessment, may be seen in the Dockets Management Branch (address above) between 9 a.m. and 4 p.m., Monday through Friday.

Any person who will be adversely affected by this regulation may at any time on or before December 23, 1996, file with the Dockets Management Branch (address above) written objections thereto. Each objection shall be separately numbered, and each numbered objection shall specify with particularity the provisions of the regulation to which objection is made and the grounds for the objection. Each numbered objection on which a hearing is requested shall specifically so state. Failure to request a hearing for any particular objection shall constitute a waiver of the right to a hearing on that objection. Each numbered objection for which a hearing is requested shall include a detailed description and analysis of the specific factual information intended to be presented in support of the objection in the event that a hearing is held. Failure to include such a description and analysis for any particular objection shall constitute a waiver of the right to a hearing on the objection. Three copies of all documents shall be submitted and shall be identified with the docket number found in brackets in the heading of this document. Any objections received in response to the regulation may be seen in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

List of Subjects in 21 CFR Part 177

Food additives, Food packaging.

Therefore, under the Federal Food, Drug, and Cosmetic Act and under authority delegated to the Commissioner of Food and Drugs and redelegated to the Director, Center for Food Safety and Applied Nutrition, 21 CFR part 177 is amended as follows:

PART 177—INDIRECT FOOD ADDITIVES: POLYMERS

1. The authority citation for 21 CFR part 177 continues to read as follows:

Authority: Secs. 201, 402, 409, 721 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321, 342, 348, 379e).

2. Section 177.1520 is amended by adding a new paragraph (a)(3)(i)(*a*)(*3*), and in the table in paragraph (c) by revising item 3.1a and by adding a new item 3.1c to read as follows:

§ 177.1520 Olefin polymers.

* * * * *

(a) * * *

(3) * * *

(i) * * *

(*a*) * * *

(*3*) Olefin basic copolymers manufactured by the catalytic copolymerization of ethylene and pentene-1 shall contain not less than 90 weight-percent of polymer units derived from ethylene.

* * * * *

(c) * * *

Olefin polymers	Density	Melting point (MP) or softening point (SP) (Degrees Centigrade)	Maximum extractable fraction (expressed as percent by weight of polymer) in *N*-hexane at specified temperatures	Maximum soluble fraction (expressed as percent by weight of polymer) in xylene at specified temperatures
* *	*	*	*	* *
3.1a Olefin copolymers described in paragraph (a)(3)(i) of this section for use in articles that contact food except for articles used for packing or holding food during cooking; except olefin copolymers described in paragraph (a)(3)(i)(*a*)(*3*) of this section and listed in item 3.1c of this table and olefin copolymers described in paragraph (a)(3)(i)(*e*) of this section and listed in item 3.1b of this table.	0.85–1.00	.....	5.5 pct at 50 °C	30 pct at 25 °C
* *	*	*	*	* *
3.1c Olefin copolymers described in paragraph (a)(3)(i)(*a*)(*3*) of this section for use in contact with food only under conditions of use B, C, D, E, F, G, and H described in § 176.170(c) of this chapter, Table 2; except that such copolymers when used in contact with food of the types identified in § 176.170(c), Table 1, under types III, IVA, V, VIIA, and IX, shall be used only under conditions of use D, E, F, and G described in § 176.170(c) of this chapter, Table 2.	Not less than 0.92	.....	.....	
* *	*	*	*	* *

* * * * *

Dated: November 18, 1996.

Fred R. Shank,

Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 96–29874 Filed 11–21–96; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF THE INTERIOR

Bureau of Indian Affairs

25 CFR Part 250

RIN 1076–AD68

Indian Fishing—Hoopa Valley Indian Reservation

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Final rule.

SUMMARY: The Bureau of Indian Affairs is eliminating 25 CFR Part 250 as mandated by Executive Order 12866 to streamline the regulatory process and enhance the planning and coordination of new and existing regulations. The necessity for this rule no longer exists.

EFFECTIVE DATE: November 22, 1996.

FOR FURTHER INFORMATION CONTACT: Gary Rankel, Chief, Branch of Fish, Wildlife and Recreation, Office of Trust Responsibilities, Bureau of Indian Affairs, Department of the Interior, 1849 C St. NW, Mail Stop 4513–MIB, Washington, DC 20240, Telephone (202) 208–4088.

SUPPLEMENTARY INFORMATION: On May 2, 1996, at 61 FR 19600, the Bureau published a proposed rule to eliminate 25 CFR Part 250, Indian Fishing—Hoopa Valley Indian Reservation. The purpose for which this rule was promulgated has been fulfilled and the rule is no longer required. Both the Hoopa Valley Tribe and the Yurok Tribe have established regulations to protect the fishery resources and fishing rights of Indians of the Hoopa Valley and Yurok Indian Reservations. With tribal fishing regulations now in place, 25 CFR Part 250 is no longer necessary. We received no comments in response to the proposed rule.

Evaluation and Certification

The Department has certified to the Office of Management and Budget (OMB) that this rule meets the applicable standards provided in Sections 2(a) and 2(b)(2) of Executive Order 12778.

The Office of Management and Budget has determined that this rule is not a significant regulatory action under Executive Order 12866.

There will be no economic effect on each tribal government and tribal organization under the Regulatory Flexibility Act (5 U.S.C. 601 et seq.) and no additional outlays will be required of tribal governments, tribal organizations, and the Federal Government.

In accordance with Executive Order 12630, the Department has determined that this rule does not have significant ''takings'' implications. The rule does not pertain to ''taking'' of private property interests, nor does it affect private property.

The Department has determined that this rule will not constitute a major Federal action significantly affecting the quality of the human environment and that no detailed statement is required pursuant to the National Environmental Policy Act of 1969.

This rule has been examined under the Paperwork Reduction Act of 1995 and has been found to contain no information collection documents.

Drafting Information

The primary author of this document is Gary Rankel, Bureau of Indian Affairs.

List of Subjects in 25 CFR Part 250

Indians, Indian-fishing rights.

Under the authority of Executive Order 12866, 3 CFR; 1993. Comp., P. 638, and for the reasons stated above, Part 250 is removed from 25 CFR.

Dated: November 5, 1996.

Ada E. Deer,

Assistant Secretary—Indian Affairs.

[FR Doc. 96–29506 Filed 11–21–96; 8:45 am]

BILLING CODE 4310–W7–P

Office of Surface Mining Reclamation and Enforcement

30 CFR Part 906

[SPATS No. CO–030–FOR]

Colorado Regulatory Program

AGENCY: Office of Surface Mining Reclamation and Enforcement, Interior.

ACTION: Final rule; approval of amendment.

SUMMARY: Office of Surface Mining Reclamation and Enforcement (OSM) is approving a proposed amendment to the Colorado regulatory program (hereinafter referred to as the ''Colorado program'') under the Surface Mining Control and Reclamation Act of 1977 (SMCRA). Colorado proposed revisions to and additions of statutes pertaining to definitions, development of rules no more stringent than SMCRA, requirements for permit applications, material damage resulting from subsidence caused by underground coal mining operations, improvidently issued permits, release of performance bonds, entitles and operations subject to the requirements of the Colorado Surface Coal Mining Reclamation Act, authority to apply for funds for the administration and fulfillment of the requirements of an abandoned mine reclamation program, and creation of a Colorado mine subsidence protection program. The amendment revised the State program to clarify ambiguities and improve operational efficiency.

EFFECTIVE DATE: November 22, 1996.

FOR FURTHER INFORMATION CONTACT: James F. Fulton, Telephone: (303) 844-1424.

SUPPLEMENTARY INFORMATION:

I. Background on the Colorado Program

On December 15, 1980, the Secretary of the Interior conditionally approved the Colorado program. General background information on the Colorado program, including the Secretary's findings, the disposition of comments, and the conditions of approval of the Colorado program can be found in the December 15, 1980, Federal Register (45 FR 82173). Subsequent actions concerning Colorado's program and program amendments can be found at 30 CFR 906.15, 906.16, and 906.30.

II. Proposed Amendment

By letters dated August 13 and 27, 1996, Colorado submitted a proposed amendment (administrative record No. CO–680) to its program pursuant to SMCRA (30 U.S.C. 1201 *et seq.*). Colorado submitted the proposed amendment at its own initiative.

OSM announced receipt of the proposed amendment in the September 10, 1996, Federal Register (61 FR 47722), provided an opportunity for a public hearing or meeting on its substantive adequacy, and invited public comment on its adequacy (administrative record No. CO–680–2). Because no one requested a public hearing or meeting, none was held. The public comment period ended on October 10, 1996.

III. Director's Findings

As discussed below, the Director, in accordance with SMCRA and 30 CFR 732.15 and 732.17, finds that the proposed program amendment submitted by Colorado on August 13 and 27, 1996, is no less stringent than SMCRA. Accordingly, the Director approves the proposed amendment.

1. Substantive Revisions to the Colorado Revised Statutes (C.R.S.) That Are Substantively Identical to the Corresponding Provisions of SMCRA

Colorado proposed revisions to the Colorado Surface Coal Mining Reclamation Act, C.R.S., that are substantive in nature and contain language that is substantively identical to the requirements of the corresponding Federal SMCRA provisions (listed in parentheses).

C.R.S. 34–33–127 (section 534 of SMCRA), concerning public agencies, public utilities, and public corporations which are subject to the requirements of Colorado's Act, and

C.R.S. 34–33–129(1)(a) (section 528(1) of SMCRA), concerning the exemption from the requirements of Colorado's Act for the extraction of coal by a landower for his own use.

Becuse these proposed Colorado statutes are substantively identical to the corresponding provisions of SMCRA, the Director finds that they are no less stringent than SMCRA. The Director approves these proposed statutes.

2. C.R.S. 34–33–103 (1), (7), and (13.5), Definitions of ''Administrator,'' ''Division,'' and ''Office''

Colorado revised the definitions of ''Administrator'' and ''Division'' at C.R.S. 34–33–103 (1) and (7) to mean, respectively, the ''head of the Office of Mined Land Reclamation in the Division of Minerals and Geology'' and ''Division of Minerals and Geology.'' Colorado added the definition of ''Office'' at C.R.S. 34–33–1–3 (13.5) to mean the ''Office of Mined Land Reclamation.'' In addition, Colorado proposed editorial revisions throughout C.R.S. 34–33–104 through 126 to (1) replace the term ''Division'' with the term ''Office'' and (2) replace the terms ''he'' and ''his'' with gender neutral terms. Colorado proposed these revisions in accordance with a May 1992 reorganization of the regulatory authority, which did not result in significant changes in staffing and resources.

The Federal definition of ''State regulatory authority'' at section 701(26) of SMCRA means ''the department or agency in each State which has primary responsibility at the State level for administering this Act.''

Because the proposed Colorado definition clearly defines the agency and positions responsible at the State level for implementing the State counterpart to SMCRA, the Director finds that Colorado's proposed definitions of ''Administrator,'' ''Division,'' and ''Office'' at C.R.S. 34–33–103(1), (7), and (13.5), and related editorial revisions are consistent with and no less stringent than the definition of ''State regulatory authority'' at section 701(26) of SMCRA. Therefore, the Director approves the proposed definitions and other editorial revisions.

3. C.R.S. 34–33–103(14), (21), and (26), Definitions of ''Operator,'' ''Person,'' and ''Surface Coal Mining Operations''

a. C.R.S. 34–33–103(14) and (26), Definitions of ''Operator,'' and ''Surface Coal Mining Operations''

Colorado revised, at C.R.S. 34–33–103(14) and (26), respectively, the definitions of ''Operator'' and ''Surface coal mining operations'' to include removal of coal from ''coal mine waste.'' Colorado revised the definition of ''Surface coal mining operations'' to delete the exemption for the extraction of coal incidental to the extraction of other minerals. Colorado also proposed deletion of an extraneous use of the term ''removal'' from the definition for ''Surface coal mining operations.'' Colorado's proposed definitions of ''Operator'' and ''Surface coal mining

operations'' are, with two exceptions, substantively identical to the counterpart Federal definitions of ''Operator'' and ''Surface coal mining operations'' at section 701(13) and (28) of SMCRA.

The first exception concerns Colorado's inclusion of the removal of coal from coal mine waste in the definitions of ''Operation'' and ''Surface coal mining operations.'' The corresponding Federal definitions of ''Operator'' and ''Surface coal mining operations'' do not include the removal of coal from coal mine waste.

With respect to the first exception, the Federal regulations at 30 CFR 701.5 define ''surface coal mining activities'' to include recovery of coal from a deposit that is not in its original geologic location. Colorado has the same definition in its program at Rule 104(131). Colorado's proposed revisions to include recovery of coal from coal mining waste in both definitions add clarity and consistency to Colorado's program.

The second exception concerns Colorado's deletion from the definition for ''Surface coal mining operations'' of the exemption for the extraction of coal incidental to the extraction of other minerals. The Federal definition of ''Surface coal mining operations'' includes the exemption for the extraction of coal incidental to the extraction of other minerals.

With respect to the second exception, Colorado stated that because it has never received a request concerning an exemption for the extraction of coal incidental to the extraction of other minerals, nor has it investigated a mining operation where coal was being extracted but was not the primary objective, Colorado concluded that the exemption was not warranted. Colorado's deletion of this exemption does not cause its program to be less stringent than SMCRA.

Colorado's deletion of the extraneous term ''removal'' from the definition for ''Surface coal mining operations'' is nonsignificant and editorial in nature and does not cause the definition to be less stringent than the Federal definition.

Based on the above discussion, the Director finds that Colorado's proposed definitions of ''Operator'' and ''Surface coal mining operations'' at C.R.S. 34–33–103(14) and (26) are consistent with and no less stringent than the definitions of ''Operator'' and ''Surface coal mining operations'' in SMCRA at section 701(13) and (28), and the definition of ''surface coal mining activities'' at 30 CFR 701.5. Therefore, the Director approves the definitions.

b. C.R.S. 34–33–103(21), Definition of ''Person''

Colorado proposed at C.R.S. 34–33–103(21) to revise its statutory definition of ''person'' to include (1) Indian Tribes conducting surface coal mining and reclamation operations outside Indian lands and (2) publicly-owned utilities or corporations.

Colorado's proposed definition of ''person'' is substantively identical to the Federal definition of ''Person'' at section 701(19) of SMCRA with the following exception. The Federal definition does not specifically address Indian Tribes conducting operations on non-Indian lands and publicly-owned utilities or corporations, but it does incorporate such entities into its definition through the use of the phrase ''or other business organization.'' However, the Federal definition of ''person'' at 30 CFR 700.5 does include an ''Indian tribe when conducting surface coal mining and reclamation operations on non-Indian lands.''

Based on the above discussion, the Director finds that Colorado's proposed clarification of its definition of ''Person'' at C.R.S. 34–33–103(21) is consistent with and no less stringent than the Federal definition of ''Person'' at section 701(19) of SMCRA, and approves the definition.

4. C.R.S. 34–33–108, Rules No More Stringent Than SMCRA

Colorado proposed to revise C.R.S. 34–33–108(1) to require that rules and regulations promulgated pursuant to its Act shall be no more stringent than required to be as effective as SMCRA and the Federal regulations. Colorado proposed to revise C.R.S. 34–33–108(2) to (1) require automatic repeal of a State regulation within ninety, rather than sixty, days after the corresponding Federal law, rule, or regulation is repealed, deleted, or withdrawn, and (2) allow, upon request, a rulemaking hearing prior to such repeal.

Section 503 of SMCRA requires that State programs be in accordance with the requirements of SMCRA and include rules that are consistent with the regulations issued by the Secretary pursuant to SMCRA. However, the Federal regulations at 30 CFR 730.5 define ''consistent with and in accordance with'' to mean, with regard to SMCRA, that the State laws and regulations are no less stringent than, meet the minimum requirements of, and include all applicable provisions, and, with regard to the Federal regulations, that the State laws and regulations are no less effective than the Secretary's regulations in meeting the requirements of SMCRA.

Proposed C.R.S. 34–33–108(1), which requires that Colorado's rules and regulations shall be no more stringent than required to be as effective as SMCRA and the Federal regulations, is consistent with and no less stringent than section 503 of SMCRA and the Federal regulations at 30 CFR 701.5. Proposed C.R.S. 34–33–108(2), which has no counterpart in the Federal program, provides an additional 30 days before the automatic repeal of Colorado's rules corresponding to Federal regulations that have been repealed, deleted, or withdrawn and provides the opportunity for a person to request a rulemaking hearing regarding the automatic repeal. While the existing provision was not inconsistent with section 503 of SMCRA, both revisions provide greater opportunity for public input concerning Colorado's rulemaking procedures.

Based on the above discussion, the Director finds that proposed C.R.S. 34–33–108(1) and (2) are no less stringent than section 503 of SMCRA, and approves them.

5. C.R.S. 34–33–110(4), Requirements for Permit Applications

Colorado proposed to revise C.R.S. 34–33–110(4) by adding the requirement that a permit application be filed with any public office identified in regulations promulgated pursuant to its Act. Colorado's existing Rule 2.07.3(4)(a) requires that an applicant to file a copy of the permit application in the courthouse of the county where the mining is proposed to occur.

Section 507(e) of SMCRA requires that a permit application be filed at an appropriate public office approved by the regulatory authority where the mining is proposed to occur.

Colorado's proposed C.R.S. 34–33–110(4), in conjunction with Rule 2.07.3(4)(a), is substantively identical to the requirement at section 507(e) of SMCRA. Therefore, the Director finds that Colorado's proposed section 34–33–110(4) is consistent with and no less stringent than section 507(e) of SMCRA, and approves the proposed revision.

6. C.R.S. 34–33–115(1)(c), Application for Extension of Area Covered by an Existing Permit by Permit Revision

Colorado proposed to revise C.R.S. 34–33–115(1)(c) to require that a permittee apply for an extension of the area (other than incidental boundary changes) covered by the permit by application for either a permit revision or new permit. Colorado's existing Rule 2.08.4(1)(d) requires that a permit

revision shall be obtained ''for any extensions to the area covered by a permit, except for incidental boundary revisions.''

Section 511(a) of SMCRA requires that applications for extension of the area covered by the permit, except incidental boundary revisions, must be made by application for a new permit.

The procedural requirements of Colorado's Rule 2.07, including public notice and opportunity for a public hearing, are the same for permit revision and new permit applications, and Colorado stated that all informational requirements applicable to new permits would also be applicable to permit revisions when they involve an extension of area to be covered by a permit other than an incidental boundary change (finding No. 11, 61 FR 26792, 26796, May 29, 1996; administrative record No. CO–675–16).

Based on the above discussion, the Director finds that proposed C.R.S. 34–33–115(1)(c) is no less stringent than section 511(a) of SMCRA, and approves the proposed revision.

7. C.R.S. 34–33–121(2)(a), Surface Effects of Underground Mining

Colorado proposed to revise C.R.S. 34–33–121(2)(a) by adding, at paragraph (2)(a)(II), requirements for mitigation of subsidence-caused material damage to any occupied residential dwelling and related structures or any noncommerical building. The proposed mitigation could occur by means of rehabilitation, replacement, or compensation. (Existing paragraph (a)(I) requires operators to adopt measures consistent with known technology in order to prevent subsidence from causing material damage to the extent technologically and economically feasible, maximize mine stability, and maintain the value and reasonably foreseeable use of such surface lands, except in those instances where the mining technology used requires planned subsidence in a predictable and controlled manner.)

Proposed C.R.S. 34–33–121(2)(a)(II) is, with one exception, consistent with the requirements of section 720 of SMCRA regarding mitigation of subsidence-caused material damage to occupied residential dwellings or non-commercial structures and drinking, domestic, or residential water supplies.

The exception is that proposed C.R.S. 34–33–121(2)(a)(II) does not include the requirement in section 720 of SMCRA to ''promptly replace any drinking, domestic, or residential water supply from a well or spring in existence prior to the application for a surface coal mining and reclamation permit, which has been affected by contamination, diminution, or interruption resulting from underground coal mining operations.''

With respect to the exception concerning replacement of drinking, domestic, or residential water supplies, proposed C.R.S. 34–33–121(2)(a)(II) is less stringent than section 720 of SMCRA. Therefore, to be no less stringent than section 720 of SMCRA, Colorado must revise its Act to require permittees for underground coal mining operations conducted after October 24, 1992, to promptly replace any drinking, domestic, or residential water supply from a well or spring in existence prior to the application for a surface coal mining and reclamation permit, which has been affected by contamination, diminution, or interruption resulting from underground coal mining operations.

OSM, on June 5, 1996, sent Colorado a 30 CFR Part 732 letter (administrative record No. CO–679) concerning the need to revise its program to address the requirements for repair of subsidence-caused damages at section 720 of SMCRA. By letter dated August 5, 1996 (administrative record No. CO–681), Colorado stated that it would submit further revisions to its approved program to address the requirements of section 720 of SMCRA and the Federal regulations at 30 CFR 817.121.

Because OSM has notified Colorado of its obligation to revise its approved program concerning subsidence-caused damages, and Colorado has agreed to submit a future program amendment, OSM will not at this time require an amendment specific to the replacement of drinking, domestic, or residential water supplies. In the meantime, there will be joint Federal (OSM) and State (Colorado) enforcement of any subsidence-caused damages to a ''drinking, domestic, or residential water supply'' as defined in the Federal regulations at 30 CFR 701.5 (60 FR 38491, July 27, 1995; administrative record No. CO–671).

Based on the above discussion, the Director, with the exception concerning Colorado's lack of a provision specific to subsidence-caused material damage to drinking, domestic, or residential water supplies, approves proposed C.R.S. 34–33–121(2)(a)(II).

8. C.R.S. 34–33–123(13) (a) and (b), Enforcement of Improvidently Issued Permits

Colorado proposed to revise C.R.S. 34–33–123(13) (a) and (b) to provide statutory authority that will allow Colorado to draft rules that are counterpart to the Federal regulations at 30 CFR 773.20 and 773.21, concerning enforcement of improvidently issued permits. The proposed statutory provision in paragraph (a) states that when Colorado, based on criteria established in its rules, which must be no less effective than the criteria in 30 CFR 773.20, finds that it has improvidently issued a permit, it shall implement remedial measures set forth in its rule, which must be no less effective than 30 CFR 773.20. Furthermore, proposed paragraph (b) states that when an order to show cause is issued pursuant to this section, the order shall include the reasons for the finding that the permit was improvidently issued, and shall provide opportunity for a public hearing to be held in accordance with C.R.S. 34–33–124, and pursuant to such rules and regulations Colorado may adopt. The proposed statutory provision in paragraph (b) specifies that rules adopted pursuant to this section shall be no less effective than the Federal regulations at 30 CFR 773.21.

Section 510(c) of SMCRA precludes issuance of a permit where any surface coal mining operation owned or controlled by the applicant is in violation of SMCRA until the applicant submits proof that such violation has been corrected or is in the process of being corrected to the satisfaction of the regulatory authority. Colorado's proposed provision at C.R.S. 34–33–123(13)(b) for a public hearing is no less effective than the requirement at 30 CFR 773.20(c)(2), concerning remedial measures, for the ''opportunity to request administrative review of the notice under 43 CFR 4.1370 through 4.1377.''

Colorado's proposed revision of C.R.S. 34–33–123(13) (a) and (b) is consistent with section 510(c) of SMCRA and contains no language that is less effective than the requirements at 30 CFR 773.20 and 773.21. Therefore, the Director finds that proposed C.R.S. 34–33(13) (a) and (b) is no less stringent than section 510(c) of SMCRA and approves the revision.

9. C.R.S. 34–33–125 (4) and (8), Release of Performance Bonds

Colorado proposed to revise C.R.S. 34–33–125 (4) and (8) to, respectively, (1) allow sixty rather than thirty days from the date of completion of the bond release inspection and evaluation for Colorado to provide written notification to the permittee of its proposed decision to release or not release all or part of the performance bond and (2) condition the provision for an informal conference concerning the bond release by stating that the conference must conclude by

the sixtieth day following the bond release and inspection evaluation.

With respect to proposed C.R.S. 34–33–125(4), section 519(b) of SMCRA requires that the regulatory authority notify the permittee in writing of its decision regarding the bond release request within sixty days from the filing of the request, or within thirty days after a public hearing on the request when one is held.

Because the SMCRA deadline is procedural, OSM can evaluate Colorado's counterpart provision under a ''same as or similar to'' standard in determining whether a proposed State procedure is consistent with and in accordance with SMCRA. The only difference in the procedure is an extra thirty days, which increases the amount of time for the regulatory authority to carry out its review responsibilities and does not prejudice a permittee's right to due process. For these reasons, OSM considers the extra 30 days to be reasonable and finds that Colorado's procedure itself is similar to the procedural requirements of section 519(b) of SMCRA.

With respect to proposed C.R.S. 34–33–125(8), section 519(g) of SMCRA provides that the regulatory authority may establish an informal conference as provided in section 513 to resolve written objections to a proposed bond release. Section 513(b) of SMCRA provides that, if written objections are filed and an informal conference requested, the regulatory authority shall then hold an informal conference in the locality of the proposed mining, if requested within a reasonable time of the receipt of such objections or request.

Colorado's exiting Rule 3.03.2(4)(c), concerning an informal conference that is held to resolve written comments or objections to a bond release, specifies that the conference must be held within 30 days from the date of the notice (of requested bond release that is published in a newspaper) and must conclude by the sixtieth day following the bond release inspection and evaluation.

Colorado's proposed C.R.S. 34–33–125(8) conditions the allowance for the informal conference on it's conclusion within 60 days following the bond release and inspection evaluation, but Colorado's Rule 3.03.2(4)(c) clearly provides, within a reasonable time frame, for an informal conference concerning a decision to release or not release a performance bond.

Based on the above discussion, the Director finds that Colorado's proposed C.R.S. 34–33–125 (4) and (8) are consistent with and no less effective than sections 519 (b) and (g) of SMCRA, and approves the proposed revisions.

10. C.R.S. 34–33–129(1)(b), Deletion of the Exemption from the Requirements of Colorado's Act for Coal Extraction Affecting 2 Acres or Less

As originally codified, Colorado, at C.R.S. 34–33–129(1)(b), excluded from regulation those coal extraction operations affecting 2 acres or less. Similarly, as originally enacted, section 528(2) of SMCRA exempted from the requirements of SMCRA all coal extraction operations affecting 2 acres or less. However, on May 7, 1987, the President signed Public Law 100–34, which repealed the section 528(2) exemption and preempted any acreage-based exemptions included in State laws or regulations.

The amendment under consideration in this rulemaking removed the language of C.R.S. 34–33–129(1)(b) preempted by Public Law 100–34. The Director finds that C.R.S. 34–33–129(1)(b), as revised by this amendment, is no less stringent than section 528 of SMCRA and approves it. Removal of the acreage-based exemption from the Colorado Surface Coal Mining Reclamation Act will avoid confusion on the part of the public, which may not be aware of the Federal preemption.

11. C.R.S. 34–33–133(2), Authorization to Collect Funds for the Abandoned Mine Reclamation Plan

Colorado proposed to revise C.R.S. 34–33–133(2)(a) to provide statutory authority for the State regulatory authority to apply for, receive, and expend grant moneys to not only develop but also to administer and fulfill the requirements of the abandoned mine reclamation program.

Although there is no direct counterpart to proposed C.R.S. 34–33–133(2)(a), it is consistent with section 405(b) of SMCRA which requires development of a State Reclamation Plan and annual projects to carry out the purposes of the abandoned mined land reclamation program, and with section 705(a) of SMCRA that authorizes the Secretary to make annual grants to States in developing, administering, and enforcing State programs under SMCRA. Colorado's provision at proposed C.R.S. 34–33–133(2)(a) uses the term ''fulfillment'' rather than ''enforcement.'' This term is appropriate in the context of the abandoned mined land reclamation program under Title IV of SMCRA.

For these reasons, the Director finds that proposed C.R.S. 34–33–133(2)(a) is no less stringent than sections 405(b) and 705(a) of SMCRA, and approves the proposed revision.

12. C.R.S. 34–33–133.5(1) and (2), Colorado Coal Mine Subsidence Protection Program

Colorado proposed C.R.S. 34–33–133.5(1) and (2) to provide statutory authority for Colorado to assess and expend fees collected from participants who are insured under the subsidence protection program, and expend interest earned on such fees as necessary to defray administrative costs of the program.

Although there is no direct counterpart in SMCRA, section 401(c)(1) of SMCRA provides that moneys in the abandoned mined land reclamation program may be used to establish a self-sustaining, individual State-administered program to insure private property against damages caused by land subsidence resulting from underground coal mining. The Federal regulation at 30 CFR 887.12(a) provides that an agency may use moneys granted under the abandoned mined land reclamation program to develop, administer, and operate a subsidence insurance program to insure private property against damages caused by subsidence resulting from underground coal mining. The Federal regulation at 30 CFR 887.12(e) requires that insurance premiums shall be considered program income and must be used to further eligible subsidence insurance program objectives. Therefore, the subsidence insurance program is intended to be self-generating and after an initial OSM grant, no further grant money will be available. The allowance to assess fees and use them to defray administrative costs is in accordance with the Uniform Administrative Requirements for Grants to States and Local Governments, OMB, Circular A–102, attachment E, as well as sections I–420–10A, B6, and C4 of OSM's Federal Assistance Manual.

The Director finds that proposed C.R.S. 34–33–133.5(1) and (2) are consistent with and no less stringent than section 401(c)(1) of SMCRA and no less effective than the Federal regulations at 30 CFR 887.12(a) and (e). The Director approves proposed C.R.S. 34–33–133.5(1) and (2).

IV. Summary and Disposition of Comments

Following are summaries of all substantive written comments on the proposed amendment that were received by OSM, and OSM's responses to them.

1. Public Comments

OSM invited public comments on the proposed amendment, but none were received.

2. Federal Agency Comments

Pursuant to 732.17(h)(11)(i), OSM solicited comments on the proposed amendment from various Federal agencies with an actual or potential interest in the Colorado program.

The U.S. Army Corps of Engineers responded on October 1, 1996, that it found the changes to be satisfactory (administrative record No. CO–680–3).

The U.S. Forest Service responded on October 9, 1996, that it had no comments (administrative record No. CO–680–4).

3. Environmental Protection Agency (EPA) Concurrence and Comments

Pursuant to 30 CFR 732.17(h)(11)(ii), OSM is required to solicit the written concurrence of EPA with respect to those provisions of the proposed program amendment that relate to air or water quality standards promulgated under the authority of the Clean Water Act (33 U.S.C. 1251 *et seq.*) or the Clean Air Act (42 U.S.C. 7401 *et seq.*).

None of the revisions that Colorado proposed to make in its amendment pertain to air or water quality standards. Therefore, OSM did not request EPA's concurrence.

Pursuant to 732.17(h)(11)(i), OSM solicited comments on the proposed amendment from EPA (administrative record No. CO–680–1). It did not respond to OSM's request.

4. State Historic Preservation Officer (SHPO) and the Advisory Council on Historic Preservation (ACHP)

Pursuant to 30 CFR 732.17(h)(4), OSM solicited comments on the proposed amendment from the SHPO and ACHP (administrative record No. CO–680–1). Neither SHPO nor ACHP responded to OSM's request.

V. Director's Decision

Based on the above findings the Director approves Colorado's proposed amendment as submitted on August 13 and 27, 1996.

The Director approves, as discussed in:

Finding No. 1, C.R.S. 34–33–127, entities subject to the requirements of Colorado's Act, and C.R.S. 34–33–129(1)(a), requirements of Colorado's Act for the extraction of coal by a landowner for his own use, concerning revisions that are substantively identical to the corresponding provisions of SMCRA;

Finding No. 2, C.R.S. 34–33–103 (1) and (7), concerning the definitions of ''Administrator'' and ''Division'';

Finding No. 3.a, C.R.S. 34–33–103 (14) and (26), concerning the definitions of ''Operator'' and ''Surface coal mining operations'';

Finding No. 3.b, C.R.S. 34–33–103(21), concerning the definition of ''Person'';

Finding No. 4, C.R.S. 34–33–108(1), concerning rules and regulations promulgated pursuant to its Act which shall be no more stringent than required to be as effective as SMCRA and the Federal regulations, and C.R.S. 34–33–108(2) concerning automatic repeal of a State regulation within ninety days after the corresponding Federal law, rule, or regulation is repealed, deleted, or withdrawn, and allowance, upon request, for a rule-making hearing prior to such repeal;

Finding No. 5, C.R.S. 34–33–110(4), concerning requirements for permit applications;

Finding No. 6, C.R.S. 34–33–115(1)(c), concerning applications for extension of area covered by an existing permit by a permit revision;

Finding No. 7, C.R.S. 34–33–121(2)(a)(II), concerning requirements for mitigation of subsidence-caused material damage to any occupied residential dwelling and related structures or any noncommercial building;

Finding No. 8, C.R.S. 34–33–123(13) (a) and (b), concerning enforcement of improvidently issued permits;

Finding No. 9, C.R.S. 34–33–125 (4) and (8), concerning release of performance bonds;

Finding No. 10, C.R.S. 34–33–129(1)(b), concerning the deletion of the exemption from the requirements of Colorado's Act for coal extraction affecting 2 acres or less;

Finding No. 11, C.R.S. 34–33–133(2), concerning authorization to collect funds for the abandoned mine reclamation plan; and

Finding No. 12, C.R.S. 34–33–133.5 (1) and (2), concerning Colorado's coal mine subsidence protection program.

The Federal regulations at 30 CFR Part 906, codifying decisions concerning the Colorado program, are being amended to implement this decision. This final rule is being made effective immediately to expedite the State program amendment process and to encourage States to bring their programs into conformity with the Federal standards without undue delay. Consistency of State and Federal standards is required by SMCRA.

VI. Procedural Determinations

1. Executive Order 12866

This rule is exempted from review by the Office of Management and Budget (OMB) under Executive Order 12866 (Regulatory Planning and Review).

2. Executive Order 12988

The Department of the Interior has conducted the reviews required by section 3 of Executive Order 12988 (Civil Justice Reform) and has determined that this rule meets the applicable standards of subsections (a) and (b) of that section. However, these standards are not applicable to the actual language of State regulatory programs and program amendments since each such program is drafted and promulgated by a specific State, not by OSM. Under sections 503 and 505 of SMCRA (30 U.S.C. 1253 and 1255) and the Federal regulations at 30 CFR 730.11, 732.15, and 732.17(h)(10), decisions on proposed State regulatory programs and program amendments submitted by the States must be based solely on a determination of whether the submittal is consistent with SMCRA and its implementing Federal regulations and whether the other requirements of 30 CFR Parts 730, 731, and 732 have been met.

3. National Environmental Policy Act

No environmental impact statement is required for this rule since section 702(d) of SMCRA (30 U.S.C. 1292(d)) provides that agency decisions on proposed State regulatory program provisions do not constitute major Federal actions within the meaning of section 102(2)(C) of the National Environmental Policy Act (42 U.S.C. 4332(2)(C)).

4. Paperwork Reduction Act

This rule does not contain information collection requirements that require approval by OMB under the Paperwork Reduction Act (44 U.S.C. 3507 *et seq.*).

5. Regulatory Flexibility Act

The Department of the Interior has determind that this rule will not have a significant economic impact on a substantial number of small entities uner the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). The State submittal that is the subject of this rule is based upon counterpart Federal regulations for which an economic analysis was prepared and certification made that such regulations would not have a significant economic effect upon a substantial number of small entities. Accordingly, this rule will ensure that existing requirements previously promulgated by OSM will be implemented by the State. In making the determination as to whether this rule would have a significant economic impact, the Department relied upon the data and assumptions for the counterpart Federal regulations.

6. Unfunded Mandates

This rule will not impose a cost of $100 million or more in any given year on any governmental entity or the private sector.

List of Subjects in 30 CFR Part 906

Intergovernmental relations, Surface mining, Underground mining.

Dated: October 22, 1996.

Russell F. Price,

Acting Regional Director, Western Regional Coordinating Center.

For the reasons set out in the preamble, Title 30, Chapter VII, Subchapter T of the Code of Federal Regulations is amended as set forth below:

PART 906—COLORADO

1. The authority citation for part 906 continues to read as follows:

Authority: 30 U.S.C 1201 *et seq.*

2. Section 906.15 is amended by adding paragraph (v) to read as follows:

§ 906.15 Approval of regulatory program amendments.

* * * * *

(v) The following revised statutes, as submitted to OSM on August 13 and 27, 1996, are approved effective November 22, 1996:

C.R.S. 34–33–103 (1), (7), (14), (21), and (26), definitions of ''Administrator,'' ''Division,'' ''Operator,'' ''Person,'' and ''Surface coal mining operations;''

C.R.S. 34–33–108(1), rules and regulations promulgated pursuant to its Act which shall be no more stringent than required to be as effective as SMCRA and the Federal regulations;

C.R.S. 34–33–108(2), automatic repeal of a State regulation within ninety days after the corresponding Federal law, rule, or regulation is repealed, deleted, or withdrawn, and allowance, upon request, for a rule-making hearing prior to such repeal;

C.R.S. 34–33–110(4), requirements for permit applications;

C.R.S. 34–33–115(1)(c), applications for extension of area covered by an existing permit by a permit revision;

C.R.S. 34–33–121(2)(a)(II), requirements for mitigation of subsidence-caused material damage to any occupied residential dwelling and related structures or any noncommercial building;

C.R.S. 34–33–123(13) (a) and (b), enforcement of improvidently issued permits;

C.R.S. 34–33–125 (4) and (8), release of performance bonds;

C.R.S. 34–33–127, entities subject to the requirements of Colorado's Act;

C.R.S 34–33–129(1)(a), requirements of Colorado's Act for the extraction of coal by a landowner for his own use;

C.R.S. 34–33–129(1)(b), deletion of the exemption from the requirements of Colorado's Act for coal extraction affecting 2-acres or less;

C.R.S. 34–33–133(2), authorization to collect funds for the abandoned mine reclamation plan; and

C.R.S. 34–33–133.5 (1) and (2), coal mine subsidence protection program.

[FR Doc. 96–29840 Filed 11–21–96; 8:45 am]

BILLING CODE 4310–05–M

DEPARTMENT OF DEFENSE

Office of the Secretary

32 CFR Part 199

[DoD 6010.8–R]

RIN–0720–AA26

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Five Separate Changes

AGENCY: Office of the Secretary, DoD.

ACTION: Final rule.

SUMMARY: This final rule addresses five separate changes to comply with provisions affecting CHAMPUS. These changes will update this part to include as a benefit, a screen to check for the level of lead in the blood of an infant; to eliminate the implied statement that ambulance services are covered only to, from, and between hospitals; to include other forms of prescribed contraceptives by eliminating the reference that limits prescribed contraceptives only to those taken orally; to identify three additional Gulf Conflict groups eligible for the delay in the increased deductible; and to establish lower limits on the fiscal year catastrophic cap from $10,000 to $7,500 for all eligibles except dependents of active duty personnel, whose limit remains at $1,000.

EFFECTIVE DATE: This final rule is effective February 20, 1997 except for the changes in section 199.4 which are listed below:

1. Paragraph (c)(3)(xi)(A)(*7*) is effective December 5, 1991;

2. Paragraph (e)(3)(i)(A)(*3*) is effective October 29, 1992;

3. Paragraph (f)(2)(i)(G) is effective on October 1, 1991; and

4. Paragraph (f)(10) is effective on October 1, 1992.

ADDRESSES: Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS), Program Development Branch, Aurora, CO 80045–6900.

FOR FURTHER INFORMATION CONTACT: Margaret Brown, Program Development Branch, OCHAMPUS, telephone (303) 361–1181.

SUPPLEMENTARY INFORMATION: A proposed rule regarding these changes was published in the Federal Register on March 21, 1995 (60 FR 14920). Our responses to those comments received regarding the proposed rule may be found in the review of comments section of this final rule.

32 CFR 199.4 lists Basic Program benefits including exclusions and limitations. Paragraph (c) defines, in general terms, the scope of reimbursable services provided by physicians and other authorized individual professional providers; paragraph (e) extends benefits under certain circumstances, to conditions and limitations that are subject to applicable definitions, conditions, or exclusions that are set forth in this or other sections of this part; and paragraph (f) identifies the liabilities, in the form of cost-shares and deductibles, to be paid by beneficiaries or sponsors.

Well-baby care: Paragraph (c)(3)(xi), provides for certain well-baby care services for infants up to the age of two years. A paragraph (c)(3)(xi)(A)(*7*) is added to list blood lead test as a benefit for infants. This change is effective for services provided on or after December 5, 1991.

Ambulance service: Ambulance services are covered between points deemed to be medically necessary for the covered medical condition, therefore, the restrictive language, ''to, from, and between hospitals'' is removed from paragraph (d)(3)(v).

Family planning: Paragraph (e)(3) provides for a family planning benefit. Paragraph (e)(3)(i)(A)(*3*) of this section allows benefits for prescribed oral contraceptives. With the development of new methods of contraception, prescribed contraceptives are no longer limited to those taken orally. We have, therefore, amended that paragraph by removing the word ''oral'' to expand the coverage accordingly.

Financial liability-deductibles: Under paragraph (f) of this section, CHAMPUS beneficiaries and sponsors have some financial responsibility when medical care is received from civilian sources. Financial liability is imposed in order to encourage use of the Uniformed Services direct medical care system whenever facilities and services are available. Beneficiaries are responsible for payment of certain deductibles and cost-sharing amounts in connection with otherwise covered services and supplies. The cost-share and deductible

amounts are controlled by statute and subject to change by congressional action. Previous legislation had deferred a statutory increase in the deductible amount from April 1, 1991 to October 1, 1991, for dependents of active duty members who served in the Gulf Conflict. The National Defense Authorization Act for Fiscal Year 1993 contains language which prompts a revision of paragraph (f)(2)(i)(G) of this section to identify three new groups of Gulf Conflict beneficiaries, besides the dependents of active duty members, eligible for the delay in the increased deductibles, and to allow credit or reimbursement of excess amounts inadvertently paid by those groups subject to availability of appropriated funds.

Catastrophic loss: The National Defense Authorization Act for Fiscal Years 1988 and 1989 (Pub. L. 100–180) amended Title 10, United States Code and established catastrophic loss protection for CHAMPUS beneficiaries on a government fiscal year basis. The law placed fiscal year limits or catastrophic caps on beneficiary liability for cost-shares and deductibles under the CHAMPUS Basic Program. After the fiscal year cap is met by the beneficiary, the CHAMPUS-determined allowable amounts for all covered services or supplies received under the Basic Program are to be paid in full by CHAMPUS.

For dependents of active duty members, the maximum family liability is $1,000 for deductibles and cost-shares based on allowed charges for the Basic Program services and supplies received in a fiscal year. For all other categories of beneficiary families, the previous fiscal year cap of $10,000 under Public Law 100–180 has been reduced under the 1993 Defense Authorization Act (Pub. L. 102–484) to $7,500. This final rule implements the law which reduces the fiscal year catastrophic loss protection cap for all categories of beneficiaries other than those of active duty dependents, effective for Basic Program services and supplies received on or after October 1, 1992.

Review of Comments

As a result of the proposed rule, the following comments were received from interested associations and agencies.

Comment: The Air Force Consultant for Pediatrics recommended that the blood lead level screening should be extended to siblings above the age of two years in cases where an infant tested positive on the initial lead level screen.

Response: The inclusion of a lead level screening in the absence of symptoms was promulgated by statute in 10 U.S.C. chapter 55, section 1077(a)(8), and covers only infants. Other necessary laboratory services for all CHAMPUS eligibles are available through Chapter 4 of DoD 6010.8–R, to confirm or establish suspected symptoms.

Comment: One comment suggested that we reconsider removing the long-standing exclusion of aversion therapy for the treatment of alcoholism as CHAMPUS currently reimburses less intrusive therapies.

Response: We based our intent to remove the long-standing exclusion of aversion therapy on an assessment performed by the Agency for Health Care Policy and Research. The assessment concluded that chemical aversion conditioning is no less effective than other therapies for alcoholism when it is provided following the failure of less intrusive therapies. To be certain that the removal of the exclusionary language was in the best interest of our beneficiaries, we performed a literature search looking for well-controlled studies of clinically meaningful endpoints, published in the referred medical literature that would support that chemical aversion therapy was safe, effective and comparable to current therapies. Failing to find such well-controlled studies, we agree that the exclusion of chemical aversion therapy should remain.

Summary of Regulatory Modifications

The following modifications were made as a result of suggestions received during the public comment period:

(1) Paragraph (e)(3)(i)(A)(*3*) was amended to read, ''Prescription contraceptives.''

(2) Several editorial comments were received. All of these comments were adopted and incorporated into the final rule.

Regulatory Procedures: Executive Order 12866 requires that a regulatory impact analysis be performed on any major rule. A ''major rule'' is defined as one which would result in an annual effect on the national economy of $100 million or more or have other substantial impacts.

The Regulatory Flexibility Act (RFA) requires that each federal agency prepare, and make available for public comment, a regulatory flexibility analysis when the agency issues a regulation which would have a significant impact on a substantial number of small entities.

This final rule is not a major rule under Executive Order 12866, and it would not have a significant impact on a substantial number of small entities. The changes set forth in this final rule are minor revisions to the existing part. This rule does not impose information collection requirements. Therefore, it does not need to be reviewed by the Executive Office of Management and Budget under authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520).

List of Subjects in 32 CFR Part 199

Claims, Handicapped, Health insurance, and Military personnel.

Accordingly, 32 CFR part 199 is amended as follows:

PART 199—[AMENDED]

1. The authority citation for part 199 continues to read as follows:

Authority: 5 U.S.C. 301; 10 U.S.C. chapter 55.

2. Section 199.4 is amended by adding paragraph (c)(3)(xi)(A)(*7*); by revising paragraph (e)(3)(i)(A)(*3*) and the first sentence of both paragraphs (d)(3)(v) and (f)(2)(i)(G); and by adding paragraph (f)(10) to read as follows:

§ 199.4 Basic program benefits.

* * * * *

(c) * * *

(3) * * *

(xi) * * *

(A) * * *

(*7*) Blood lead test. (Effective date December 5, 1991.)

* * * * *

(d) * * *

(3) * * *

(v) *Ambulance.* Civilian ambulance service is covered when medically necessary in connection with otherwise covered services and supplies and a covered medical condition.

* * * * *

(e) * * *

(3) * * *

(i) * * *

(A) * * *

(*3*) Prescription contraceptives.

* * * * *

(f) * * *

(2) * * *

(i) * * *

(G) Notwithstanding the dates specified in paragraphs (f)(2)(i)(A) and (f)(B)(2)(i) of this section in the case of dependents of active duty members of rank E–5 or above with Persian Gulf Conflict service, dependents of service members who were killed in the Gulf, or who died subsequent to Gulf service, and of members who retired prior to October 1, 1991, after having served in the Gulf War, the deductible shall be the amount specified in paragraph (f)(2)(i)(A) of this section for care

rendered prior to October 1, 1991, and the amount specified in paragraph (f)(2)(i)(B) of this section for care rendered on or after October 1, 1991.

* * * * *

(10) *Catastrophic loss protection for basic program benefits.* Fiscal year limits, or catastrophic caps, on the amounts beneficiaries are required to pay are established as follows:

(i) *Dependents of active duty members.* The maximum family liability is $1,000 for deductibles and cost-shares based on allowable charges for Basic Program services and supplies received in a fiscal year.

(ii) *All other beneficiaries.* For all other categories of beneficiary families (including those eligible under CHAMPVA) the fiscal year cap is $10,000.

(iii) *Payment after cap is met.* After a family has paid the maximum cost-share and deductible amounts (dependents of active duty members $1,000 and all others $10,000), for a fiscal year, CHAMPUS will pay allowable amounts for remaining covered services through the end of that fiscal year.

Note to paragraph (f)(10): Under the Defense Authorization Act for Fiscal Year 1993, the cap for beneficiaries other than dependents of active duty members was reduced from $10,000 to $7,500 on October 1, 1992. The cap remains at $1,000 for dependents of active duty members.

* * * * *

Dated: November 14, 1996.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 96–29571 Filed 11–21–96; 8:45 am]

BILLING CODE 5000–04–M

FEDERAL EMERGENCY MANAGEMENT AGENCY

44 CFR Part 64

[Docket No. FEMA–7653]

List of Communities Eligible for the Sale of Flood Insurance

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Final rule.

SUMMARY: This rule identifies communities participating in the National Flood Insurance Program (NFIP). These communities have applied to the program and have agreed to enact certain floodplain management measures. The communities' participation in the program authorizes the sale of flood insurance to owners of property located in the communities listed.

EFFECTIVE DATE: The dates listed in the third column of the table.

ADDRESSES: Flood insurance policies for property located in the communities listed can be obtained from any licensed property insurance agent or broker serving the eligible community, or from the NFIP at: Post Office Box 6464, Rockville, MD 20849, (800) 638–6620.

FOR FURTHER INFORMATION CONTACT: Robert F. Shea, Jr., Division Director, Program Implementation Division, Mitigation Directorate, 500 C Street SW., room 417, Washington, DC 20472, (202) 646–3619.

SUPPLEMENTARY INFORMATION: The NFIP enables property owners to purchase flood insurance which is generally not otherwise available. In return, communities agree to adopt and administer local floodplain management measures aimed at protecting lives and new construction from future flooding. Since the communities on the attached list have recently entered the NFIP, subsidized flood insurance is now available for property in the community.

In addition, the Director of the Federal Emergency Management Agency has identified the special flood hazard areas in some of these communities by publishing a Flood Hazard Boundary Map (FHBM) or Flood Insurance Rate Map (FIRM). The date of the flood map, if one has been published, is indicated in the fourth column of the table. In the communities listed where a flood map has been published, Section 102 of the Flood Disaster Protection Act of 1973, as amended, 42 U.S.C. 4012(a), requires the purchase of flood insurance as a condition of Federal or federally related financial assistance for acquisition or construction of buildings in the special flood hazard areas shown on the map.

The Director finds that the delayed effective dates would be contrary to the public interest. The Director also finds that notice and public procedure under 5 U.S.C. 553(b) are impracticable and unnecessary.

National Environmental Policy Act

This rule is categorically excluded from the requirements of 44 CFR Part 10, Environmental Considerations. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Executive Associate Director certifies that this rule will not have a significant economic impact on a substantial number of small entities in accordance with the Regulatory Flexibility Act, 5 U.S.C. 601 *et seq.*, because the rule creates no additional burden, but lists those communities eligible for the sale of flood insurance.

Regulatory Classification

This final rule is not a significant regulatory action under the criteria of section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Paperwork Reduction Act

This rule does not involve any collection of information for purposes of the Paperwork Reduction Act, 44 U.S.C. 3501 *et seq.*

Executive Order 12612, Federalism

This rule involves no policies that have federalism implications under Executive Order 12612, Federalism, October 26, 1987, 3 CFR, 1987 Comp., p. 252.

Executive Order 12778, Civil Justice Reform

This rule meets the applicable standards of section 2(b)(2) of Executive Order 12778, October 25, 1991, 56 FR 55195, 3 CFR, 1991 Comp., p. 309.

List of Subjects in 44 CFR Part 64

Flood insurance, Floodplains.

Accordingly, 44 CFR part 64 is amended as follows:

PART 64—[AMENDED]

1. The authority citation for Part 64 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*, Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 64.6 [Amended]

2. The tables published under the authority of § 64.6 are amended as follows:

State and location	Community No.	Effective date of eligibility	Current effective map date
NEW ELIGIBLES—Emergency Program			
North Dakota: Griggs County, unincorporated areas	380685	October 2, 1996	

State and location	Community No.	Effective date of eligibility	Current effective map date
Montana: Fort Peck Indian Reservation, Roosevelt County[1]	300187	October 7, 1996	
Missouri: Holden, city of, Johnson County	290714	October 14, 1996	April 9, 1976 .
Kansas: Hamilton County, unincorporated areas	200123	October 16, 1996	
Nebraska: Sprague, village of, Lancaster County	310495	October 18, 1996	November 1, 1984.
Kansas: Seward County, unincorporated areas	200606	October 22, 1996	September 13, 1977.
Illinois:			
Franklin County, unincorporated areas	170899	October 25, 1996	August 29, 1980.
Orangeville, village of, Stephenson County	170641	.....do	August 16, 1974.
Kentucky: Trimble County, unincorporated areas	210300	.....do	January 14, 1977.
REINSTATEMENTS			
Florida: White Springs, town of, Hamilton County	120102	November 5, 1975 Emerg June 4, 1987 Reg June 4, 1987 Susp October 1, 1996 Rein	June 4, 1987.
Nebraska: Steele City, village of, Jefferson County	310121	June 4, 1975 Emerg June 1, 1987 Reg June 1, 1987 Susp October 14, 1996 Rein	June 1, 1987.
Minnesota: Cannon Falls, city of, Goodhue County	270141	April 5, 1974 Emerg. January 2, 1981 Reg September 6, 1996 Susp October 16, 1996 Rein	September 6, 1996.
REGULAR PROGRAM CONVERSIONS			
Region I			
Massachusetts: West Tisbury, town of, Dukes County	250074	September 29, 1996 Suspension Withdrawn	September 29, 1996.
Region II			
New York:			
Elmira, town of, Chemung County	360151	.....do	Do.
Horseheads, town of, Chemung County	360153	.....do	Do.
Region V			
Ohio: Montgomery County, unincorporated areas	390775	.....do	Do.
Wisconsin: Platteville, city of, Grant County	550154	.....do	Do.
Region IV			
Florida: Sewall's Point, town of, Martin County	120164	October 16, 1996 Suspension Withdrawn	October 16, 1996.
Tennessee:			
Carter County, unincorporated areas	470024	.....do	Do.
Elizabethton, city of, Carter County	475425	.....do	Do.
Jonesborough, town of, Washington County	470198	.....do	Do.
Watauga, city of, Carter County	470331	.....do	Do.
Region V			
Michigan: Arcadia, township of, Manistee County	260306	.....do	Do.

[1] The Fort Peck Indian Reservation has adopted Roosvelt County's Flood Hazard Boundary Map (FHBM) dated 12/4/79 for floodplain management and insurance purposes.

Code for reading third column: Emerg.—Emergency; Reg.—Regular; Rein.—Reinstatement; Susp.—Suspension; With.—Withdrawn.

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance'')

Issued: November 15, 1996.

Craig S. Wingo,

Deputy Associate Director, Mitigation Directorate.

[FR Doc. 96–29895 Filed 11–21–96; 8:45 am]

BILLING CODE 6718–05–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Parts 42, 61 and 64

[CC Docket No. 96–61; FCC 96–424]

Policy and Rules Concerning the Interstate, Interexchange Marketplace; Implementation of Section 254(g) of the Communications Act of 1934, as Amended

AGENCY: Federal Communications Commission.

ACTION: Final rule.

SUMMARY: The Second Report and Order (Order) released October 31, 1996 relieves nondominant interexchange carriers from filing with the Commission tariffs for interstate, domestic, interexchange services. The Order furthers the pro-competitive and deregulatory objectives of the Telecommunications Act of 1996 by ending a regulatory regime that is no longer necessary for nondominant interexchange carriers in the interstate, domestic, interexchange market and by fostering increased competition in this market.

EFFECTIVE DATE: December 23, 1996.

FOR FURTHER INFORMATION CONTACT: Melissa Waksman, Attorney, or Christopher Heimann, Attorney, Common Carrier Bureau, Policy and Program Planning Division, (202) 418–1580. For additional information concerning the information collections contained in this Report and Order contact Dorothy Conway at 202–418–0217, or via the Internet at dconway@fcc.gov.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission's Second Report and Order adopted October 29, 1996, and released October 31, 1996. The full text of this Second Report and Order is available for inspection and copying during normal business hours in the FCC Reference Center (Room 239), 1919 M St., NW., Washington, DC. The complete text also may be obtained through the World Wide Web, at http://www.fcc.gov/Bureaus/Common Carrier/Orders/fcc96325.wp, or may be purchased from the Commission's copy contractor, International Transcription Service, Inc., (202) 857–3800, 2100 M St., NW., Suite 140, Washington, DC 20037. Pursuant to the Telecommunications Act of 1996, the Commission released a Notice of Proposed Rulemaking, Policy and Rules Concerning the Interstate, Interexchange Marketplace; Implementation of Section 254(g) of the Communications Act of 1934, as amended, CC Docket No. 96–61 (61 FR 14717 (April 3, 1996)) to seek comment on rules to implement section 254(g) of the 1996 Act.

Regulatory Flexibility Analysis

As required by the Regulatory Flexibility Act, the Report and Order contains a Final Regulatory Flexibility Analysis which is set forth in the Second Report and Order. A brief description of the analysis follows.

Pursuant to Section 604 of the Regulatory Flexibility Act, the Commission performed a comprehensive analysis of the Second Report and Order with regard to small entities. This analysis includes: (1) A succinct statement of the need for, and objectives of, the Commission's decisions in the Second Report and Order; (2) a summary of the significant issues raised by the public comments in response to the initial regulatory flexibility analysis, a summary of the Commission's assessment of these issues, and a statement of any changes made in the Second Report and Order as a result of the comments; (3) a description of and an estimate of the number of small entities and small incumbent LECs to which the Second Report and Order will apply; (4) a description of the projected reporting, recordkeeping and other compliance requirements of the Second Report and Order, including an estimate of the classes of small entities which will be subject to the requirement and the type of professional skills necessary for compliance with the requirement; (5) a description of the steps the Commission has taken to minimize the significant economic impact on small entities consistent with the stated objectives of applicable statutes, including a statement of the factual, policy, and legal reasons for selecting the alternative adopted in the Second Report and Order and why each one of the other significant alternatives to each of the Commission's decisions which affect small entities was rejected.

The rules adopted in this Second Report and Order are necessary to implement the provisions of the Telecommunications Act of 1996.

Paperwork Reduction Act

OMB Approval Number: 3060–0704.

Title: Policy and Rules Concerning the Interstate, Interexchange Marketplace; Implementation of Section 254(g) of the Communications Act of 1934, as amended, CC Docket No. 96–61.

Respondents: Business or other for-profit.

Public reporting burden for the collection of information is estimated as follows:

Information collection	Number of respondents (approx.)	Annual hour burden per response	Total annual burden
Detariffing*	0	0	0
Certification requirement	519	0.5 hour	259.5
Tariff cancellation requirement: completely cancel tariffs.	519	2 hours per page (1,252 pages) (one-time)	2,504 (one-time)
Tariff cancellation requirement: revise mixed tariffs to remove domestic services.	519	2 hours per page (36,047 pages) (one-time)	72,094 (one-time)
Information disclosure requirement	519	120 hours (one-time)	62,280 (one-time)
Recordkeeping requirement	519	2 hours	1,038

*The Commission has eliminated the tariffing requirement now imposed on nondominant interexchange carriers for interstate, domestic, interexchange services.

Total Annual Burden: 138,175.5 hours, of which 136,878 will be one-time.

Frequency of Response: Annual, except for tariff cancellation requirement, which will be one-time.

Estimates Costs Per Respondent: $435,000.

Needs and Uses: The attached item eliminates the requirement that nondominant interexchange carriers file tariffs for interstate, domestic, interexchange telecommunications services. In order to facilitate enforcement of such carriers' statutory obligation to geographically average and integrate their rates, and to make it easier for customers to compare carriers' service offerings, the attached Order requires affected carriers to maintain, and to make available to the public in at least one location, information concerning their rates, terms and conditions for all of their interstate, domestic, interexchange services.

Synopsis of Second Report and Order

I. Introduction

1. On February 8, 1996, the Telecommunications Act of 1996 (1996 Act) was enacted. Telecommunications Act of 1996, Public Law 104–104, 110 Stat. 56, *codified at* 47 U.S.C. 151 *et seq.* The goal of the 1996 Act is to establish ''a pro-competitive, de-regulatory national policy framework'' in order to make available to all Americans advanced telecommunications and information technologies and services ''by opening all telecommunications markets to competition.'' Joint Explanatory Statement of the Committee of Conference, S. Conf. Rep. No. 230, 104th Cong., 2d Sess. 113 (1996). An integral element of this framework is the requirement in Section 10 of the Communications Act of 1934, as amended (Communications Act), that the Commission forbear from applying any provision of the Communications Act, or any of the Commission's regulations, to a telecommunications carrier or telecommunications service, or class thereof, if the Commission

makes certain specified findings with respect to such provisions or regulations. 47 U.S.C. 160(a).

2. On March 25, 1996, the Commission released a Notice of Proposed Rulemaking initiating a review of its regulation of interstate, domestic, interexchange telecommunications services in light of the passage of the 1996 Act and the increasing competition in the interexchange market over the past decade. *Policy and Rules Concerning the Interstate, Interexchange Marketplace; Implementation of Section 254(g) of the Communications Act of 1934, as amended*, CC Docket No. 96–61, Notice of Proposed Rulemaking, 61 FR 14717 (April 3, 1996) (*NPRM*). In this Report and Order (Order), we consider issues raised in the *NPRM* relating to tariff forbearance. We also consider, but decline to act at this time on, the Commission's proposal in the *NPRM* to allow nondominant interexchange carriers to bundle customer premises equipment (CPE) with interstate, interexchange telecommunications services. In the *NPRM*, the Commission also raised issues relating to: market definition; separation requirements for nondominant treatment of local exchange carriers in their provision of certain interstate, interexchange services; and implementation of the rate averaging and rate integration requirements in new section 254(g) of the Communications Act. On August 7, 1996, the Commission issued a Report and Order implementing the rate averaging and rate integration requirements. *See Policy and Rules Concerning the Interstate, Interexchange Marketplace; Implementation of Section 254(g) of the Communications Act of 1934, as amended*, CC Docket No. 96–61, Report and Order, 61 FR 42558 (August 16, 1996) (*Geographic Rate Averaging Order*). We will address the market definition and separation requirements in an upcoming order.

3. For the reasons set forth below, we conclude that the statutory forbearance criteria in Section 10 are met for the Commission to no longer require or allow nondominant interexchange carriers to file tariffs pursuant to Section 203 for their interstate, domestic, interexchange services. We conclude that a policy of complete detariffing (*i.e.*, not permitting nondominant interexchange carriers to file tariffs) for such services would further advance the statutory objectives of the forbearance provision, Section 10. We therefore order all nondominant interexchange carriers to cancel their tariffs for interstate, domestic, interexchange services within nine months from the effective date of this Order. In addition, we conclude that our decision to order complete detariffing renders moot the contract tariff and reseller issues raised in the *NPRM*.

4. The actions we take here will further the pro-competitive, deregulatory objectives of the 1996 Act by fostering increased competition in the market for interstate, domestic, interexchange telecommunications services. Since the early 1980's, the Commission has gradually adapted its regulatory regime for such services from one in which all interexchange carriers were subject to the full panoply of Title II regulatory requirements, including Section 203 tariff filing requirements, to one in which pricing and other regulatory requirements have been replaced by market forces. Our decision in this proceeding marks the end of the transformation of the regulatory regime governing interstate, domestic, interexchange services. After our policy of complete detariffing has been implemented, carriers in the interstate, domestic, interexchange marketplace will be subject to the same incentives and rewards that firms in other competitive markets confront. We seek ultimately to accomplish the same result in every telecommunications market, because we believe that effectively competitive markets produce maximum benefits for consumers, carriers and the nation's economy.

5. Our decision to forbear from applying the statutory requirement that compels nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services and to implement a policy of complete detariffing does not signify in any way a departure from our historic commitment to protecting consumers of interstate telecommunications services against anticompetitive practices. We reaffirm our pledge to use our complaint process to enforce vigorously our statutory and regulatory safeguards against carriers that attempt to take unfair advantage of American consumers. Moreover, when interstate, domestic, interexchange services are completely detariffed, consumers will be able to take advantage of remedies provided by state consumer protection laws and contract law against abusive practices.

6. We note that the California Public Utilities Commission recently adopted a complete detariffing regime for intrastate long-distance services offered in California. Public Utilities Commission of the State of California, *Rulemaking on the Commission's Own Motion to Establish a Simplified Registration Process for Non-Dominant Telecommunications Firms*, R. 94–02–003, Interim Opinion, at Appendix A, Rule 7 (released September 20, 1996). We encourage other state regulatory commissions to seek the legislative authority necessary to enable them to adopt a complete detariffing policy when they find, as the California Commission did, that competition is sufficient to obviate the need for tariffing of intrastate long-distance services.

II. Forbearance From Tariff Filing Requirements for Nondominant Interexchange Carriers

A. Background

i. The Telecommunications Act of 1996

7. The 1996 Act provides for regulatory flexibility by requiring the Commission to forbear from applying any regulation or any provision of the Communications Act, to telecommunications carriers or telecommunications services, or classes thereof, if the Commission determines that certain conditions are satisfied. Specifically, the 1996 Act amends the Communications Act to provide that:

> [T]he Commission shall forbear from applying any regulation or any provision of this Act to a telecommunications carrier or telecommunications service, or class of telecommunications carriers or telecommunications services, in any or some of its or their geographic markets, if the Commission determines that—
>
> (1) Enforcement of such regulation or provision is not necessary to ensure that the charges, practices, classifications or regulations by, for, or in connection with that telecommunications carrier or telecommunications service are just and reasonable, and are not unjustly or unreasonably discriminatory;
>
> (2) Enforcement of such regulation or provision is not necessary for the protection of consumers; and
>
> (3) Forbearance from applying such provision or regulation is consistent with the public interest.

In making the public interest determination, the 1996 Act requires the Commission to consider whether forbearance will promote competitive market conditions, including the extent to which forbearance will enhance competition among providers of telecommunications services. New Section 10(b) also provides that, ''[i]f the Commission determines that such forbearance will promote competition among providers of telecommunications services, that determination may be the basis for a Commission finding that forbearance is in the public interest.''

ii. The Competitive Carrier Proceeding

8. In the *Competitive Carrier* proceeding, the Commission pursued pro-competitive and deregulatory goals similar to those underlying the 1996 Act. The Commission examined how its regulations should be adapted to reflect and promote increasing competition in interexchange telecommunications markets, and sought to reduce or eliminate its tariff filing and facilities authorization requirements for nondominant interexchange carriers. In *Competitive Carrier*, the Commission distinguished between two kinds of carriers—those with market power (dominant carriers) and those without market power (nondominant carriers).

9. In a series of orders beginning in 1982, the Commission established a permissive detariffing policy for nondominant carriers, pursuant to which such carriers were permitted, although not required, to file tariffs with the Commission. *See Second Report and Order*, 47 FR 37899 (August 27, 1982); *Fourth Report and Order*, 48 FR 52452 (November 18, 1983); *Fifth Report and Order*, 50 FR 1215 (January 10, 1985). The Commission found that ''there was no evidence that it is in the public interest for us to continue receiving streamlined tariff and Section 214 filings from certain specialized common carriers to prevent them from charging unjust and unreasonable rates or making service unavailable.'' The Commission concluded that market forces, together with the Section 208 complaint process and the Commission's ability to reimpose tariff-filing and facilities-authorization requirements, were sufficient to protect the public interest with respect to nondominant interexchange carriers subject to forbearance. The Commission also noted that firms lacking market power could not charge unlawful rates because customers could always turn to competitors. *Sixth Report and Order*, 50 FR 1215 (January 10, 1985).

10. In 1985, in the *Sixth Report and Order*, the Commission established a mandatory detariffing policy for all carriers subject to the Commission's forbearance policy, because it concluded that policy would further its objectives of ensuring just and reasonable rates, and that it could rely instead on market forces, the complaint process, and its ability to reimpose tariff requirements, if necessary, to fulfill its mandate under the Communications Act. The Commission stated: ''Throughout this rulemaking, we have determined that enforcement of Sections 201 and 202 objectives of just and reasonable rates could be effectuated for certain carriers without the filing of tariffs and through market forces and the administration of the complaint process.'' Carriers subject to forbearance were required to ''file supplements to cancel their tariffs on file with the Commission within six months of the effective date of [the *Sixth Report and Order*].'' In order to facilitate the complaint process and its enforcement of statutory requirements that carriers charge just and reasonable rates, the Commission also ordered carriers to maintain price and service information on file in their offices that could be produced readily upon inquiry from the Commission in order to substantiate the lawfulness of the carriers' rates, terms and conditions for service.

11. The *Sixth Report and Order* subsequently was vacated and remanded by the U.S. Court of Appeals for the D.C. Circuit, on the ground that the Commission lacked the statutory authority to prohibit carriers from filing tariffs. *MCI Telecommunications Corp.* v. *FCC*, 765 F.2d 1186, 1192 (D.C. Cir. 1985). The court, however, did not reach the issue of whether the Commission's earlier permissive detariffing orders were valid. *Id.* at 1196. The Commission, accordingly, continued to apply its permissive detariffing policy to nondominant interexchange carriers until 1992, when the U.S. Court of Appeals for the D.C. Circuit vacated the Commission's permissive detariffing regime in *AT&T Co.* v. *FCC. AT&T Co.* v. *FCC*, 978 F.2d 727 (D.C. Cir. 1992), *cert. denied*, *MCI Telecommunications Corp.* v. *AT&T Co.*, 509 U.S. 913 (1993). The court, in reviewing an FCC decision disposing of a complaint filed by AT&T against MCI, vacated the Commission's *Fourth Report and Order*, thereby invalidating the Commission's permissive detariffing policy for nondominant carriers. *Id.* at 737. While stating that it did ''not quarrel with the Commission's policy objectives,'' the court found that the Communications Act as it existed at that time did not give the Commission authority to adopt such a policy. *Id.* at 736.

12. Prior to the issuance of the U.S. Court of Appeals' decision invalidating the permissive detariffing policy, the Commission adopted a Report and Order in a rulemaking proceeding commenced in response to AT&T's complaint. *See Tariff Filing Requirements for Interstate Common Carriers*, CC Docket No. 92–13, Report and Order, 7 FCC Rcd 8072 (1992). (While adopted prior to the court's finding that the Commission's permissive detariffing policy exceeded the Commission's statutory authority, the order was released after the court vacated the *Fourth Report and Order*). The Commission again determined that permissive detariffing was within its authority under the Communications Act. *Id.* at 8074. The U.S. Court of Appeals for the D.C. Circuit granted summary reversal of the Commission's order based on the court's earlier *AT&T* v. *FCC* decision. *AT&T Co.* v. *FCC*, Nos. 92–1628, 92–1666, 1993 WL 260778 (D.C. Cir. June 4, 1993) (per curiam), *aff'd*, *MCI Telecommunications Corp.* v. *AT&T Co.*, 114 S. Ct. 2223 (1994). In affirming the U.S. Court of Appeal's ruling, the Supreme Court found that Section 203(b)(2) of the Communications Act gives the Commission authority to modify the Communications Act's tariff filing requirement, but not to eliminate it entirely. *MCI Telecommunications Corp.* v. *AT&T Co.*, 114 S. Ct. 2223, 2229–31 (1994). The Commission thereafter modified the tariff filing requirements and established a one-day tariff notice period for all nondominant interexchange carriers after again concluding that traditional tariff regulation of nondominant interexchange carriers is not necessary to ensure just and reasonable rates. *Tariff Filing Requirements for Nondominant Common Carriers*, 58 FR 44457 (August 23, 1993) (*Nondominant Filing Order*), *vacated on other grounds*, *Southwestern Bell Corp.* v. *FCC*, 43 F.3d 1515 (D.C. Cir. 1995) (finding the range of rates provision in the *Nondominant Filing Order* violated Section 203(a) of the Communications Act). The Commission subsequently eliminated the range of rates provision and reinstated the other tariff filing requirements, including the one-day notice period, adopted in the *Nondominant Filing Order. Tariff Filing Requirements for Nondominant Common Carriers*, 60 FR 52865 (October 11, 1995) (*Nondominant Filing Order II*). In addition, under the streamlined regulatory procedures for nondominant carriers established in the *Competitive Carrier* proceeding, such carriers are not subject to price cap regulation, and their tariff filings are presumed to be lawful and do not require cost support data. *See First Report and Order*, 45 FR 76148 (November 18, 1980). Nondominant carriers also are subject to streamlined Section 214 procedures for the construction, extension or operation of new transmission facilities, as well as for the proposed reduction or discontinuance of service.

13. Against this background, Congress enacted Section 401 of the 1996 Act, adding Section 10 to the

Communications Act. As discussed below, we find that this section provides the Commission with the forbearance authority that the courts had previously concluded was lacking. The Commission now has express authority to eliminate unnecessary regulation and to carry out the pro-competitive, deregulatory objectives that it pursued in the *Competitive Carrier* proceeding for more than a decade.

B. Analysis of Statutory Requirements

i. Introduction

14. In the *NPRM*, the Commission tentatively concluded that it could make the determinations necessary to forbear from applying the provisions of Section 203 to nondominant carriers with respect to their interstate, domestic, interexchange services. Specifically, the Commission tentatively found that enforcement of the Section 203 tariff filing requirements with respect to nondominant interexchange carriers: (1) Is not necessary to ensure that such carriers' charges, practices, or classifications are just and reasonable, and are not unjustly or unreasonably discriminatory; and (2) is not necessary for the protection of consumers. The Commission also tentatively found that forbearing from applying Section 203 to nondominant interexchange carriers is consistent with the public interest. The Commission therefore tentatively concluded that it must forbear from applying Section 203 tariff filing requirements to nondominant interexchange carriers with respect to their interstate, domestic, interexchange services. The Commission also tentatively concluded that it should not permit nondominant interexchange carriers to file tariffs for such services (that is, that it should adopt a policy of complete detariffing), because it found that allowing nondominant interexchange carriers to file tariffs on a voluntary basis would not be in the public interest, and that complete detariffing would promote competition in the interstate, domestic, interexchange market, deter price coordination, and better protect consumers.

15. In this section, we consider whether the complete detariffing policy proposed in the *NPRM* satisfies each of the statutory forbearance criteria. We note that our analysis under the first two criteria does not differentiate between our proposal in the *NPRM* to adopt a complete detariffing policy and other detariffing options, such as detariffing on a permissive basis (that is, allowing, but not requiring, nondominant interexchange carriers to file tariffs with respect to their interstate, domestic, interexchange services). Based on the language of the first two statutory criteria, the analysis of all detariffing proposals under the first two forbearance criteria would be the same, because in each case the relevant inquiries are whether tariff filings are necessary to ensure that nondominant interexchange carriers' charges, practices, or classifications are just and reasonable, and are not unjustly or unreasonably discriminatory, and whether tariff filings are necessary to protect consumers. However, the third statutory forbearance criterion, which requires an analysis of whether the proposed forbearance is consistent with the public interest, necessitates an analysis specific to the type of forbearance at issue. Accordingly, in addressing the third criterion, we consider whether adoption of a complete, or permissive, detariffing policy is consistent with the public interest.

ii. Statutory Criteria for Forbearance

a. Are Tariff Filing Requirements Necessary To Ensure that the Charges, Practices, Classifications or Regulations for the Interstate, Domestic, Interexchange Services of Nondominant Interexchange Carriers Are Just and Reasonable, and Are Not Unjustly or Unreasonably Discriminatory?

(1) Background

16. As noted above, the 1996 Act requires the Commission to forbear from applying Section 203 tariff filing requirements to interstate, domestic, interexchange services offered by nondominant interexchange carriers if the Commission determines that the three statutory forbearance criteria are satisfied. With respect to the first criterion, the Commission in the *NPRM* tentatively concluded that tariff filing requirements are not necessary to ensure that nondominant interexchange carriers' charges, practices, classifications or regulations for interstate, domestic, interexchange services are just and reasonable, and are not unjustly or unreasonably discriminatory. The Commission also tentatively concluded that the Communications Act's objectives of just, reasonable, and not unjustly or unreasonably discriminatory rates could be achieved effectively through other means, specifically through market forces and the administration of the complaint process. The Commission therefore tentatively concluded that elimination of tariff filing requirements for nondominant interexchange carriers for their interstate, domestic, interexchange offerings would satisfy the first statutory prerequisite for forbearance.

(2) Comments

17. Many commenters concur with the Commission's tentative conclusion that requiring nondominant interexchange carriers to file tariffs for their interstate, domestic, interexchange service offerings is unnecessary to ensure that charges, practices, and classifications for such services are just and reasonable, and are not unjustly or unreasonably discriminatory. These parties claim that nondominant carriers cannot rationally impose prices or terms that are unjust, unreasonable, or unjustly or unreasonably discriminatory, because any attempt to do so would result in a loss of market share. Several of these parties add that the Section 208 complaint process is adequate to remedy any illegal carrier conduct that does occur. Thus, they conclude that market forces and the administration of the complaint process will prevent nondominant interexchange carriers from behaving anticompetitively in violation of Sections 201(b) and 202(a) of the Communications Act.

18. Other commenters, however, argue that market forces are currently inadequate to ensure that the charges, practices, classifications or regulations of nondominant interexchange carriers are just and reasonable, and are not unjustly or unreasonably discriminatory, because the market for interstate, domestic, interexchange services is not yet fully competitive. In addition, the Tennessee Attorney General and ACTA argue that AT&T is able profitably to charge higher rates than its competitors, demonstrating that existing competition alone does not constrain AT&T's prices, and therefore is not sufficient to regulate the marketplace.

19. Several commenters, including a number of state commissions, argue that in the absence of tariffs, the Section 208 complaint process would not be adequate to ensure that the charges, practices, and classifications of nondominant interexchange carriers are just and reasonable, and not unjustly or unreasonably discriminatory.

These commenters insist that tariffs provide information necessary to enforce Sections 201 and 202 and to investigate fraudulent practices. In addition, they argue that tariffs ensure accurate information in the event of a dispute. They conclude that, without tariffs, consumers and other interested parties will lack adequate information to bring a complaint. TRA adds that the

complaint process is too limited because it focuses only on legal issues, while the tariff review process allows policy analysis as well.

20. TRA argues that eliminating tariff filing requirements in a market that is less than perfectly competitive will enable carriers to discriminate against resellers, many of which are small and mid-sized businesses. TRA claims that the resale market will not survive detariffing, and that such a result is contrary to the objectives of the Communications Act and Commission policy, which recognizes that a vibrant resale market provides residential and small business customers with access to lower rates, puts downward pressure on prices, and helps prevent discriminatory pricing by increasing the number of parties offering similar services.

(3) Discussion

21. We adopt the tentative conclusion in the *NPRM* that tariffs are not necessary to ensure that the rates, practices, and classifications of nondominant interexchange carriers for interstate, domestic, interexchange services are just and reasonable and not unjustly or unreasonably discriminatory. We conclude, consistent with the *AT&T Reclassification Order,* that the high churn rate among consumers of interstate, domestic, interexchange services indicates that consumers find the services provided by interexchange carriers to be close substitutes, and that consumers are likely to switch carriers in order to obtain lower prices or more favorable terms and conditions. In addition, as we found in the *AT&T Reclassification Order,* residential and small business customers are highly demand-elastic, and will switch carriers in order to obtain price reductions and desired features. Because of the high elasticity of demand for interstate, domestic, interexchange services, we find it is highly unlikely that interexchange carriers that lack market power could successfully charge rates, or impose terms and conditions, for interstate, domestic, interexchange services that violate Section 201 or 202 of the Communications Act, because any attempt to do so would cause their customers to switch to different carriers. Thus, we believe that market forces will generally ensure that the rates, practices, and classifications of nondominant interexchange carriers for interstate, domestic, interexchange services are just and reasonable and not unjustly or unreasonably discriminatory. Moreover, if nondominant interexchange carriers service offerings violate Section 201 or Section 202 of the Communications Act, we have other, more effective means of remedying such conduct. Specifically, we can address any illegal carrier conduct through the exercise of our authority to investigate and adjudicate complaints under Section 208.

22. We also reject the unsupported suggestion that current levels of competition are inadequate to constrain AT&T's prices. In the *AT&T Reclassification Order,* we found that AT&T cannot unilaterally exercise market power in the interstate, domestic, interexchange market. We based this finding on, *inter alia,* AT&T's declining market share, the supply elasticity in this market, the fact that both residential and business customers are highly demand-elastic, and an analysis of AT&T's cost, structure, size, and resources. The Tennessee Attorney General and ACTA offer no new evidence that would lead us to alter our conclusion that AT&T lacks market power in this market.

23. We also are not persuaded that tariffs are necessary to constrain the prices and practices of nondominant interexchange carriers with respect to interstate, domestic, interexchange services. As discussed below, we find that evidence of tacit price coordination in the market for interstate, domestic, interexchange services is inconclusive. Moreover, we find that tariff filings by nondominant interexchange carriers for interstate, domestic, interexchange services may facilitate, rather than deter, price coordination, because under a tariffing regime, all rate and service information is collected in one, central location. Therefore, we believe that complete detariffing, along with additional, competitive, facilities-based entry into the interstate, domestic, interexchange market, will help deter attempts to increase rates for interstate, domestic, interexchange services through tacit price coordination. We therefore conclude that complete detariffing of interstate, domestic, interexchange services offered by nondominant interexchange carriers will further the Communications Act's objective that carriers' rates, practices, classifications, and regulations be just, reasonable and not unjustly or unreasonably discriminatory.

24. In the *NPRM,* the Commission acknowledged that the Commission initially relaxed its regulation of nondominant carriers in the *Competitive Carrier* proceeding in part because it concluded that the availability of service from a nationwide dominant carrier subject to full Title II regulation would further constrain nondominant carriers. We therefore sought comment on whether the absence of a nationwide dominant carrier should affect our determination to forbear from requiring nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services. No commenter addressed this issue, and we conclude that the absence of a dominant interexchange carrier in today's competitive interstate, domestic, interexchange market should not alter our analysis, because nondominant interexchange carriers cannot successfully price their services anticompetitively in this market. In addition, the Commission has previously found that market forces effectively discipline nondominant carriers even in the absence of a dominant carrier. *See Implementation of Sections 3(n) and 332 of the Communications Act, Regulatory Treatment of Mobile Services,* 59 FR 18493 (April 19, 1994).

25. We also reject the claim that, without tariffs, consumers and other parties will lack sufficient information to challenge the lawfulness of nondominant interexchange carriers' rates, terms and conditions for domestic service, in particular on the ground that such carriers' rates, practices, and classifications are unjustly or unreasonably discriminatory. In the absence of tariffs, customers will still receive rate information in the same manner they always have, through the billing process. In addition, carriers likely will be obligated to notify their customers of any changes in their rates, terms and conditions for service as part of their contractual relationship. Moreover, tariffs may not be the best vehicle for disclosure of rate and service information for nondominant interexchange carriers to residential and small business customers, because such end-users rarely, if ever, consult these tariff filings, and few of them are able to understand tariff filings even if they do examine them. We further believe that nondominant interexchange carriers will generally provide customers rate and service information that currently is contained in tariffs, in an accessible format in order to market their services and to retain customers. Nevertheless, we acknowledge that, even in a competitive market, nondominant interexchange carriers might not provide complete information concerning all of their interstate, domestic, interexchange service offerings to all consumers, and that some consumers may not be able to determine the particular rate plans that are most appropriate for them, based on their individual calling patterns. (For

example, nondominant interexchange carriers might engage in targeted advertising concerning particular discounts and rate plans that might be the least costly, and most appropriate, plan for some, but not all, consumers.) Accordingly, and in light of considerations regarding the enforcement of the 1996 Act's geographic rate averaging and rate integration requirements, we will require carriers to provide rate and service information to the public, as we discuss below. In addition, as the Commission did in the *Sixth Report and Order,* we will require nondominant interexchange carriers to maintain price and service information and to make such information available on a timely basis to the Commission upon request. We therefore conclude that, in the absence of tariffs for nondominant carriers' interstate, domestic, interexchange services, consumers and other parties will have access to sufficient information about such services for purposes of bringing complaints. On June 12, 1996, the Office of Management and Budget approved the Commission's proposal in the *NPRM* to require nondominant interexchange carriers to maintain at their premises price and service information regarding their interstate, interexchange offerings that they can submit to the Commission upon request. *Notice of Office of Management and Budget Action,* OMB No. 3060–0704 (June 12, 1996). In reviewing the proposed information collection requirements in the *NPRM,* including the proposal to eliminate tariff filing requirements by nondominant interexchange carriers for interstate, domestic, interexchange services, the Office of Management and Budget ''strongly recommend[ed] that the [Commission] investigate potential mechanisms to provide consumers, State regulators, and other interested parties with some standardized pricing information.''

26. We reject TRA's claim that the complaint process is inadequate to protect consumers. TRA maintains that the Commission addresses only legal issues in a complaint proceeding, whereas in the tariff review process, the Commission can address policy issues as well. TRA is incorrect, however. Regardless of whether the inquiry is part of a complaint or a tariff review proceeding, the Commission can address all relevant legal and policy issues. In the particular context of Section 208 complaint proceedings, we will continue to examine legal, and, where appropriate, policy matters to give full effect to the requirements that a carrier's rates, terms, and conditions are just, reasonable, and not unreasonably discriminatory, as well as the requirements of our rules and orders.

27. Contrary to TRA's assertions that the resale market will not survive in the absence of tariffs, we conclude that our decision to forbear from requiring nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services will not affect such carriers' obligations under Sections 201 and 202 to charge rates, and to impose practices, classifications and regulations, that are just and reasonable and not unjustly or unreasonably discriminatory. In addition, as discussed below, we will require nondominant interexchange carriers to provide rate and service information on all of their interstate, domestic, interexchange services to consumers, including resellers. Thus, resellers will be able to determine whether nondominant interexchange carriers have imposed rates, practices, classifications or regulations that unreasonably discriminate against resellers, and to bring a complaint, if necessary.

28. For the reasons discussed herein, we conclude that tariffs are not necessary to ensure that the rates, practices, classifications, and regulations of nondominant interexchange carriers for interstate, domestic, interexchange services are just and reasonable and not unjustly or unreasonably discriminatory. We therefore conclude that the proposal to adopt complete detariffing meets the first of the statutory forbearance criteria.

b. Are Tariff Filing Requirements for the Interstate, Domestic, Interexchange Services of Nondominant Interexchange Carriers Necessary for the Protection of Consumers?

(1) Background

29. In the *NPRM,* the Commission tentatively concluded that requiring nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services is not necessary to protect consumers, and that such tariff filing requirements could harm consumers by undermining the development of vigorous competition.

(2) Comments

30. A number of parties support the Commission's tentative conclusion that requiring nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange service offerings is not necessary to protect consumers. Several of these parties claim that nondominant interexchange carriers cannot rationally charge prices, or impose terms and conditions that harm consumers without losing customers. In addition, many parties assert that the complaint process is adequate to remedy any illegal carrier conduct that violates the Communications Act and harms consumers.

31. Several commenters also support the Commission's tentative conclusion that tariff filing requirements actually harm consumers by impeding the development of vigorous competition and by leading to higher rates.

32. A number of state commissions and other commenters assert, however, that, without tariffs, the complaint process would not be adequate to protect consumers. They claim that the complaint process is cumbersome, expensive and time-consuming, and that without tariffs, consumers will lack sufficient information on which to base a complaint that a carrier has violated Section 201 or 202, or failed to comply with the rate averaging and rate integration requirements of Section 254(g). A number of state commissions and other parties also assert that detariffing will impede state regulatory or law enforcement functions, because state officials depend on information contained in tariffs filed with the Commission to protect consumers, to prevent fraudulent practices, and to promote state objectives and policies, such as ensuring that rates for intraLATA services are no higher than those for interLATA services. In addition, some state commissions are concerned that tariff forbearance by the Commission might preempt state tariff filing requirements because Section 10(e) of the Communications Act provides that ''a State commission may not continue to apply or to enforce any provision of this Act that the Commission has determined to forbear from applying.'' Several parties add that tariffs also ensure that the Commission has access to accurate information in the event of a dispute.

33. The Ad Hoc Users and BellSouth maintain, however, that, even in the absence of tariffs, carriers will make price and service information available to the public through methods such as advertising, bill inserts and brochures; and that those methods are more effective at informing consumers than tariff filings, which are not readily available to consumers and which most consumers therefore never examine.

34. Some commenters suggest that, if the Commission detariffs, the Commission should limit forbearance from tariff filing requirements to individually-negotiated service

arrangements. They urge the Commission to retain tariff filing requirements for mass market services offered to residential and small business customers because, they claim, tariffs are necessary to protect consumers of such services.

35. In addition, American Telegram argues that tariffs are necessary to protect consumers with respect to terms and conditions, but not rates and charges, of nondominant interexchange carriers. American Telegram asserts that tariffs are necessary to protect consumers with respect to terms and conditions of service, because, without tariffs, each customer would have to challenge its individual contract with the carrier in order to establish the illegality of the carrier's terms or conditions for service. American Telegram claims that, by contrast, when a tariff is challenged, any changes to the tariffed terms and conditions apply automatically to all customers of that service.

(3) Discussion

36. We adopt the tentative conclusion in the *NPRM* that tariff filings by nondominant interexchange carriers for interstate, domestic, interexchange services are not necessary to protect consumers. Rather, as discussed above, we find that it is highly unlikely that interexchange carriers that lack market power could successfully charge rates, or impose terms and conditions, for interstate, domestic, interexchange services that violate Sections 201 and 202 of the Communications Act. We therefore conclude that market forces, our administration of the Section 208 complaint process, and our ability to reimpose tariff filing requirements, if necessary, are sufficient to protect consumers.

37. We also adopt the tentative conclusion that in the interstate, domestic, interexchange market, requiring nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services may harm consumers by impeding the development of vigorous competition, which could lead to higher rates. We agree with NYNEX that ''forbearance will promote competition and deter price coordination, which can threaten competitive benefits.'' By promoting competition, detariffing will better protect consumers against the imposition of rates, terms, or conditions that violate the Communications Act.

38. We reject the argument that, for interstate, domestic, interexchange services offered by nondominant interexchange carriers, the complaint process is inadequate to protect consumers. As an initial matter, we note that we are not simply relying on the complaint process to protect consumers. Rather, as set forth above, we believe that market forces, together with the complaint process, will adequately protect consumers. In addition, we find that our complaint process is adequate to redress any harm to consumers should a nondominant interexchange carrier establish prices, or impose terms and conditions, that violate Sections 201 or 202, or engage in other conduct that violates the Communications Act or our regulations. Moreover, we note that in the absence of tariffs, consumers will be able to pursue remedies under state consumer protection and contract laws in a manner currently precluded by the ''filed-rate'' doctrine.

39. While we agree with those commenters that argue that the Commission and the public may need access to information concerning carriers' rates, terms and conditions to ensure carrier compliance with the requirements of Sections 201, 202, and 254(g) of the Communications Act, we are not persuaded that tariffs filed pursuant to Section 203 are the only, or most effective, means of disseminating such information. As an initial matter, we note that the majority of complaints by consumers about the lawfulness of carriers' rates, terms, or conditions for interstate, domestic, interexchange services are based on information obtained through the billing process, rather than information obtained from carriers' tariffs. As set forth above, we believe that nondominant interexchange carriers likely will provide rate and service information currently contained in tariffs to their customers in order to establish a legal relationship with such customers or as part of the billing process. Moreover, nondominant carriers likely will publicize their rates, terms and conditions for service in order to maintain, or improve, their competitive positions in the market. We therefore conclude that the public will have access to sufficient information to bring to the Commission's attention possible violations of the Communications Act without the risk of anticompetitive effects inherent in tariff filing requirements.

40. Additionally, we find no basis for the claim that the detariffing of the interstate, domestic, interexchange services of nondominant interexchange carriers will significantly impede state regulatory or law enforcement functions. The rules we adopt in this proceeding will not interfere with, and in fact may facilitate, a state agency's ability to obtain directly from carriers price and service information regarding interstate, domestic, interexchange services. Our action here also does not affect state tariff filing requirements for intrastate services. Section 10(e) of the Communications Act, which provides that ''a State commission may not continue to apply or to enforce any provision of this Act that the Commission has determined to forbear from applying,'' does not prohibit states from requiring nondominant interexchange carriers to file tariffs with respect to their intrastate, interexchange services based on our action here.

41. We reject the suggestion that tariffs are necessary to protect consumers of mass market interstate, domestic, interexchange services provided by nondominant interexchange carriers, and therefore that the Commission should limit forbearance only to individually-negotiated service arrangements. We find that the reasons supporting our conclusion that tariff filings are not necessary to protect consumers of interstate, domestic, interexchange services provided by nondominant interexchange carriers apply to all such services, and not only to those provided pursuant to individually-negotiated arrangements. Specifically, any increase in competition resulting from the elimination of tariffs will redound to the benefit of consumers of all interstate, domestic, interexchange services. For example, we believe that eliminating tariffs for mass market services will increase carriers' incentive to reduce prices for such services, and reduce their ability to engage in tacit price coordination. In addition, detariffing of mass market services will likely provide greater protection to consumers, because, as discussed below, carriers will likely be required, as a matter of contract law, to give customers advance notice before instituting changes that adversely affect customers. Carriers will also continue to provide rate information to customers as part of the billing process, and in order to market their services and to retain customers.

42. Similarly, we do not agree with American Telegram's claim that tariffs are necessary to protect consumers with respect to terms and conditions, but not rates and charges, of interstate, domestic, interexchange services provided by nondominant interexchange carriers. Just as we believe that competition is sufficient to ensure that nondominant interexchange carriers' charges for interstate, domestic, interexchange services are just and reasonable, and not unreasonably discriminatory, and to protect consumers, we believe that competitive forces will ensure that nondominant

carriers' non-price terms and conditions are reasonable. Moreover, we concur with BellSouth that even non-price tariff filings can be used to facilitate tacit coordination by carriers. In addition, we reject American Telegram's argument that tariffs concerning nondominant carriers' terms and conditions for interstate, domestic, interexchange service are necessary to protect consumers, because, without such tariffs, each customer seeking to challenge a carrier's terms or conditions would have to show that its individual contract is unlawful. Nondominant interexchange carriers are likely to use standard contracts for most services rather than individually negotiate a different contract with each customer. As a result, following a successful challenge to a carrier's standard service agreement, that carrier is likely to modify the unlawful contract with all of its customers, rather than face additional complaints or litigation in which the previous determination that the contract is unlawful would likely be given preclusive effect. As in nearly every other business that is conducted without tariffs, we find that tariffs by nondominant interexchange carriers for interstate, domestic, interexchange services are not necessary to protect consumers. In the absence of such tariffs, consumers will not only have our complaint process, but will also be able to pursue remedies under state consumer protection and contract laws.

43. For the reasons discussed herein, we conclude that tariffs for the interstate, domestic, interexchange services of nondominant interexchange carriers are not necessary to protect consumers. We therefore conclude that the proposal to adopt complete detariffing meets the second of the statutory forbearance criteria.

c. Is Forbearance From Applying Section 203 Tariff Filing Requirements to the Interstate, Domestic, Interexchange Services Offered By Nondominant Interexchange Carriers Consistent With the Public Interest?

(1) Background

44. The third statutory criterion requires us to determine whether forbearance from applying Section 203 tariff filing requirements to the interstate, domestic, interexchange services of nondominant interexchange carriers is consistent with the public interest. In making this determination, the statute specifically requires us to consider whether forbearance will promote competitive market conditions, including the extent to which forbearance will enhance competition among providers of telecommunications services. In addition, Section 10(b) provides that, ''[i]f the Commission determines that such forbearance will promote competition among providers of telecommunications services, that determination may be the basis for a Commission finding that forbearance is in the public interest.'' In the *NPRM*, the Commission tentatively concluded that it should not permit nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services of nondominant interexchange carriers, because complete detariffing of such services will promote competition and deter price coordination in the interstate, domestic, interexchange market, and will better protect consumers.

(2) Comments

45. Several commenters, including large consumers of telecommunications services, agree with the Commission's tentative conclusion that complete detariffing of nondominant interexchange carriers' interstate, domestic, interexchange services is in the public interest. These commenters argue that allowing nondominant interexchange carriers to continue to file tariffs undermines the development of vigorous competition because: (1) Tariffs delay a carrier's ability to respond to market changes; (2) even under streamlined tariff filing procedures, the preparation, filing, and defense of tariffs imposes substantial uneconomic costs on carriers; (3) absent tariffs, a carrier could no longer refuse to accommodate a customer's request for services tailored to its specific needs on the ground that the request is beyond the scope of the carrier's tariff; (4) tariffs reduce incentives to engage in competitive price discounting, because competitors can respond to any price change before it has the desired effect of capturing market share. Several parties further argue that tariffs facilitate coordinated pricing by enabling carriers to ascertain their competitors' rates, terms, and conditions for service at one, central location. APCC argues that forbearance from tariff filing requirements would eliminate a regulatory requirement that is especially burdensome on small carriers. Some of these commenters additionally argue that complete detariffing would eliminate the possible invocation of the ''filed-rate'' doctrine. It is well established that, pursuant to the ''filed-rate'' doctrine, in a situation where a filed tariff rate, term or condition differs from a rate, term, or condition set in a non-tariffed carrier-customer contract, the carrier is required to assess the tariff rate, term, or condition. *See Armour Packing Co.* v. *United States,* 209 U.S. 56 (1908); *American Broadcasting Cos., Inc.* v. *FCC,* 643 F.2d 818 (D.C. Cir. 1980). Consequently, if a carrier unilaterally changes a rate by filing a tariff revision, the newly filed rate becomes the applicable rate unless the revised rate is found to be unjust, unreasonable, or unlawful under the Communications Act. *See Maislin Industries, U.S., Inc.* v. *Primary Steel, Inc.,* 497 U.S. 116 (1990).

46. Interexchange carriers and other commenters contend that complete detariffing is not in the public interest, because prohibiting nondominant interexchange carriers from filing tariffs with respect to interstate, domestic, interexchange services will impede competition and increase carriers' costs. Specifically, these parties argue that complete detariffing would: (1) Significantly increase transaction costs by forcing nondominant interexchange carriers to conclude literally millions of written agreements with customers in order to establish legally enforceable contractual relationships; (2) make casual calling options more difficult, if not impossible; and (3) prevent carriers from reacting quickly to market conditions because carriers would be forced to notify each individual customer of any changes to their rates, terms, and conditions before such changes could be effective. (Casual calling refers to services that do not require a consumer to open an account or otherwise presubscribe to a service, including use of a third-party credit card, collect calling, or dial-around through the use of an access code. Several parties argue that tariffs are essential to casual calling services because callers use the services on a temporary basis without a preexisting contractual relationship, and that tariffs are the only cost-efficient way to establish a legal relationship with casual callers.) ACTA further argues that any increased transaction costs would be especially burdensome on small carriers that have fewer resources. LDDS contends that the increased transaction costs due to detariffing would discourage nondominant interexchange carriers from serving certain market segments (*e.g.*, low-usage residential, small business, and casual callers), thereby decreasing competitive choices for these customers. In addition, several parties argue that tariffs actually promote competition by sending accurate economic signals and disseminating rate and service information to consumers and competitors. In particular, they argue that residential and small business

customers require access to such information to obtain the best rates available, and that small nondominant interexchange carriers need such information to compete with larger interexchange carriers. Several parties further argue that complete detariffing would not deter price coordination, to the extent it exists, both because rate and service information would continue to be available to competitors and because the existing streamlined tariff filing procedures prevent price signalling. A few parties suggest that, if the Commission is concerned about tacit price coordination, it could remedy the problem by requiring nondominant interexchange carriers to file tariffs on no more than one day's notice, rather than not permitting such carriers to file tariffs.

47. Interexchange carriers and several other commenters that oppose complete detariffing contend that permissive detariffing would be consistent with the public interest. They maintain that: (1) Permissive detariffing would be the most deregulatory and pro-competitive option because carriers could determine the most efficient means to establish contractual relations with their customers (*e.g.*, carriers could file tariffs for such mass market offerings as residential and small business services, reducing transactions costs to carriers and consumers); (2) the ''filed-rate'' doctrine would no longer apply if the Commission adopted a permissive detariffing regime, because the tariffed rate would no longer be the only legally permissible rate; (3) price coordination would be difficult, if not impossible, with permissive detariffing because carriers would at best have fragmentary information concerning their competitors' rates, terms, and conditions; and (4) casual calling options would still be feasible with permissive detariffing.

48. Several commenters, however, argue that permissive detariffing, that is, allowing nondominant interexchange carriers to file tariffs if they wish to do so, is not in the public interest. Several of these parties argue that permissive detariffing is contrary to the public interest, because it would allow nondominant interexchange carriers to ''game'' the system by filing tariffs when it serves their interest to do so, for example, to take advantage of the ''filed-rate'' doctrine or to engage in price signaling. Contrary to the interexchange carriers' assertions, these parties claim that the ''filed-rate'' doctrine would continue to exist if detariffing were implemented on a permissive basis. TRA, which opposes any detariffing at all, argues that permissive detariffing would enable carriers to discriminate against resellers.

49. Some commenters suggest that the Commission limit forbearance from tariff filing requirements to individually-negotiated service arrangements and retain tariff filing requirements for mass market services offered to residential and small business customers, because tariffs allow carriers to establish a legal relationship with customers quickly and inexpensively. In addition, several parties urge the Commission to limit the scope of forbearance only to certain nondominant interexchange carriers, or to certain types of information. For example, TRA and ACTA suggest that the Commission should forbear from applying Section 203 tariff filing requirements to those carriers with less than a certain percentage of the market and that are not affiliated with certain incumbent local exchange carriers, such as the BOCs.

50. In addition, several commenters contend that it is premature to detariff now, in light of the dynamic changes occurring in the market, such as the reclassification of AT&T in October 1995, and the opening of all telecommunications markets to increased competition following enactment of the 1996 Act. These commenters urge the Commission to defer any decision concerning forbearance from tariff filing requirements until it can evaluate the effect of these changes on the interstate, domestic, interexchange market.

51. Finally, several parties commented on how the Commission should treat the BOCs upon their entry into the interstate, domestic, interexchange services market in order to promote competition in this market. A number of BOCs and other parties argue that detariffing will only provide competitive benefits if we also detariff the BOCs once they enter the interstate, domestic, interexchange market. They argue that failure to do so, would place the BOCs, which they claim lack market power in the interstate, domestic, interexchange market, at a competitive disadvantage vis-a-vis existing interexchange carriers, which currently control the market, and would inhibit competition, thereby undermining Congress' objective in passing the 1996 Act. Others argue that, because the BOCs exercise market power in the exchange access market, the Commission should require the BOCs to file tariffs for interstate, domestic, interexchange services until the Commission has experience with the type and level of safeguards necessary to prevent cross-subsidization and other unlawful practices.

(3) Discussion

52. We adopt the tentative conclusion in the *NPRM* that not allowing nondominant interexchange carriers to file tariffs for the provision of interstate, domestic, interexchange services is consistent with the public interest, with the limited exception, as discussed below, of AT&T's provision of 800 directory assistance and analog private line services. Section 10(b) specifically requires the Commission, in determining whether forbearance from enforcing a provision of the Communications Act or a regulation is in the public interest, to consider whether forbearance will promote competitive market conditions, including the extent to which forbearance will enhance competition among providers of telecommunications services. We find that a regime without nondominant interexchange carrier tariffs for interstate, domestic, interexchange services is the most pro-competitive, deregulatory system. Specifically, we find that not permitting nondominant interexchange carriers to file tariffs with respect to interstate, domestic, interexchange services will enhance competition among providers of such services, promote competitive market conditions, and achieve other objectives that are in the public interest, including eliminating the possible invocation of the filed rate doctrine by nondominant interexchange carriers, and establishing market conditions that more closely resemble an unregulated environment. Moreover, we find that permitting nondominant interexchange carriers to file tariffs on a voluntary basis would undermine several of these benefits, and therefore is not in the public interest.

53. The record in this proceeding supports our tentative conclusion that not permitting nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services will promote competition in the market for such services. Even under existing streamlined tariff filing procedures, requiring nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services impedes vigorous competition in the market for such services by: (1) Removing incentives for competitive price discounting; (2) reducing or taking away carriers' ability to make rapid, efficient responses to changes in demand and cost; (3) imposing costs on carriers that attempt to make new offerings; and (4) preventing consumers from seeking out or obtaining service

arrangements specifically tailored to their needs. (These findings are consistent with the Commission's findings in the *Competitive Carrier* proceeding. *Sixth Report and Order.* The Commission recently reiterated these findings in the *Regulatory Treatment of Mobile Services Order,* 59 FR 18493 (April 19, 1994).) Moreover, we believe that tacit coordination of prices for interstate, domestic, interexchange services, to the extent it exists, will be more difficult if we eliminate tariffs, because price and service information about such services provided by nondominant interexchange carriers would no longer be collected and available in one central location.

54. In addition, requiring tariffs for interstate, domestic, interexchange services offered by nondominant interexchange carriers impedes competition by preventing customers from seeking out or obtaining price and service arrangements tailored to their needs. As Ad Hoc Users and others note, carriers, in some cases, have refused to accommodate customers' requests for particular service terms on the ground that the requested terms are not contained in the carriers' tariffs, and that the Commission would reject any term or condition for service that differed from the carriers' general tariffs. Eliminating tariff filings by nondominant interexchange carriers will prevent such carriers from refusing to negotiate with customers based on the Commission's tariff filing and review processes. As a result, carriers may become more responsive to customer demands, and offer a greater variety of price and service packages that meet their customers' needs.

55. Complete detariffing would also further the public interest by eliminating the ability of carriers to invoke the ''filed-rate'' doctrine. As noted above, courts have long held that, in a situation where a filed tariff rate, or other term or condition, differs from a rate, term, or condition set in a non-tariffed carrier-customer contract, the carrier is required to impose the tariffed rate, term or condition. While the Commission has held that unilateral changes that alter material terms and conditions of long-term service arrangements are reasonable only if justified by substantial cause, the filed rate doctrine provides carriers with the ability to alter or abrogate their contractual obligations in a manner that is not available in most commercial relationships. In addition, complete detariffing would further the public interest by preventing carriers from unilaterally limiting their liability for damages. Accordingly, by permitting carriers unilaterally to change the terms of negotiated agreements, the filed rate doctrine may undermine consumers' legitimate business expectations. Absent filed tariffs, the legal relationship between carriers and customers will much more closely resemble the legal relationship between service providers and customers in an unregulated environment. Thus, eliminating the filed rate doctrine in this context would serve the public interest by preserving reasonable commercial expectations and protecting consumers.

56. Eliminating tariffs for the interstate, domestic, interexchange services of nondominant interexchange carriers will not, as some suggest, reduce such carriers' incentive or ability to offer discounts or respond quickly to market changes by forcing them to give customers advance notice of all changes to their rates, terms, and conditions for service. Our experience over the past several years indicates that interexchange carriers' competitive offerings to residential and small business customers are typically optional calling plans in which consumers must affirmatively elect to participate. In order to induce customers to participate in such plans, carriers have widely advertised the terms and availability of these calling plans. Thus, detariffing of interstate, domestic, interexchange services is likely to have little, if any, impact on nondominant interexchange carriers' incentives or ability to engage in competitive price discounting. In addition, as a matter of contract law, nondominant interexchange carriers would not necessarily be required to provide notice before instituting changes that benefit, or do not adversely affect in a material way, customers (*e.g.*, reducing rates). For example, carriers could expressly reserve the right to make rate reductions or new discounts immediately available to existing customers. Carriers could also include in their service contracts provisions giving them flexibility to alter specific, incidental contract terms in a manner not adverse to the customer. *See* Restatement (Second) of Contracts § 34 (1981) (discussing the analogous practice of allowing one or both parties to a contract to select certain terms during the performance of the contract). Such carriers would, however, likely be required, as a matter of contract law, to give advance notice of those changes that adversely affect customers (*e.g.*, rate increases). We conclude that it would not be unduly burdensome for nondominant interexchange carriers to provide customers advance notice of the latter changes through billing inserts or other measures. Such notice would provide greater protection to consumers and is more pro-competitive than allowing carriers to increase their rates by filing tariff changes with the Commission on one day's notice.

57. We recognize that detariffing may change significant aspects of the way in which nondominant interexchange carriers conduct their business. Contrary to the suggestion of some parties, however, tariffs are not the only feasible way for carriers to establish legal relationships with their customers, nor will nondominant interexchange carriers necessarily need to negotiate contracts for service with each, individual customer. As some parties note, such carriers could, for example, issue short, standard contracts that contain their basic rates, terms and conditions for service. Moreover, parties that oppose complete detariffing have not shown that the business of providing interstate, domestic, interexchange services offered by nondominant interexchange carriers should be subject to a regulatory regime that is not available to firms that compete in any other market in this country. We conclude that requiring nondominant interexchange carriers to withdraw their tariffs and conduct their business as other enterprises do will not impose undue burdens on such carriers, substantially increase their costs, or, as LDDS suggests, force such carriers to abandon segments of the market to the detriment of residential and small business customers. Moreover, we reject ACTA's argument that detariffing will disproportionately burden small, nondominant interexchange carriers. While some of the increased administrative costs that carriers may incur initially as a result of the shift to a detariffed environment are likely to be fixed (such as the cost of developing short, standard contracts), many such costs will vary based on the area or number of customers served by such carriers (*e.g.*, advertising expenditures, the cost of promotional mailings or billing inserts). Nonetheless, we find that, on balance, the pro-competitive effects of not allowing nondominant interexchange carriers to file tariffs for their interstate, domestic, interexchange services outweigh any potential increase in transactional or administrative costs resulting from the shift to a detariffed environment.

58. We are also not persuaded that complete detariffing will make casual calling impossible. We believe nondominant interexchange carriers have options other than tariffs by which

they can establish legal relationships with casual callers pursuant to which such callers would be obligated to pay for the telecommunications services they use. For example, a carrier could seek recovery under an implied-in-fact contract theory if a customer has used the carrier's services, with knowledge of the carrier's charges, but has not executed a written contract. Under this theory, the customer's acceptance of the services rendered would evidence his agreement to the contract terms proposed by the carrier. By providing billing or payment information (*e.g.*, credit card information or a billing number) and completing use of the telecommunications service, casual callers may be deemed to have accepted a legal obligation to pay for any such services rendered. (Similarly, a casual caller who uses a carrier's access code to obtain service from the carrier may be deemed to have accepted an outstanding offer from the carrier to provide casual calling service, and therefore be obligated to pay for any services rendered.) We do not believe that these options will prove unduly burdensome for carriers. In any event, we conclude that, on balance, the competitive benefits of complete detariffing of nondominant interexchange carriers' interstate, domestic, interexchange services outweigh any potential increased costs resulting from the shift to detariffing. We further believe that the nine-month transition period established by this Order, will afford carriers sufficient time to develop efficient mechanisms to provide casual calling services in the absence of tariffs.

59. We reject the suggestion that eliminating tariff filing requirements for nondominant interexchange carriers' interstate, domestic, interexchange services would impede competition for such services by reducing information available to consumers and small nondominant interexchange carriers. As discussed above, nondominant interexchange carriers are likely to make rate and service information, currently contained in tariffs, available to the public in a more user-friendly form in order to preserve their competitive position in the market, and as part of their contractual relationship with customers. In addition, as we discuss below, we will require nondominant interexchange carriers to provide rate schedules for all of their interstate, domestic, interexchange services to consumers.

60. As noted, several parties, asserting that complete detariffing is not in the public interest, instead argue that permissive detariffing would be in the public interest. We reject their arguments for several reasons. Contrary to the assertions of AT&T and others, we believe that a permissive detariffing regime would not necessarily eliminate possible invocation of the ''filed-rate'' doctrine by nondominant interexchange carriers. Section 203(c) provides that a carrier may not ''charge, demand, collect, or receive a greater or less or different compensation * * * than the charges specified in the schedule then in effect.'' Thus, it is possible that, once a carrier files a tariff with the Commission, even if it is on a permissive basis, Section 203(c) may require the carrier to provide service at the rates, and on the terms and conditions, set forth in the tariff until or unless the carrier files a superseding tariff cancelling, or changing the rates and terms of, the tariff. Because the filed rate doctrine is a legal doctrine developed by judicial precedent, it is not entirely clear how courts would apply the filed rate doctrine if nondominant interexchange carriers were permitted to file tariffs and the filed tariff rate differed from the rate set in a non-tariffed contract. We believe that only with a complete detariffing regime, under which the carrier-customer relationship would more closely resemble the legal relationship between service providers and customers in an unregulated environment, can we definitively eliminate these possible anticompetitive practices and protect consumers.

61. Another consideration that precludes us from finding that permissive detariffing of the interstate, domestic, interexchange services of nondominant interexchange carriers is in the public interest is that, unlike complete detariffing, permissive detariffing would not eliminate the collection and availability of rate information in one centralized location. Although we recognize that nondominant interexchange carriers under a complete detariffing regime would still be able to obtain information concerning their competitors' rates and service offerings, we believe that tacit price coordination, to the extent it exists, will be more difficult. In contrast, allowing nondominant interexchange carriers to file tariffs on a voluntary basis would create the risk that carriers would file tariffs merely to send price signals and thus manipulate prices. In this respect, we are not persuaded by Frontier and CSE who argue that permissive detariffing would eliminate any risk of coordinated pricing because carriers could not be certain of their competitors' rates, terms, and conditions for service. Carriers could use tariffs to engage in price signalling, because any nondominant carrier that opted to file a tariff would be bound by its terms until or unless the carrier cancelled or modified the tariff through a new tariff filing, and thus competing carriers would be certain of such carrier's rates, terms and conditions for service while its tariff is in effect.

62. In addition, we note that permitting nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services imposes administrative costs on the Commission, which must maintain and organize tariff filings for public inspection. In light of our conclusion that market forces, the complaint process, and our ability to reimpose tariff filing requirements are adequate to protect consumers and ensure that nondominant interexchange carriers' rates, terms and conditions for interstate, domestic, interexchange services are just, reasonable and not unreasonably discriminatory, we believe that the public interest would be better served by the Commission devoting these resources to its enforcement duties.

63. With two limited exceptions described below, we also do not believe that there is a sound basis for concluding that forbearance is in the public interest only with respect to certain interstate, domestic, interexchange services, such as individually negotiated service arrangements offered by nondominant interexchange carriers. We find that the competitive benefits of not permitting nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services, discussed above, apply equally to all segments of the interstate, domestic, interexchange services market. Moreover, as discussed above, we reject the argument that detariffing mass market services offered to residential and small business customers will lead to substantially higher transactions costs. Similarly, we are not persuaded that the public interest benefits differ depending on the type of tariffed information that is at issue. The public interest benefit of removing carriers' ability to invoke the ''filed-rate'' doctrine applies equally with respect to terms and conditions as to rates. Moreover, permitting or requiring large nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services would not eliminate the risk of tacit price coordination among such carriers, and would raise the possibility that such carriers' tariffed rates would become a price umbrella. Finally, we agree with AT&T that there is no basis

to differentiate among nondominant interexchange carriers, because all such carriers are unable to exercise market power in the interstate, domestic, interexchange market.

64. Nor do we believe that we should delay our decision to detariff the interstate, domestic, interexchange services of nondominant interexchange carriers. Because we find the statutory criteria for forbearance are met at this time for all interstate, domestic, interexchange services offered by nondominant interexchange carriers, we are required by the 1996 Act to forbear from applying Section 203 tariff filing requirements to these services. Should circumstances change such that the statutory forbearance criteria are no longer met, we have the authority to revisit our determination here, and to reimpose Section 203 tariff filing requirements.

65. Finally, with respect to the regulatory treatment of BOC interexchange affiliates upon their entry into the interstate, domestic, interexchange market, we find no basis to exclude such carriers from the purview of this Order if they are classified as nondominant in their provision of interstate, domestic, interexchange services. We note that we are addressing the issue of whether incumbent local exchange carriers, including the BOCs, should be classified as dominant or nondominant in their provision of interstate, domestic, interexchange services in a separate ongoing proceeding. *See Implementation of the Non-Accounting Safeguards of Sections 271 and 272 of the Communications Act of 1934, as amended; Regulatory Treatment of LEC Provision of Interexchange Services Originating in the LEC's Local Exchange Area,* CC Docket No. 96–149, Notice of Proposed Rulemaking, 61 FR 39397 (July 29, 1996).

66. For the reasons explained herein, we find that complete detariffing of interstate, domestic, interexchange services offered by nondominant interexchange carriers is in the public interest, and that permissive detariffing of such services is not in the public interest.

iii. Authority To Eliminate Tariff Filings

a. Background

67. In the *NPRM,* the Commission sought comment on whether it has the authority under Section 10 of the Communications Act not to permit carriers to file tariffs.

b. Comments

68. Several interexchange carriers and others argue that the plain language of Section 10 authorizes the Commission only to refrain from requiring tariffs, but not to prohibit carriers from voluntarily complying with Section 203. AT&T contends that the Commission has used the term ''forbearance'' to apply only to permissive detariffing, and used the terms ''cancellation'' of all filed tariffs and ''elimination'' of future filings in adopting complete detariffing in the *Competitive Carrier* proceeding. AT&T adds that Congress used different terms in other provisions of the Communications Act to authorize the Commission to adopt complete detariffing. Specifically, AT&T argues that Congress gave the Commission authority to specify certain provisions of Title II of the Communications Act as ''inapplicable'' to CMRS providers. AT&T claims that by failing to use this term in Section 10, and instead using such permissive terms as ''forbear from applying'' or ''enforcing,'' Congress did not intend to give the Commission authority to adopt complete detariffing.

69. Other parties, however, argue that the 1996 Act gives the Commission legal authority to prohibit carriers from filing tariffs. Ad Hoc Users argues that the Commission has used the term ''forbearance'' to refer to both mandatory and permissive detariffing. Ad Hoc Users further argues that federal agencies and the courts have construed similar statutory provisions as authorizing federal agencies to adopt mandatory deregulation. Specifically, Ad Hoc Users contends that: (1) The Commission adopted mandatory detariffing for CMRS based on Section 332(c)(1)(A) of the Communications Act, which gave the Commission authority to specify certain provisions of Title II of the Communications Act as ''inapplicable'' to CMRS providers; and (2) the Civil Aeronautics Board (CAB) mandatorily deregulated the airline industry based on an amendment to the Federal Aviation Act that gave the CAB authority to ''exempt'' certain domestic air carriers from the requirements of the Federal Aviation Act if it found that such exemption was ''consistent with the public interest.'' Ad Hoc Users argues that these statutory grants of authority are substantially similar to Section 10, and that AT&T's argument (*i.e.,* that Section 10 only allows permissive deregulation) could be made about each of those statutes.

c. Discussion

70. We conclude that the Commission has authority under Section 10 to refuse to permit nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services. We reject the argument advanced by AT&T and others that by using the term ''forbear,'' Congress intended to authorize the Commission merely to ''refrain from enforcing'' its regulations or provisions of the Communications Act where the statutory forbearance criteria are met, and not to authorize the Commission to refuse to permit nondominant carriers to comply with such regulations or provisions voluntarily. We conclude that the plain meaning of the statute does not support their argument, and that federal agencies and the courts have construed similar statutory provisions as authorizing agencies to bar regulated entities from filing rate schedules and other tariff equivalents.

71. As noted, AT&T and others argue that the dictionary definition of the term ''forbear'' authorizes the Commission to detariff only on a permissive basis. We agree with Ad Hoc Users that, in this context, such reliance solely on dictionary definitions is inappropriate, and can be misleading, where the historical usage of a term endows that term with a distinct meaning. The Commission has consistently used the term ''forbear,'' or a variation thereof, to refer to mandatory, as well as to permissive, detariffing. For example, in the *Sixth Report and Order,* the Commission stated that its mandatory detariffing proposal, if adopted, ''would result in the cancellation of all *forborne* carrier tariffs currently on file with the Commission and would eliminate future federal tariff filings by carriers treated by *forbearance.*'' Similarly, in *Regulatory Treatment of Mobile Services,* the Commission stated that it would ''forbear from requiring or permitting tariffs of interstate service offered directly by CMRS providers to their customers,'' based on the Commission's authority to specify any provision of Title II as ''inapplicable'' to any CMRS provider.

72. The courts and Congress have also used the term ''forbear'' to apply to circumstances involving this agency's authority to refuse to permit carriers to file tariffs. In *MCI Telecommunications Corp.* v. *FCC,* the U.S. Court of Appeals for the D.C. Circuit used the term ''forbearance'' to refer to our previous mandatory detariffing policy, noting that ''[t]he Sixth Report * * * changed the permissive forbearance arrangement to a mandatory one.'' *MCI Telecommunications Corp.* v. *FCC,* 765 F.2d 1186, 1189 (D.C. Cir. 1985). In addition, in describing the Commission's previous tariff forbearance policy, the Senate Commerce, Science, and Transportation Committee applied the term ''forbearance'' to the entire *Competitive*

Carrier proceeding, encompassing both mandatory and permissive detariffing. *See* Telephone Operator Consumer Services Improvement Act of 1990, S. Rep. No. 439, 101st Cong., 2d Sess. 3 n.10 (1990) *reprinted in* 1990 U.S.C.C.A.N. 1577, 1579 (stating that ''[t]he FCC has chosen to 'forbear' from regulating the rates of 'non-dominant' carriers because they do not possess market power and thus have little ability to charge unjust or unreasonable rates in violation of the Communications Act of 1934,'' and citing, *inter alia,* the *Sixth Report and Order*).

73. It was against this background that Congress adopted Section 10(a). Accordingly, we concur with Ad Hoc Users that the term ''forbear'' must be construed within its historical and regulatory context, and not in a vacuum.

74. We further note that in construing a similar statutory provision, the U.S. Court of Appeals for the D.C. Circuit rejected a virtually identical argument that Congress had only provided the CAB authority to deregulate the airline industry on a permissive basis. In an amendment to the Federal Aviation Act, Congress granted the CAB authority to ''exempt'' domestic air carriers from statutory requirements of the Federal Aviation Act. *National Small Shipments Traffic Conference, Inc.* v. *CAB,* 618 F.2d 819, 822 n.2, 823, 827 (D.C. Cir. 1980). The CAB used this authority to prohibit certain air carriers from filing tariffs and certain intercarrier agreements. In *National Small Shipments Traffic Conference, Inc.,* petitioners argued that the CAB's ''authority to exempt airlines from certain requirements cannot be used to prohibit airlines from filing [intercarrier] agreements * * * if they choose to do so.'' *Id.* at 835. The court rejected this argument, noting that the CAB's exemption authority was ''broad'' and that its refusal to permit airlines to file intercarrier agreements was consistent with Congress' deregulatory purpose. *Id.*

75. Moreover, the action we take here is consistent with the Commission's order adopting complete detariffing for domestic CMRS providers. In Section 6002(b) of the Omnibus Budget Reconciliation Act of 1993 (OBRA), Congress granted the Commission authority to declare ''inapplicable to [any commercial mobile] service or person'' any provision of Title II, subject to certain limitations. This grant of authority, while not identical, is similar to the Commission's authority under Section 10. In response to this grant of authority under Section 6002(b), the Commission determined that it would ''forbear from requiring or permitting tariffs for interstate service offered directly by CMRS providers to their customers.''

76. In addition, we conclude that Section 203, which was ''enacted to control monopoly abuse'' by the carriers, does not grant to carriers a statutory right to file tariffs. As noted in the 1996 Act's legislative history, ''given that the purpose of this legislation is to shift monopoly markets to competition as quickly as possible, the Committee anticipates this forbearance authority will be a useful tool in ending unnecessary regulation.'' Thus, it seems inconceivable that Congress intended Section 10 to be interpreted in a manner that allows continued compliance with provisions or regulations that the Commission has determined were no longer necessary in certain contexts.

iv. Summary of Findings and Conclusions

77. We therefore conclude that tariffs are not necessary to ensure that the rates, practices, classifications, and regulations of nondominant interexchange carriers for interstate, domestic, interexchange services are just and reasonable and not unjustly or unreasonably discriminatory. In addition, we conclude that tariffs for the interstate, domestic, interexchange services of nondominant interexchange carriers are not necessary to protect consumers. Moreover, we find that complete detariffing of interstate, domestic, interexchange services provided by nondominant interexchange carriers is in the public interest, and that permissive detariffing of such services is not in the public interest. Accordingly, pursuant to the requirements of Section 10, we conclude that we must forbear from applying Section 203 tariff filing requirements to the interstate, domestic, interexchange services offered by nondominant interexchange carriers and not permit nondominant interexchange carriers to file tariffs for their interstate, domestic, interexchange services. We also conclude that the Commission has authority under Section 10 to refuse to permit nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services. We therefore order that nondominant interexchange carriers cancel all tariffs for such services currently on file with the Commission, subject to the procedural details specified below, and prohibit nondominant interexchange carriers from filing tariffs for such services in the future.

C. Maintenance and Disclosure of Price and Service Information; Certifications

i. Background

78. In the *NPRM,* the Commission tentatively concluded that, if it were to adopt a complete detariffing policy, nondominant interexchange carriers would be required to maintain at their premises price and service information regarding all of their interstate, domestic, interexchange service offerings, which they could submit to the Commission upon request. In addition, the Commission tentatively concluded that it would require nondominant providers of interexchange telecommunications services to file certifications stating that they are in compliance with the geographic rate averaging and rate integration requirements of Section 254(g) in order to ensure compliance with those requirements. The Commission further tentatively concluded that it would rely on the complaint process under Section 208 to bring violations of Section 254(g) to its attention.

ii. Comments

79. Several commenters recommend that, if the Commission adopts detariffing, it should require nondominant interexchange carriers to make their rates available to the public in some other fashion, such as by posting pricing information on-line, submitting current rate information to the Commission, or making such information available to any member of the public upon request. These commenters argue that the public needs such information to determine whether a carrier is complying with the geographic rate averaging and rate integration requirements of Section 254(g) as well as with the nondiscrimination requirements of Section 202. Several of these commenters further argue that consumers, especially residential and small business customers, need information on rates, terms and conditions to compare carriers' service offerings. Several small businesses that analyze tariff information for business and residential customers argue that they need such information to conduct their businesses.

80. Other commenters, however, oppose any record-keeping requirement. They argue that imposing such a requirement would eliminate any cost savings resulting from detariffing. Several parties further insist that carriers will make rate and service information available to consumers through other means.

81. AT&T argues that, to the extent the Commission seeks to justify its decision to detariff on the ground that complete detariffing would eliminate the ''filed-rate'' doctrine, a requirement that carriers make rate information available on-line or through a clearinghouse would undermine this objective. AT&T insists that the ''filed-rate'' doctrine would continue to apply if such a requirement is imposed, because the doctrine is based on the imposition of a filing requirement and not on the manner or place of filing.

82. Several interexchange carriers and BOCs contend that the Commission's proposed certification requirement and the complaint process are appropriate mechanisms to enforce the requirements of Section 254(g). Others, however, argue that the Commission should not require certifications, but should rely instead on the complaint process and its ability to examine rates upon request. These parties argue that certifications do little to advance the Commission's enforcement objectives, and that the complaint process and the Commission's ability to examine rates upon request are the only effective means to ascertain whether carriers are in compliance with their statutory obligations.

iii. Discussion

83. We adopt the tentative conclusion in the *NPRM* that nondominant providers of interstate, domestic, interexchange telecommunications services should be required to file annual certifications signed by an officer of the company under oath that they are in compliance with their statutory geographic rate averaging and rate integration obligations. We believe that annual certifications will emphasize the importance that we place on the rate averaging and rate integration requirements of the 1996 Act and put carriers on notice that they may be subject to civil and criminal penalties for violations of these requirements, especially willful violations.

84. While we believe that carrier certifications will be an important mechanism for enforcing the 1996 Act's geographic rate averaging and rate integration requirements, we are persuaded by the arguments of many parties, including numerous state regulatory commissions and consumer groups, that publicly available information is necessary to ensure that consumers can bring complaints, if necessary, to enforce those requirements. As noted above, we find that it is highly unlikely that interexchange carriers that lack market power could successfully charge rates, or impose terms and conditions, for interstate, domestic, interexchange services in ways that violate Sections 201 and 202 of the Communications Act, and that such carriers will generally provide rate and service information to consumers to preserve or improve their competitive position in the market. We recognize, however, that in competitive markets carriers would not necessarily maintain geographically averaged and integrated rates for interstate, domestic, interexchange services as required by Section 254(g). Because the public should have the ability to bring violations of the geographic rate averaging and rate integration requirements of the 1996 Act to our attention, we believe it is appropriate to require carriers to make available to the public the information that is necessary for the public to determine whether a carrier is adhering to the geographic rate averaging and rate integration requirements of Section 254(g). Accordingly, we will require nondominant interexchange carriers to make information on current rates, terms, and conditions for all of their interstate, domestic, interexchange services available to the public in an easy to understand format and in a timely manner. (A nondominant interexchange carrier must make available to any member of the public such information about all of that carrier's interstate, domestic, interexchange services.) We note that, by adopting this requirement, we do not intend to require carriers to disclose more information than is currently provided in tariffs, in particular in contract tariffs.

85. The requirement that nondominant interexchange carriers make available to the public information concerning the current rates, terms and conditions for all of their interstate, domestic, interexchange services also will promote the public interest by making it easier for consumers, including resellers, to compare carriers' service offerings. While nondominant interexchange carriers will generally provide rate and service information to consumers in order to attract and retain customers, some consumers may find it difficult to determine the particular service plans that are most appropriate, and least costly, for them, based on their calling patterns, because of the wide array of calling plans offered by the scores of carriers. Businesses and consumer organizations that analyze and compare the rates and services of interexchange carriers perform a valuable function in assisting consumers to judge the specific carriers' rates and service plans that are best suited to their individual needs. The foregoing requirement will ensure that such businesses, many of which are small businesses, continue to have access to the information they need to provide their services.

86. In order to minimize the burden on nondominant interexchange carriers of complying with this requirement, we will not require nondominant interexchange carriers to make rate and service information available to the public in any particular format, or at any particular location. We reject the suggestion that we should require nondominant interexchange carriers to provide information on their interstate, domestic, interexchange services at a central clearinghouse or on-line. We find that mandating such a requirement would be unduly burdensome at this time. Rather, we will require only that a carrier make such information available to the public in at least one location during regular business hours. We will also require carriers to inform the public that this information is available when responding to consumer inquiries or complaints, and to specify the manner in which the consumer may obtain the information. In addition, because we are simply requiring carriers to make information available to the public, we need not address AT&T's argument that requiring nondominant interexchange carriers to make price and service information available on-line or at a central clearinghouse is a filing requirement within the meaning of Section 203. (Although we do not require carriers to make such information available to the public at more than one location, we encourage carriers to consider ways to make such information more widely available, for example, posting such information on-line, mailing relevant information to consumers, or responding to inquiries over the telephone.)

87. Finally, we adopt the tentative conclusion in the *NPRM* that we should require nondominant interexchange carriers to maintain price and service information regarding all of their interstate, domestic, interexchange service offerings, that they can submit to the Commission upon request. We believe it is appropriate that this information should include the information that carriers provide to the public as required above, as well as documents supporting the rates, terms, and conditions of the carriers' interstate, domestic, interexchange offerings. We note that we will not require carriers to make such supporting documentation available to the public. We also find that it is appropriate to require nondominant

interexchange carriers to retain the foregoing records for a period of at least two years and six months following the date the carrier ceases to provide services on such rates, terms and conditions, in order to afford the Commission sufficient time to notify a carrier of the filing of a complaint, which generally must be commenced within two years from the time the cause of action accrues. We note that, in the event a complaint is filed against a carrier, we will require the carrier to retain documents relating to the complaint until the complaint is resolved. We will also require nondominant interexchange carriers to file with the Commission, and update as necessary, the name, address, and telephone number of the individual, or individuals, designated by the carrier to respond to Commission inquiries and requests for documents. We will further require that nondominant interexchange carriers maintain the foregoing records in a manner that allows carriers to produce such records within ten business days of receipt of a Commission request. We conclude that the availability of such records will enable the Commission to meet its statutory duty of ensuring that such carriers' rates, terms, and conditions for service are just, reasonable, and not unreasonably discriminatory, and that these carriers comply with the geographic rate averaging and rate integration requirements of the 1996 Act. In addition, maintenance of such records will enable the Commission to investigate and resolve complaints.

D. Transition

i. Comments

88. Several commenters suggest that if the Commission were to adopt the complete detariffing proposal, it should also implement an appropriate transition period to afford nondominant interexchange carriers time to adapt their operations to a detariffed regime. Ad Hoc Users and API suggest that we adopt a six-month transition period. Eastern Tel, AT&T, and LDDS recommend a period of at least one year, and LCI suggests a phase-in period of 18–24 months. In addition, AT&T urges the Commission to ''make clear that the terms of individual carrier/customer deals currently on file at the Commission stay on file and remain unchanged by a decision to prohibit the filing of tariffs.'' Ad Hoc Users and API, on the other hand, urge the Commission to prevent carriers from filing tariffs that supersede existing contracts during the transition period. API further recommends that during the transition period, carriers should not be permitted to require that the terms of existing pricing arrangements be extended as a condition for negotiating contracts to replace existing tariffs. Finally, Eastern Tel requests the Commission to work with industry to develop a standard contract for telecommunications services, similar to the form contracts used in the real estate industry, that address such issues as the collection procedures that can be utilized.

ii. Discussion

89. We agree that we should allow nondominant interexchange carriers an appropriate transition period to adjust to detariffing. We conclude that a nine-month period is sufficient to provide for an orderly transition. We believe that this transition period will afford carriers sufficient time to adjust to detariffing. We do not believe that a more extended period is needed for nondominant interexchange carriers to adjust their operations. Nondominant interexchange carriers are not required to negotiate a new contract with each customer. Nondominant interexchange carriers may utilize various methods to establish legal relationships with customers in the absence of tariffs, including, for example, the use of short standard agreements. We therefore order all nondominant interexchange carriers to cancel their tariffs for interstate, domestic, interexchange services on file with the Commission within nine months of the effective date of this Order and not to file any such tariffs thereafter. We note that the effective date of this Order (*i.e.*, the date the rules and requirements promulgated by this Order will become effective) will be 30 days from the date of publication of this Order in the Federal Register.

90. Nondominant interexchange carriers may cancel their tariffs for interstate, domestic, interexchange services at any time during the nine-month period. Pending such cancellation, the Commission will accept new tariffs and revisions to the carrier's tariffs for mass market interstate, domestic, interexchange services. We believe that it is appropriate to allow nondominant interexchange carriers to revise their tariffs for mass market interstate, domestic, interexchange services on file with the Commission during the nine-month transition period in order to respond to changes in the market. However, in order to preserve the legitimate business expectations of customers taking service pursuant to long-term service arrangements, and to limit the ability of carriers to unilaterally alter or abrogate such arrangements by invoking the filed rate doctrine, the Commission will not accept new tariffs, or revisions to carriers' existing tariffs, for long-term service arrangements (such as contract tariffs, AT&T's Tariff 12 options, MCI's special customer arrangements, and Sprint's custom network service arrangements) during the transition period. We recognize that many such long-term service arrangements incorporate by reference mass market tariffs. By precluding carriers during the transition period from filing tariffs or revisions to tariffs for long-term service arrangements, we do not intend to limit carriers' ability to file tariffs and tariff revisions for mass market services.

91. Carriers that have on file with the Commission ''mixed'' tariff offerings that contain services subject to detariffing pursuant to this Order, may comply with this Order either by: (1) Cancelling the entire tariff and refiling a new tariff for only those services subject to tariff filing requirements; or (2) issuing revised pages cancelling the material in the tariffs that pertain to those services subject to forbearance. A ''mixed'' tariff offering is a tariff that includes services for which the carrier is subject to different tariff filing requirements. One example of a ''mixed'' tariff offering would be a tariff that contains interstate, domestic, interexchange services for which the carrier is nondominant and therefore prior to the effectiveness of this Order was subject to a one-day tariff filing requirement, as well as international services for which the carrier is nondominant and therefore subject to a one-day tariff filing requirement. Another example would occur where a carrier is dominant for certain services and nondominant for others and includes both types of services in one tariff. As discussed below in section II.E., we determine that a carrier that has mixed tariff offerings that include interstate, domestic, interexchange services for which the carrier is nondominant, as well as international services for which the carrier is nondominant, must continue to tariff the international portions of such bundled or mixed tariff offerings. Accordingly, such a carrier must comply with this requirement. This requirement also applies to a carrier that has other types of mixed tariff offerings that are affected by this Order, such as where the carrier offers in one tariff interstate, domestic, interexchange services for which it is nondominant with other services for which the carrier is dominant.

92. We note that, while complete detariffing will change the legal

framework for long-term service arrangements, we do not intend by our actions in this Order to disturb existing contractual or other long-term arrangements. Accordingly, our detariffing policy should not be interpreted to allow parties to alter or abrogate the terms of long-term arrangements currently on file with the Commission. Because we have determined that our action here does not entitle parties to a contract-based, or other long-term, service arrangement to take a ''fresh look'' at such arrangements, we need not address API's suggestion that we prohibit nondominant interexchange carriers from demanding that the terms of existing pricing arrangements be extended beyond their currently applicable terms.

93. Finally, we decline to follow Eastern Tel's suggestion that the Commission work with industry during the transition period to establish a standard contract for telecommunications services. As noted above, we believe that nondominant interexchange carriers may use various methods to provide service to their customers. We find that it would be more consistent with the pro-competitive and deregulatory objectives of the 1996 Act to allow carriers and customers freely to determine the most efficient methods for providing interexchange services without tariffs.

E. Tariff Filing Requirements for the International Portion of Bundled Domestic and International Services

i. Background

94. A number of nondominant interexchange carriers currently file bundled tariffs that include both interstate, domestic, interexchange services and international services. In the *NPRM*, the Commission sought comment on whether it should forbear from requiring nondominant interexchange carriers to file tariffs for the international portions of bundled domestic and international service offerings if the Commission forbears from requiring such carriers to file tariffs for their domestic services. The Commission noted that it was reserving for another day, in a separate proceeding, the broader question of whether it should consider generally forbearing from requiring tariffs for international services provided by nondominant carriers.

ii. Comments

95. Several commenters support detariffing the international portions of bundled domestic and international services offered by nondominant interexchange carriers. Ad Hoc Users, API and AT&T argue that different tariff filing requirements for the domestic and international portions of bundled offerings would require the artificial partition of unified service arrangements, which would impose substantial costs on both customers and carriers. Ad Hoc Users also contends that different tariff rules would lead to separate minimum revenue requirements for domestic and international services. API and the Television Networks argue that international services offered by nondominant carriers should be detariffed whether or not the international services are bundled with domestic services.

96. Other parties argue that the Commission should not detariff international portions of bundled offerings until nondominant international carriers are relieved generally of tariff filing requirements. MCI expressed concern that, if the Commission detariffed the international portion of bundled or ''mixed'' tariff offerings, AT&T, which was regulated as dominant in international markets when comments in this proceeding were due, would be freed of tariff regulation in connection with its '''mixed' international offerings.''

97. AMSC, which provides mobile telecommunications services using satellites that cover the continental United States, Hawaii, Alaska, Puerto Rico, and the U.S. Virgin Islands, as well as adjacent international waters and northern parts of South America, urges the Commission to detariff the international portions of the offerings of nondominant CMRS providers, including its own services. The Commission detariffed AMSC's domestic services two years ago when it adopted mandatory detariffing for CMRS providers. AMSC argues that there is no rationale for maintenance of a tariff filing requirement for the international services of AMSC or other CMRS providers. In addition, AMSC argues that because it offers a mobile service via satellite, it cannot determine whether a call originates in a domestic or international area and that most of its international service is provided to users in international waters.

iii. Discussion

98. In the *NPRM*, the Commission indicated that it would consider in a separate proceeding the question of whether it should generally forbear from requiring tariffs for international services provided by nondominant carriers, but it sought comment on whether it should forbear from requiring nondominant interexchange carriers to file tariffs for the international portions of bundled domestic and international service offerings. There is not sufficient evidence in the record to make findings that each of the statutory criteria are met to forbear from requiring nondominant interexchange carriers to file tariffs for the international portions of bundled domestic and international service offerings. We therefore believe that detariffing the international portions of bundled domestic and international service offerings would be better addressed as part of a separate proceeding in which the Commission can further examine the state of competition in the international market. Accordingly, we will require nondominant interexchange carriers to continue to file tariffs for the international portions of bundled domestic and international service offerings until we find that the statutory criteria are met for international services provided by nondominant carriers. A nondominant carrier with bundled domestic and international services may comply with this Order either by cancelling its entire tariff and refiling a new tariff only for the international portions of its service offerings or by issuing revised pages that cancel the material in its tariffs which pertains to those services subject to forbearance. Because we will require nondominant interexchange carriers to continue to file tariffs for international services, we need not address MCI's concern that dominant international carriers might be freed from tariff requirements for the international portions of bundled domestic and international services.

99. Our decision here will not impose substantial administrative expenses on carriers or customers. In addition, to respond to concerns about the cost of partitioning bundled offerings, we are modifying our rules to permit nondominant interexchange carriers to cross reference detariffed interstate, domestic, interexchange service offerings in their tariffs for international services for purposes of calculating discounts and minimum revenue requirements.

100. We similarly find that there is insufficient record evidence in this proceeding to detariff the international portions of CMRS services, or to address AMSC's concerns with regard to its specific services at this time.

F. Effect of Forbearance on AT&T's Commitments

i. Background

101. In the *AT&T Reclassification* proceeding, AT&T made certain voluntary commitments that AT&T stated were intended to serve as transitional arrangements to address concerns expressed by parties about possible adverse effects of reclassifying AT&T. These commitments concerned: service to low-income and other customers; analog private line and 800 directory assistance services; service to and from the State of Alaska and other regions subject to the Commission's rate integration policy; geographic rate averaging; changes to contract tariffs that adversely affect existing customers; and dispute resolution procedures for reseller customers. In the *AT&T Reclassification Order,* the Commission accepted AT&T's commitments and ordered AT&T to comply with those commitments.

102. In the *NPRM,* the Commission sought comment on the effects of the Commission's complete detariffing proposal on certain of AT&T's commitments. Specifically, AT&T committed, for a period of three years, to limit any price increases for interstate analog private line and 800 directory assistance services to a maximum increase in any year of no more than the increase in the consumer price index. AT&T also committed, for a period of three years, to file tariff changes increasing the prices of these services on not less than five business days' notice, and to identify clearly such tariff transmittals as affecting the provisions of this commitment. In the *NPRM,* the Commission tentatively concluded that AT&T should remain subject to these commitments for the specified term of the commitments. The Commission therefore tentatively concluded that if we were to adopt detariffing, AT&T should be required to continue to file tariffs for these services for the term of its commitments.

103. In addition, AT&T voluntarily committed, for a period of three years, to offer two optional calling plans designed to mitigate the impact of future increases in basic schedule or residential rates. The first plan is targeted to low-income customers, and the second is targeted to low-volume consumers, but is generally available to all residential customers. Moreover, AT&T agreed to file on not less than five business days' notice tariffs changing the structure of these plans or significantly increasing the cost of its basic residential service.

ii. Comments

104. The Pennsylvania PUC contends that AT&T should remain subject to all of its voluntary commitments as a safeguard, because AT&T has only been classified as a nondominant interexchange carrier for a short period of time. The Florida PSC suggests that AT&T should remain subject to its three-year commitment to offer calling plans intended for low-income and low-volume consumers in order to eliminate concerns about rate increases for basic long-distance rates. In contrast, several interexchange carriers contend that AT&T should not be bound by any commitments that do not apply equally to all nondominant interstate, interexchange carriers.

105. AT&T states that it will abide by its commitments concerning unilateral changes to contract tariffs, but argues that it should not be subject to any additional burdens regarding contract tariffs that are not imposed on other nondominant carriers. AT&T did not address its other commitments in its comments in this proceeding.

iii. Discussion

106. We conclude that we should adopt the tentative conclusion in the *NPRM* that AT&T should continue to comply with its commitments relating to 800 directory assistance and analog private line services. In the *AT&T Reclassification Order,* the Commission acknowledged that there was evidence in the record that AT&T may have the ability to control prices for 800 directory assistance service and analog private line services, but also noted that these services generate *de minimis* revenues when compared to total industry revenues. The Commission stated, therefore, that the evidence regarding AT&T's ability to control prices for these specific services did not mean that AT&T has market power in the interstate, domestic, interexchange market as a whole. The Commission further stated that it believed that ''AT&T's voluntary commitments will effectively restrain AT&T's exercise of any market power it may have with respect to these narrow service segments.'' In light of the Commission's conclusions in the *AT&T Reclassification Order,* and AT&T's statements that its commitments serve as a transitional mechanism, we find that detariffing of analog private line and 800 directory assistance services at this time is not in the public interest, and would not meet the statutory forbearance criteria. We, therefore, require AT&T to continue to file tariffs for these services in accordance with, and for the specified term of, its commitments. AT&T will be required to cancel its tariffs for these services within nine months of the end of its three-year commitment, consistent with the requirements we have adopted for other nondominant interexchange carriers.

107. AT&T has not argued in this proceeding that it should be relieved of its commitment in the *AT&T Reclassification Order* to offer optional rate plans targeted at low-income and other residential customers. Accordingly, we require that AT&T continue to offer an optional calling plan targeted to low-income customers and a plan targeted to low-volume customers, but which is generally available to all residential customers, until the expiration of its original commitment in the fall of 1998. In addition, we will continue to monitor AT&T's compliance with its commitments to implement a consumer outreach program to notify its customers of the availability of such plans, and to offer for three years an interstate optional calling plan that will provide residential customers a postalized rate of no more than $0.35 per minute for peak calling and $0.21 per minute for off-peak.

108. We note that our decision to preclude nondominant interexchange carriers from filing tariffs for interstate, domestic, interexchange services would effectively eliminate AT&T's commitments to file changes to such optional plans and to file certain changes to its average residential interstate direct dial services on not less than five business days' notice. (AT&T committed to file changes to its average residential interstate direct dial services on not less than five business days' notice if those changes, (1) increase rates more than 20% for customers making more than $2.50 in calls per month, or (2) increase average monthly charges more than $.50 per month for customers making less than $2.50 in calls per month, and to clearly identify such tariff transmittals as affecting the provisions of this commitment. Additionally, AT&T committed to file tariff changes to its optional calling plans on not less than five business days' notice, and only in the event of a significant change in the structure of the interexchange industry (including a reprice or restructure of access rates). AT&T also committed to identify such tariff transmittals as affecting the provisions of this commitment.) Accordingly, consistent with AT&T's intent that its commitments serve as a transitional arrangement, we require AT&T, for the period of its

commitments, to notify consumers of changes to such plans, or of changes to its average residential interstate direct dial services, under the circumstances specified in the *AT&T Reclassification Order*, on not less than five business days' notice.

109. Finally, we conclude that actions in this proceeding do not affect AT&T's other commitments. In our *Geographic Rate Averaging Order*, we found that the rules adopted in that proceeding would require AT&T to provide interexchange service at geographically averaged and integrated rates. We therefore released AT&T from its commitments relating to rate integration and geographic rate averaging. We expressly did not release AT&T from its more specific commitment to comply with the Commission's orders associated with AT&T's purchase of Alascom. We believe that detariffing would not affect these commitments. AT&T's commitment regarding dispute resolution procedures for resellers has no expiration date, and is also unaffected by detariffing. Finally, AT&T's commitments concerning changes to contract tariffs, quarterly performance reports on reseller order processing, and providing an ombudsman to resolve reseller complaints, expire by their own terms in the fall of 1996.

G. Additional Forbearance Issues

110. The Secretary of Defense raises two concerns regarding the National Security and Emergency Preparedness (NSEP) system. Specifically, two services, Telecommunications Services Priority (TSP) and Government Emergency Telecommunications Service (GETS) are now provided by nondominant interexchange carriers pursuant to tariffs. Under tariffs filed to provide TSP service, circuits with NSEP designations receive priority restoral and provisioning. The Secretary of Defense argues that TSP tariffs not only establish a price for the service, but also serve as a clear sign that a carrier understands and accepts the responsibilities imposed by the Commission's TSP rules. The Secretary of Defense also expressly acknowledges, however, that TSP service could be provided on the basis of negotiated contracts. Consequently, we find no basis in the record for excluding TSP services from the requirements of this Order. The Secretary of Defense expresses concern, however, that carriers may not be aware of the TSP rules. While we concur with the Secretary of Defense that carriers must understand their responsibilities under our TSP rules, and that carriers should price such services, before an emergency occurs, we do not believe that tariffs are necessary to fulfill these functions. Rather, we conclude that carriers will be adequately informed of our TSP rules and regulations when contracts for TSP services are negotiated. In addition, we reaffirm our commitment to enforce the TSP rules and regulations, and expect that officials responsible for the NSEP TSP System will report any violations of these rules to us.

111. The second issue raised by the Secretary of Defense concerns GETS, which provides NSEP-authorized personnel priority call completion over the public switched network. The Secretary of Defense seeks assurance that GETS would not be deemed to constitute unreasonable discrimination in violation of Section 202(a) of the Communications Act. The Secretary of Defense states that the Office of the Manager of the National Communications System wrote to the Commission on November 29, 1993, asking for a declaratory ruling that GETS does not violate Section 202(a). The Commission later determined that the request for a declaratory ruling was moot, because ''[l]awful tariffs implementing [GETS] have gone into effect.'' The Secretary of Defense is concerned that the permissibility of GETS is dependent on filed tariffs. We conclude, however, that our decision to forbear does not affect the nondiscrimination provisions of Section 202(a). Thus, to the extent that GETS did not constitute unreasonable discrimination under tariffs, the service will not violate Section 202(a) following detariffing.

112. APCC urges the Commission not to take any action in this proceeding that may be inconsistent with or jeopardize the Commission's ongoing inquiry into operator services. In the *NPRM* in this proceeding, the Commission indicated that it would consider operator services in another proceeding and therefore expressly stated that it was not addressing the issue of forbearance from applying Section 226 of the Communications Act, which requires operator service providers (OSP) to file informational tariffs. In the *Nondominant Filing Order*, the Commission, in order to minimize tariff filing burdens on carriers, permitted carriers that provide both operator services and other services to file one single tariff under Section 203, rather than separate tariffs under Sections 203 and 226, as long as the tariff meets the requirements of both sections. As a result, the largest nondominant interexchange carriers, or their affiliates, have filed tariffs for interstate and international operator services pursuant to Section 203 rather than Section 226. Our decision to forbear from applying Section 203 tariff filing requirements to nondominant interexchange carriers for interstate, domestic, interexchange services does not relieve such carriers of the obligation to file informational tariffs pursuant to Section 226. Accordingly, any carrier that has included tariff information concerning interstate and international operator services in a Section 203 tariff must refile an informational tariff for such services, consistent with Section 226, upon cancelling such Section 203 tariff. Thus, our actions in this proceeding will not dictate the outcome of the Commission's inquiry into operator services.

III. Bundling of Customer Premises Equipment

113. In the *Computer II* proceeding, the Commission adopted a rule requiring all common carriers to sell or lease CPE separate and apart from such carriers' regulated communications services, and to offer CPE solely on a non-tariffed basis. (Section 64.702(e) of our rules provides: ''Except as otherwise ordered by the Commission, after March 1, 1982, the carrier provision of customer-premises equipment used in conjunction with the interstate telecommunications network shall be separate and distinct from provision of common carrier communications services and not offered on a tariffed basis.'') Carriers previously had provided CPE to customers as part of a bundled package of services. The Commission required carriers to separate the provision of CPE from the provision of transmission services, because it found that carriers' continued bundling of telecommunications services with CPE could force customers to purchase unwanted CPE in order to obtain necessary transmission services, thus restricting customer choice and retarding the development of a competitive CPE market. The Commission acknowledged, however, that ''[i]f the markets for components of [a] commodity bundle are workably competitive, bundling may present no major societal problems so long as the consumer is not deceived concerning the content and quality of the bundle.''

114. In the *NPRM*, the Commission tentatively concluded that, in light of the development of substantial competition in the markets for CPE and interstate long-distance services, it was unlikely that nondominant interexchange carriers could engage in the type of anticompetitive conduct that

led the Commission to prohibit the bundling of CPE with the provision, *inter alia*, of interstate, interexchange services. The Commission also tentatively concluded that allowing nondominant interexchange carriers to bundle CPE with interstate, interexchange services would promote competition by allowing such carriers to create attractive service/equipment packages. The Commission therefore proposed to amend Section 64.702(e) of the Commission's rules to allow nondominant interexchange carriers to bundle CPE with interstate, interexchange services. The Commission sought comment on this proposal, and on the effect that the proposed amendment of Section 64.702(e) would have on the Commission's other policies or rules. The Commission also sought comment on: (1) Whether interexchange carriers should be required to offer separately, unbundled interstate, interexchange services on a nondiscriminatory basis if they are permitted to bundle CPE with the provision of interstate, interexchange services and (2) whether and how the anticipated entry of local exchange carriers, in particular the BOCs, into the market for interstate, interexchange services should affect the Commission's analysis.

115. A number of commenters addressing this issue support the Commission's proposal to amend Section 64.702(e) to allow nondominant interexchange carriers to bundle CPE with the provision of interstate, interexchange services, while other parties oppose such an amendment. Many commenters further argue that if the Commission permits bundling of CPE with interstate, interexchange services, it should require nondominant interexchange carriers to continue to offer unbundled interstate, interexchange services separately.

116. In its comments, AT&T strongly supported the Commission's proposal, but suggested that it did not go far enough, and urged the Commission also to eliminate restrictions on single-priced, bundled packages of enhanced and interexchange services offered by nondominant interexchange carriers. These restrictions (which are not codified in the Commission's rules) were adopted by the Commission in the *Computer II* proceeding. AT&T maintains that such restrictions are no longer justified, in light of the Commission's findings regarding the competitiveness of the interexchange market, and because the enhanced services market is even more ''robust, competitive and diverse'' than the CPE market. AT&T concludes that ''the rationale underlying the Commission's proposal to eliminate the bundling restrictions for CPE and interexchange services applies equally to enhanced services,'' and it therefore urges the Commission to institute a supplemental notice of proposed rulemaking ''to eliminate the restrictions against the bundling of interexchange services and enhanced services by nondominant interexchange carriers.'' (In its comments, MCI assumed that the proposed amendment of Section 64.702(e) would allow bundling of transmission with enhanced services as well as CPE or ''any other product or service that the carrier chooses to include in a bundle.'')

117. ITAA opposes AT&T's request on the grounds that enhanced service providers (''ESPs'') require access to unbundled network services at competitive prices and on nondiscriminatory terms in order to succeed. ITAA claims that there are only three nationwide facilities-based carriers, which ITAA contends collectively control the bulk of the interexchange market, from which ESPs can purchase the ubiquitous transmission services they require. ITAA maintains that AT&T's proposal would chill the growth of the enhanced services market by making ESPs vulnerable to discrimination by carriers in favor of their own enhanced services.

118. We conclude that, at this time, we should defer action on our earlier proposal to eliminate the CPE unbundling rule. We find that AT&T's request presents issues similar to those raised in the *NPRM* relating to the bundling of CPE with interstate, interexchange services by nondominant interexchange carriers. AT&T's request, however, also raises issues that have not been addressed in the record before us. Because we believe it is appropriate to consider the Commission's prohibitions against bundling CPE and enhanced services with interstate, interexchange services together, in a single, consolidated proceeding, we decline to act on the Commission's proposal in the *NPRM* to amend Section 64.702(e) of the Commission's rules to allow nondominant interexchange carriers to bundle CPE with interstate, interexchange services at this time. We intend to issue a further notice of proposed rulemaking that will address the continued applicability of the prohibitions against the bundling of both CPE and enhanced services with interstate, interexchange services by nondominant interexchange carriers.

IV. Other Issues

A. Pricing Issues

i. Background

119. In the *AT&T Reclassification Order*, the Commission found the evidence in the record regarding the existence of alleged tacit price coordination among interexchange carriers for basic residential services, or residential services generally to be inconclusive and conflicting. The Commission concluded that, if there were tacit price coordination in the interexchange market, the problem was generic to the industry and would be better addressed by removing regulatory requirements that may have facilitated such conduct. In the NPRM, the Commission noted that its reclassification of AT&T removed one such regulatory requirement—the longer advance notice period applicable only to AT&T. The Commission also observed that the 1996 Act would provide the best solution to the problem of tacit price coordination, to the extent that it exists currently, by allowing for competitive entry in the interstate interexchange market by the facilities-based BOCs. Moreover, the Commission tentatively concluded that complete detariffing of the interstate, domestic, interexchange services of nondominant interexchange carriers would discourage price coordination by eliminating carriers' ability to ascertain their competitors' interstate rates and service offerings from publicly-available tariffs filed with the Commission. The Commission sought comment on these issues.

ii. Comments

120. BOCs and other commenters argue that there is substantial evidence of tacit price coordination by the largest interexchange carriers, which the BOCs claim have engaged in price signaling and increased basic rates in lock-step, despite decreasing costs. Others, including a number of interexchange carriers, contend that there is no evidence of tacit price coordination, and that interexchange carriers have raised their rates for basic services because their rates were artificially kept below cost by price caps.

121. Several commenters argue that the best remedy for price coordination, to the extent it exists, is competitive entry in the interstate, domestic, interexchange market. Other commenters argue that because the BOCs have bottleneck control over access facilities, premature BOC entry may impede competition, because the BOCs will have unfair advantages over

their competitors, forcing smaller carriers from the market.

122. Some commenters suggest that the Commission's proposal to adopt complete detariffing will impede price coordination because tariffs enable carriers to ascertain their competitors' rates, terms and conditions for service at one, central location. Others argue that complete detariffing will have little effect on price coordination because carriers will be able to keep track of their competitors' rates through other methods, such as through competitors' advertising and because the current streamlined tariff filing requirements prevent price signaling.

iii. Discussion

123. We find the evidence in the record regarding tacit price collusion to be inconclusive. While data presented by Bell South and Bell Atlantic could be consistent with the existence of tacit collusion among interexchange carriers, these data are also consistent with competition among interexchange carriers. For example, the fact that increases in AT&T's basic rates have been matched almost immediately by MCI and Sprint is consistent with a theory of evolving competition in this marketplace. Between 1991 and 1995, while interexchange carriers were increasing basic rates, they were also lowering prices to higher volume customers through increases in discounts offered via discount plans. A Commission staff study of best available rates from AT&T to callers with different calling patterns shows that between 1991 and 1995, rates for customers with long-distance bills exceeding $10.00 per month have decreased by between 15 and 28 percent. By contrast, the best prices available to customers with less than $10.00 per month of calls have risen about 16 percent since 1991. (These prices are based on the basic rates, because no discount plans were generally available for those customers making less than $10.00 per month in calls.) This pattern is consistent with the view that, over time, interexchange carriers began to compete more vigorously for high volume users than for low volume users. Such a market strategy would tend to result in lower prices for higher volume, more price sensitive customers, and higher prices for lower volume, less price sensitive customers.

124. Other data not discussed by BellSouth also are more suggestive of competition than collusion among interexchange carriers. For example, in 1994 nearly 30 million customers changed their presubscribed interexchange carriers, which is indicative of competition among interexchange carriers for customers. In addition, between 1989 and 1992, advertising expenditures by all interexchange carriers increased 85 percent, to 1.6 billion dollars, which is further evidence of increased competition among interexchange carriers and not tacit collusion.

125. Based on the record in this proceeding, we find the evidence of tacit price coordination to be inconclusive and conflicting. In addition, we conclude that the detariffing rules we adopt today, together with additional competitive entry consistent with the provisions of the 1996 Act, provides the best solution to tacit price coordination to the extent it exists. Regarding the Alabama PSC's concern that the BOCs will have unfair advantages over their competitors and thereby will force small carriers from the market, we note that the 1996 Act provides safeguards to prevent the BOCs from engaging in anticompetitive conduct to the detriment of long-distance competitors, some of which are small nondominant interexchange carriers. We will address implementation of these safeguards in upcoming orders.

B. Contract Tariff Issues

126. In the *AT&T Reclassification* proceeding, commenters raised certain issues regarding contract tariffs. The Commission deferred consideration of those issues to this proceeding because it found that those issues applied to all interexchange carriers and were unrelated to the determination of whether AT&T possessed market power. In the *NPRM*, the Commission noted that those issues would largely be mooted if, as proposed in the *NPRM*, the Commission were to adopt a complete detariffing policy. The Commission nevertheless sought comment on those and other issues, because such issues would remain relevant if we determined not to forbear from requiring nondominant interexchange carriers to file tariffs.

127. MCI and GTE agree that the tariff-related issues raised in the *NPRM* would be largely moot if the Commission adopts complete detariffing. AT&T argues, however, that one of these issues, application of the ''substantial cause'' test would not be moot following adoption of a complete detariffing policy, because the substantial cause test is an integral part of the ''just and reasonable'' standard in section 201(b). AT&T argues that because the Commission is not proposing to forbear from applying Section 201(b), the ''substantial cause'' test would still apply even if the Commission adopts a complete detariffing policy. No other party commented on whether these issues would remain relevant if we were to adopt a complete detariffing policy.

128. Because we are implementing complete detariffing, we conclude that the contract tariff-related issues raised in the *NPRM* are largely moot with respect to interstate, domestic, interexchange services offered by nondominant interexchange carriers. We reject AT&T's argument that the substantial cause test would continue to apply regardless of whether we order complete detariffing. In the *RCA Americom Decisions*, the Commission recognized that a dominant carrier's proposal ''to modify extensively a long term service tariff may present significant issues of reasonableness under Section 201(b) that are not ordinarily raised in other tariff filings.'' Accordingly, the Commission held that a carrier's unilateral tariff revisions that alter material terms and conditions of a long-term service tariff will be considered reasonable only if the carrier can show ''substantial cause'' for the revision. While we recognize that the Commission may be called upon to examine the reasonableness of a nondominant interexchange carrier's rates, terms and conditions for interstate, domestic, interexchange services, for example, in the context of a Section 208 complaint proceeding, we find that following complete detariffing, we will no longer have to assess the reasonableness of modifications by such carriers to their tariffs for interstate, domestic, interexchange services. Thus, although the substantial cause test may continue to apply in other contexts, the test will no longer apply to unilateral tariff modifications by nondominant interexchange carriers regarding their interstate, domestic, interexchange services.

V. Final Regulatory Flexibility Analysis

129. As required by Section 603 of the Regulatory Flexibility Act (RFA), an Initial Regulatory Flexibility Analysis (IRFA) was incorporated in the *NPRM*. The Commission sought written public comments on the proposals in the *NPRM*, including on the IRFA. The Commission's Final Regulatory Flexibility Analysis (FRFA) in this Order conforms to the RFA, as amended by the Contract With America Advancement Act of 1996 (CWAAA), Public Law 104–121, 110 Stat. 847 (1996).

A. Need for and Objectives of the Proposed Rules

130. In the 1996 Act, Congress sought to establish ''a pro-competitive, de-regulatory national policy framework'' for the United States telecommunications industry. One of the principal goals of the telephony provisions of the 1996 Act is promoting increased competition in all telecommunications markets, including those that are already open to competition, particularly long-distance services markets. Integral to this effort to foster competition is the requirement that the Commission forbear from applying any regulation or any provision of the Communications Act if the Commission makes certain specified findings.

131. In this Order, the Commission proposes to exercise its forbearance authority under Section 10 of the Communications Act to detariff completely the interstate, domestic, interexchange services of nondominant interexchange carriers. In addition, the Commission promulgates rules in this Order that will require nondominant interexchange carriers to make available to the public information on the rates, terms, and conditions for all of their interstate, domestic, interexchange services in order to aid enforcement of Section 254(g) of the Communications Act. The objective of the rules adopted in this Order is to implement as quickly and effectively as possible the national telecommunications policies embodied in the 1996 Act and to promote the development of competitive, deregulated markets envisioned by Congress. In doing so, we are mindful of the balance that Congress struck between this goal of bringing the benefits of competition to all consumers and its concern for the impact of the 1996 Act on small business entities.

132. In this Order, we also consider, but decline to act at this time on, the Commission's proposal in the *NPRM* to allow nondominant interexchange carriers to bundle CPE with interstate, interexchange telecommunications services. The Commission also raised issues in the *NPRM* relating to: market definition; separation requirements for nondominant treatment of local exchange carriers in their provision of certain interstate, interexchange services; and implementation of the rate averaging and rate integration requirements in new section 254(g) of the Communications Act. On August 7, 1996, the Commission issued a Report and Order implementing the rate averaging and rate integration requirements.

B. Summary of Significant Issues Raised by the Public Comments in Response to the IRFA

133. In the *NPRM*, the Commission performed an IRFA. In the IRFA, the Commission found that the rules it proposed to adopt in this proceeding may have an impact on small business entities as defined by section 601(3) of the RFA. In addition, the IRFA solicited comment on alternatives to the proposed rules that would minimize the impact on small entities consistent with the objectives of this proceeding.

i. Comments on the IRFA

134. No comments specifically address the Commission's initial regulatory flexibility analysis. Several parties, however, assert in their comments that the proposal to adopt complete detariffing would have an impact on small business entities. Several parties argue that tariffs send accurate economic signals and disseminate rate and service information so that nondominant interexchange carriers are able to price their services to compete with larger interexchange carriers. ACTA further argues that increased transaction costs in a detariffed environment—due to the need to establish a legal relationship with customers and notify them of any modifications—would be especially burdensome on small carriers that have fewer resources. In addition, Eastern Tel requests the Commission to work with industry, in particular small interexchange carriers, to develop a standard contract for telecommunications services, similar to the form contracts used in the real estate industry, that address such issues as the collection procedures that can be utilized. APCC, however, argues that forbearance from tariff filing requirements would eliminate a regulatory requirement that is especially burdensome on small carriers.

135. Several parties contend that complete detariffing would harm small business entities that are consumers of interstate, interexchange telecommunications services, because: (1) Small business customers require access to information contained in tariffs to obtain the best rates available; and (2) increased transaction costs would discourage nondominant interexchange carriers from serving certain market segments, including certain small business markets, thereby decreasing competitive choices for these small business customers.

136. TRA argues that detariffing would allow carriers to discriminate against resellers, many of which are small and mid-sized businesses. TRA claims that, as a result, the resale market will not survive. TRA claims that a vibrant resale market provides residential and small business customers with access to lower rates.

137. In addition, several small businesses that analyze tariff information for business and residential customers argue that they need such information to conduct their businesses.

ii. Discussion

138. We disagree with those commenters that argue that complete detariffing will harm small nondominant interexchange carriers. As discussed in section II, we find that not permitting nondominant interexchange carriers to file tariffs with respect to interstate, domestic, interexchange services will enhance competition among all providers of such services (regardless of size), promote competitive market conditions, and establish market conditions that more closely resemble an unregulated environment. We further find, as APCC notes, that filing tariffs imposes costs on carriers that attempt to make new service offerings. Our decision to adopt complete detariffing, therefore, should minimize regulatory burdens on all nondominant interexchange carriers, including small entities.

139. We recognize that complete detariffing may change significant aspects of the way in which nondominant interexchange carriers conduct their business. As discussed above, however, tariffs are not the only feasible way for carriers to establish legal relationships with their customers, nor will carriers necessarily need to negotiate contracts for service with each, individual customer. *See* para. 57. Carriers could, for example, issue short, standard contracts that contain their basic rates, terms and conditions for service. As discussed above, nondominant interexchange carriers that provide casual calling services have options other than tariffs by which they can establish legal relationships with casual callers, and pursuant to which such callers would be obligated to pay for the telecommunications services they use. *See* para. 58. We believe that the nine-month transition period established by this Order, will afford nondominant interexchange carriers sufficient time to develop efficient mechanisms to provide interstate, domestic, interexchange services in a detariffed environment. Moreover, parties that oppose complete detariffing have not shown that the business of providing interstate, domestic, interexchange services should be subject

to a regulatory regime that is not available to firms that compete in any other market in this country. We thus conclude that requiring nondominant interexchange carriers to withdraw their tariffs and conduct their business as other enterprises do will not impose undue burdens on these carriers. Moreover, we disagree with ACTA's argument that detariffing will disproportionately burden small interexchange carriers. While some of the increased administrative costs that carriers may initially incur as a result of detariffing are likely to be fixed (such as the cost of developing short, standard contracts), many such costs will vary based on the area or number of customers served by such carriers (*e.g.*, advertising expenditures, the cost of promotional mailings or billing inserts). Nonetheless, we find that, on balance, the pro-competitive effects of relieving nondominant interexchange carriers of the obligation to file tariffs for their interstate, domestic, interexchange services outweigh any potential increase in transactional or administrative costs resulting from the shift to a detariffed environment.

140. We are also unpersuaded by the argument that complete detariffing will harm small business entities that utilize telecommunications services. Requiring nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services impedes competition by removing incentives for competitive price discounting, imposing costs on carriers that attempt to make new offerings, and preventing consumers from seeking out or obtaining service arrangements specifically tailored to their needs. As discussed above, complete detariffing will better protect consumers, many of which are small businesses, and will promote vigorous competition. *See* section II.B.2.b. As a result, we believe that complete detariffing will lead to lower prices for interstate, domestic, interexchange services, thereby benefitting all consumers, including small business ones. Moreover, because we do not agree that complete detariffing will substantially increase nondominant interexchange carriers' costs, we are unpersuaded that carriers will abandon segments of the market to the detriment of small business customers, as LDDS suggests.

141. We reject the suggestion that eliminating tariff filing requirements would impede competition by reducing information available to consumers and small nondominant interexchange carriers. As discussed above, we believe that nondominant interexchange carriers will make rate and service information, currently contained in tariffs, available to the public in a more user-friendly form in order to preserve their competitive position in the market, and as part of their contractual relationship with customers. *See* para. 25. Nevertheless, we acknowledge that, even in a competitive market, nondominant interexchange carriers might not provide complete information concerning all of their service offerings to all consumers, and that some consumers may not be able to determine which rate plan is most appropriate for them, based on their individual calling patterns. Accordingly, and in light of considerations regarding the enforcement of the 1996 Act's geographic rate averaging and rate integration requirements, we will require carriers to provide rate and service information to the public. *See* paras. 84–86. This obligation will ensure that all customers, many of which are small businesses, have access to such information.

142. Finally, as discussed above, we are not persuaded that the resale market will disappear in the absence of tariffs. *See* para. 27. Our decision to forbear from requiring nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services does not affect such carriers' obligations under Sections 201 and 202 to charge rates, and to impose practices, classifications and regulations, that are just and reasonable and not unjustly or unreasonably discriminatory. In addition, as discussed above, we are requiring nondominant interexchange carriers to provide current rate and service information on their interstate, domestic, interexchange services to consumers, including resellers. *See* paras. 84–86. Thus, resellers will be able to determine whether nondominant interexchange carriers have imposed rates, practices, classifications or regulations that unreasonably discriminate against resellers, and to bring complaints, if necessary.

C. Description and Estimates of the Number of Small Entities to Which the Rule Will Apply

143. For the purposes of this Order, the RFA defines a ''small business'' to be the same as a ''small business concern'' under the Small Business Act, 15 U.S.C. § 632, unless the Commission has developed one or more definitions that are appropriate to its activities. Under the Small Business Act, a ''small business concern'' is one that: (1) Is independently owned and operated; (2) is not dominant in its field of operation; and (3) meets any additional criteria established by the Small Business Administration (SBA). SBA has defined a small business for Standard Industrial Classification (SIC) category 4813 (Telephone Communications, Except Radiotelephone) to be small entities when they have fewer than 1,500 employees. We first discuss generally the total number of telephone companies falling within this SIC category. Then, we refine further those estimates and discuss the number of carriers falling within subcategories.

144. *Total Number of Telephone Companies Affected.* Many of the decisions and rules adopted herein may have a significant effect on a substantial number of the small telephone companies identified by SBA. The United States Bureau of the Census (''the Census Bureau'') reports that, at the end of 1992, there were 3,497 firms engaged in providing telephone services, as defined therein, for at least one year. United States Department of Commerce, Bureau of the Census, *1992 Census of Transportation, Communications, and Utilities: Establishment and Firm Size*, at Firm Size 1–123 (1995) (*1992 Census*). This number contains a variety of different categories of carriers, including local exchange carriers, interexchange carriers, competitive access providers, cellular carriers, operator service providers, pay telephone operators, personal communications service providers, covered specialized mobile radio providers, and resellers. It seems certain that some of those 3,497 telephone service firms may not qualify as small entities, small interexchange carriers, or resellers of interexchange services, because they are not ''independently owned and operated.'' For example, a PCS provider that is affiliated with an interexchange carrier having more than 1,500 employees would not meet the definition of a small business. It seems reasonable to conclude, therefore, that fewer than 3,497 telephone service firms are small entity telephone service firms that may be affected by this Order.

145. *Wireline Carriers and Service Providers.* SBA has developed a definition of small entities for telephone communications companies other than radiotelephone (wireless) companies. The Census Bureau reports that there were 2,321 such telephone companies in operation for at least one year at the end of 1992. *1992 Census* at Firm Size 1–123. According to SBA's definition, a small business telephone company other than a radiotelephone company is one employing fewer than 1,500 persons. 13 CFR § 121.201, Standard Industrial Classification (SIC) Code 4812. All but 26 of the 2,321 non-

radiotelephone companies listed by the Census Bureau were reported to have fewer than 1,000 employees. Thus, even if all 26 of those companies had more than 1,500 employees, there would still be 2,295 non-radiotelephone companies that might qualify as small entities. Although it seems certain that some of these carriers are not independently owned and operated, we are unable at this time to estimate with greater precision the number of wireline carriers and service providers that would qualify as small business concerns under SBA's definition. Consequently, we estimate that there are fewer than 2,295 small entity telephone communications companies other than radiotelephone companies that may be affected by the decisions and rules adopted in this Order.

146. *Interexchange Carriers.* Neither the Commission nor SBA has developed a definition of small entities specifically applicable to providers of interexchange services. The closest applicable definition under SBA rules is for telephone communications companies other than radiotelephone (wireless) companies. The most reliable source of information regarding the number of interexchange carriers nationwide of which we are aware appears to be the data that the Commission collects annually in connection with Telecommunications Relay Services (TRS). According to our most recent data, 97 companies reported that they were engaged in the provision of interexchange services. Federal Communications Commission, CCB, Industry Analysis Division, *Telecommunications Industry Revenue: TRS Fund Worksheet Data,* Table 21 (Average Total Telecommunications Revenue Reported by Class of Carrier) (February 1996). Although it seems certain that some of these carriers are not independently owned and operated, or have more than 1,500 employees, we are unable at this time to estimate with greater precision the number of interexchange carriers that would qualify as small business concerns under SBA's definition. Consequently, we estimate that there are fewer than 97 small entity interexchange carriers that may be affected by the decisions and rules adopted in this Order.

147. *Resellers.* Neither the Commission nor SBA has developed a definition of small entities specifically applicable to resellers. The closest applicable definition under SBA rules is for all telephone communications companies. The most reliable source of information regarding the number of resellers nationwide of which we are aware appears to be the data that we collect annually in connection with the TRS. According to our most recent data, 206 companies reported that they were engaged in the resale of telephone services. Federal Communications Commission, CCB, Industry Analysis Division, *Telecommunications Industry Revenue: TRS Fund Worksheet Data,* Table 21 (Average Total Telecommunications Revenue Reported by Class of Carrier) (February 1996). Although it seems certain that some of these carriers are not independently owned and operated, or have more than 1,500 employees, we are unable at this time to estimate with greater precision the number of resellers that would qualify as small business concerns under SBA's definition. Consequently, we estimate that there are fewer than 206 small entity resellers that may be affected by the decisions and rules adopted in this Order.

148. In addition, the rules adopted in this Order may affect companies that analyze information contained in tariffs. The SBA has not developed a definition of small entities specifically applicable to companies that analyze tariff information. The closest applicable definition under SBA rules is for Information Retrieval Services (SIC Category 7375). The Census Bureau reports that, at the end of 1992, there were approximately 618 such firms classified as small entities. U.S. Small Business Administration 1992 Economic Census Industry and Enterprise Report, Table 2D, SIC Code 7375 (Bureau of the Census data adapted by the Office of Advocacy of the U.S. Small Business Administration). This number contains a variety of different types of companies, only some of which analyze tariff information. We are unable at this time to estimate with greater precision the number of such companies and those that would qualify as small business concerns under SBA's definition. Consequently, we estimate that there are fewer than 618 such small entity companies that may be affected by the decisions and rules adopted in this Order.

149. Finally, as discussed above, some commenters contend that the rules proposed in the *NPRM* would increase the cost of interstate, domestic, interexchange telecommunications services to small businesses. *See* para. 46. We assume that most, if not all, small businesses purchase interstate, domestic, interexchange telecommunications services. As a result, our rules in this Order would affect virtually all small business entities. SBA guidelines to the SBREFA state that about 99.7 percent of all firms are small and have fewer than 500 employees and less than $25 million in sales or assets. There are approximately 6.3 million establishments in the SBA database. A Guide to the Regulatory Flexibility Act, U.S. Small Business Administration, Washington D.C., at 14 (May 1996). The SBA data base does include nonprofit establishments, but it does not include governmental entities. SBREFA requires us to estimate the number of such entities with populations of less than 50,000 that would be affected by our new rules. There are 85,006 governmental entities in the nation. 1992 Census of Governments, Bureau of the Census, U.S. Department of Commerce. This number includes such entities as states, counties, cities, utility districts and school districts. There are no figures available on what portion of this number has populations of fewer than 50,000. However, this number includes 38,978 counties, cities and towns, and of those, 37,566, or 96 percent, have populations of fewer than 50,000. 1992 Census of Governments, Bureau of the Census, U.S. Department of Commerce. The Census Bureau estimates that this ratio is approximately accurate for all governmental entities. Thus, of the 85,006 governmental entities, we estimate that 96 percent, or 81,600, are small entities that would be affected by our rules.

D. Description of Projected Reporting, Recordkeeping, and Other Compliance Requirements

150. In this section of the FRFA, we analyze the projected reporting, recordkeeping, and other compliance requirements that may apply to small entities as a result of this Order. As a part of this discussion, we mention some of the types of skills that will be needed to meet the new requirements.

151. Nondominant interexchange carriers, including small nondominant interexchange carriers, will be required to cancel all of their tariffs for interstate, domestic, interexchange services on file with the Commission within nine months. As a result, nondominant interexchange carriers will need to establish legal relationships with their customers in an alternative way, for example, by issuing short, standard contracts that contain their basic rates, terms and conditions for service. This change in the manner of conducting their business may require the use of technical, operational, accounting, billing, and legal skills.

152. As discussed in section II.C, we are requiring nondominant interexchange carriers to make information on current rates, terms, and

conditions for all of their interstate, domestic, interexchange services available to the public in at least one location during regular business hours. We will also require carriers to inform the public that this information is available when responding to consumer inquiries or complaints and to specify the manner in which the consumer may obtain the information. We further require nondominant interexchange carriers to maintain, for a period of two years and six months, the information provided to the public, as well as documents supporting the rates, terms, and conditions for all of their interstate, domestic, interexchange offerings, that they can submit to the Commission upon request. Nondominant interexchange carriers will need to maintain the foregoing records in a manner that allows carriers to produce such records within ten business days of receipt of a Commission request. In addition, nondominant interexchange carriers will be required to file with the Commission, and update as necessary, the name, address, and telephone number of the individual, or individuals, designated by the carrier to respond to Commission inquiries and requests for documents. Compliance with these requests may require the use of accounting, billing, and legal skills.

153. We further require nondominant providers of interstate, domestic, interexchange telecommunications services to file annual certifications signed by an officer of the company under oath that the company is in compliance with its statutory geographic rate averaging and rate integration obligations. Compliance with these requests may require the use of accounting and legal skills.

E. Significant Alternatives and Steps Taken To Minimize Significant Economic Impact on a Substantial Number of Small Entities Consistent With Stated Objectives

154. In this section, we describe the steps taken to minimize the economic impact of our decisions on small entities and small incumbent LECs, including the significant alternatives considered and rejected. To the extent that any statement contained in this FRFA is perceived as creating ambiguity with respect to our rules or statements made in preceding sections of this Order, the rules and statements set forth in those preceding sections shall be controlling.

155. We believe that our actions to adopt complete detariffing will facilitate the development of increased competition in the interstate, domestic, interexchange market, thereby benefitting all consumers, some of which are small business entities. Absent filed tariffs, the legal relationship between carriers and customers will much more closely resemble the legal relationship between service providers and customers in an unregulated environment. As set forth in section II.B above, we reject suggestions that we should permit carriers to voluntarily file tariffs. We believe that detariffing on a permissive basis would not definitively eliminate the possible invocation of the ''filed-rate'' doctrine and would create the risk of price signalling. We believe that only with complete detariffing can we definitively eliminate these possible anticompetitive practices and protect consumers, some of which are small business entities.

156. As discussed above, we also reject suggestions that we should limit our decision to forbear by differentiating among interstate, domestic, interexchange services, among nondominant interexchange carriers, or among types of information contained in tariffs for such services. *See* paras. 41, 42, 63. We do not believe that there is a sound basis for limiting forbearance to certain interstate, domestic, interexchange services, such as individually negotiated service arrangements. We find that the competitive benefits of not permitting nondominant interexchange carriers to file tariffs for interstate, domestic, interexchange services, discussed above, apply equally to all segments of the interstate, domestic, interexchange services market. *See* paras. 53, 54. Moreover, as discussed above, we reject the argument that detariffing mass market services offered to residential and small business customers will lead to substantially higher transactions costs. *See* para. 57. Similarly, we are not persuaded that the public interest benefits differ depending on the type of tariffed information that is at issue. The public interest benefit of removing carriers' ability to invoke the ''filed-rate'' doctrine applies equally with respect to terms and conditions as to rates. *See* para. 55. In addition, permitting or requiring large nondominant interexchange carriers to file tariffs would not eliminate the risk of tacit price coordination among such carriers, and would raise the possibility that such carriers' tariffed rates would become a price umbrella. Finally, we agree with AT&T that there is no basis to differentiate among nondominant interexchange carriers, because all such carriers are unable to exercise market power in the interstate, domestic, interexchange market.

157. In order to minimize the burden on nondominant interexchange carriers, and in particular small, nondominant interexchange carriers that may have fewer resources, we do not require nondominant interexchange carriers to make rate and service information available to the public in any particular format, or at any particular location. We reject the suggestion that we should require nondominant interexchange carriers to provide information on their interstate, domestic, interexchange services at a central clearinghouse or on-line, because we found that mandating such a requirement would be unduly burdensome at this time. Rather, we will require only that a carrier make such information available to the public in at least one location during regular business hours. Although we do not require carriers to make such information available to the public at more than one location, we encourage carriers to consider ways to make such information more widely available, for example, posting such information on-line, mailing relevant information to consumers, or responding to inquiries over the telephone.

158. The decision to impose disclosure requirements will also allow businesses, including small business entities, that audit and analyze information contained in tariffs to continue. Our decision not to require nondominant interexchange carriers to provide information on their interstate, domestic, interexchange services at a central clearinghouse or on-line may impose an additional collection cost on these businesses. We find, however, that mandating such a requirement would be unduly burdensome on nondominant interexchange carriers, including small nondominant interexchange carriers.

F. Report to Congress

159. The Commission shall send a copy of this FRFA, along with this Order, in a report to Congress pursuant to the Small Business Regulatory Enforcement Fairness Act of 1996, 5 U.S.C. § 801(a)(1)(A). A copy of this FRFA will also be published in the Federal Register.

VI. Final Paperwork Reduction Analysis

160. As required by the Paperwork Reduction Act of 1995, Public Law No. 104–13, the *NPRM* invited the general public and the Office of Management and Budget (OMB) to comment on proposed changes to the Commission's information collection requirements contained in the *NPRM*. The changes to our information collection requirements proposed in the *NPRM* included: (1) The elimination of tariff filings by

nondominant interexchange carriers for interstate, domestic, interexchange telecommunications services; (2) the requirement that nondominant interexchange carriers maintain at their premises price and service information regarding their interstate, interexchange offerings that they can submit to the Commission upon request; (3) the requirement that providers of interexchange services file certifications with the Commission stating that they are in compliance with their statutory rate integration and geographic rate averaging obligations under Section 254(g) of the Communications Act; and (4) the requirement that interexchange carriers advertise the availability of discount rate plans throughout the entirety of their service areas.

161. On June 12, 1996, OMB approved all of the proposed changes to our information collection requirements in accordance with the Paperwork Reduction Act. *Notice of Office of Management and Budget Action,* OMB No. 3060–0704 (June 12, 1996). In approving the proposed changes, OMB ''strongly recommend[ed] that the [Commission] investigate potential mechanisms to provide consumers, State regulators, and other interested parties with some standardized pricing information,'' which ''could be provided as part of the certification process or could be made available to the public in other ways.''

162. In this Order, we adopt several of the changes to our information collection requirements proposed in the *NPRM.* Specifically, we have decided to: (1) Eliminate tariff filings by nondominant interexchange carriers for interstate, domestic, interexchange telecommunications services; (2) require that nondominant interexchange carriers maintain at their premises price and service information regarding their interstate, interexchange offerings that they can submit to the Commission upon request; and (3) require that providers of interexchange services file certifications with the Commission stating that they are in compliance with their statutory rate integration and geographic rate averaging obligations under Section 254(g) of the Communications Act. *See* paras. 77, 83, 87. In the *Geographic Rate Averaging Order,* we found it unnecessary to adopt a requirement that interexchange carriers advertise the availability of discount rate plans and promotions throughout the entirety of their service areas. We have also decided to require nondominant interexchange carriers to file with the Commission, and update as necessary, the name, address, and telephone number of the individual, or individuals, designated by the carrier to respond to Commission inquiries and requests for documents. *See* para. 83. In the *Geographic Rate Averaging Order,* we found it unnecessary to adopt a requirement that interexchange carriers advertise the availability of discount rate plans and promotions throughout the entirety of their service areas. In order to implement detariffing, we order all nondominant interexchange carriers to cancel their tariffs for interstate, domestic, interexchange services on file with the Commission within nine months of the effective date of this Order and not to file any such tariffs thereafter. *See* para. 89. We also order carriers that have on file with the Commission ''mixed'' tariff offerings that contain services subject to detariffing pursuant to this Order, to comply with this Order either by: (1) Cancelling the entire tariff and refiling a new tariff for only those services subject to the tariff filing requirements; or (2) issuing revised pages cancelling the material in the tariffs that pertain to those services subject to forbearance. *See* para. 91. In addition, we have decided to require nondominant interexchange carriers to file with the Commission, and update as necessary, the name, address, and telephone number of the individual, or individuals, designated by the carrier to respond to Commission inquiries and requests for documents. *See* para. 87. Finally, consistent with OMB's recommendation that we consider mechanisms to make pricing information available to interested parties, we have decided, for purposes of enforcing Section 254(g), to require nondominant interexchange carriers to disclose to the public rate and service information concerning all of their interstate, domestic, interexchange offerings. *See* paras. 84–86. Implementation of these requirements will be subject to approval by OMB as prescribed by the Paperwork Reduction Act.

VII. Ordering Clauses

163. Accordingly, *it is ordered* that, pursuant to Sections 1–4, 10, 201, 202, 204, 205, 215, 218, 220, 226 and 254 of the Communications Act of 1934, as amended, 47 U.S.C. 151–154, 160, 201, 202, 204, 205, 215, 218, 220, 226 and 254, the *Second Report and Order* is hereby *adopted.* The requirements adopted in this Second Report and Order shall be effective December 23, 1996. The collections of information contained within are contingent upon approval by the Office of Management and Budget.

164. *It is further ordered* that Parts 42, 61 and 64 of the Commission's Rules, 47 CFR 42, 61, and 64 are *amended* as set forth below.

165. *It is further ordered* that, AT&T *shall detariff* 800 Directory Assistance and Analog Private Line Services within nine months of the end of its three-year commitment period established in *Motion of AT&T Corp. to be Reclassified as a Nondominant Carrier,* Order, 11 FCC Rcd 3271, 3305–07 (1995). During this commitment period, any tariff revisions that propose to increase the price of these services *shall be filed* on not less than five business days' notice, shall be within the limits established in the commitment and shall clearly identify such tariff transmittals as affecting the provisions of this commitment.

166. *It is further ordered* that, for the period of its commitment, AT&T *shall notify* its customers of changes to its low volume and low income calling plans not less than five business days' prior to such a change. AT&T *shall provide* five business days' notice of changes to its average residential interstate direct dial services under the circumstances specified in *Motion of AT&T Corp. to be Reclassified as a Nondominant Carrier,* Order, 11 FCC Rcd 3271, 3305–07 (1995).

List of Subjects

47 CFR Part 42

Communications common carriers, Reporting and recordkeeping requirements, Telephone.

47 CFR Part 61

Communications common carriers, Reporting and recordkeeping requirements, Telephone.

47 CFR Part 64

Communications common carriers, Reporting and recordkeeping requirements, Telephone.

Federal Communications Commission.

William F. Caton,

Acting Secretary.

Rule Changes

Parts 42, 61 and 64 of Title 47 of the Code of Federal Regulations are amended as follows:

PART 42—PRESERVATION OF RECORDS OF COMMUNICATION COMMON CARRIERS

1. The authority citation for part 42 continues to read as follows:

Authority: Sec. 4(i), 48 Stat. 1066, as amended, 47 U.S.C. 154(i). Interprets or applies secs. 219 and 220, 48 Stat. 1077–78, 47 U.S.C. 219, 220.

2. An undesignated centered heading and §§ 42.10 and 42.11 are added to read as follows:

Specific Instructions for Carriers Offering Detariffed Interexchange Services

§ 42.10 Public availability of information concerning detariffed interexchange services.

A nondominant interexchange carrier shall make available to any member of the public, in at least one location, during regular business hours, information concerning its current rates, terms and conditions for all of its detariffed interstate, domestic, interexchange services. Such information shall be made available in an easy to understand format and in a timely manner. When responding to an inquiry or complaint from the public concerning rates, terms and conditions for such services, a carrier shall specify that such information is available and the manner in which the public may obtain the information.

§ 42.11 Retention of information concerning detariffed interexchange services.

(a) A nondominant interexchange carrier shall maintain, for submission to the Commission upon request, price and service information regarding all of the carrier's detariffed interstate, domestic, interexchange service offerings. The price and service information maintained for purposes of this paragraph (a) shall include, but not be limited to, the information that such carrier makes available to the public pursuant to § 42.10, as well as documents supporting the rates, terms, and conditions of the carrier's detariffed interstate, domestic, interexchange offerings. The information maintained pursuant to this section shall be maintained in a manner that allows the carrier to produce such records within ten business days.

(b) The price and service information maintained pursuant to this section shall be retained for a period of at least two years and six months following the date the carrier ceases to provide services pursuant to such rates, terms and conditions.

(c) A nondominant interexchange carrier shall file with the Commission, and update as necessary, the name, address, and telephone number of the individual(s) designated by the carrier to respond to Commission inquiries and requests for documents about the carrier's detariffed interstate, domestic, interexchange services.

PART 61—TARIFFS

3–4. The authority citation for part 61 continues to read as follows:

Authority: Secs. 1, 4(i), 4(j), 201–205, and 403 of the Communications Act of 1934, as amended; 47 U.S.C. 151, 154(i), 154(j), 201–205, and 403, unless otherwise noted.

5. Section 61.3 is amended by revising paragraph (jj) to read as follows:

§ 61.3 Definitions.

* * * * *

(jj) *Tariff publication, or publication.* A tariff, supplement, revised page, additional page, concurrence, notice of revocation, adoption notice, or any other schedule of rates or regulations filed by common carriers.

* * * * *

6. Sections 61.20 through 61.23 are redesignated as §§ 61.21 through 61.24, and new section 61.20 is added immediately preceding newly designated § 61.21 to read as follows:

§ 61.20 Detariffing of interstate, domestic, interexchange services.

Except as otherwise provided by Commission order, carriers that are nondominant in the provision of interstate, domestic, interexchange services shall not file tariffs for such services.

7. Section 61.72 is amended by revising introductory text of paragraph (a) and paragraph (b) to read as follows:

§ 61.72 Posting.

(a) Offering carriers must post (i.e., keep accessible to the public) during the carrier's regular business hours, a schedule of rates and regulations for those services subject to tariff filing requirements. This schedule must include all effective and proposed rates and regulations pertaining to the services offered to and from the community or communities served, and must be the same as that on file with the Commission. This posting requirement must be satisfied by the following methods:

* * * * *

(b) The posting of rates and regulations for those services pursuant to paragraph (a) of this section shall be considered timely if they are available for public inspection at the posting locations within 15 days of their filing with the Commission.

8. Section 61.74 is amended by adding new paragraph (d) to read as follows:

§ 61.74 References to other instruments.

* * * * *

(d) A tariff for international services offered by a carrier that is subject to detariffing for domestic, interstate, interexchange services, may reference other documents or instruments concerning the carrier's detariffed domestic, interstate, interexchange service offerings. A tariff for international services may contain such a reference if, and only if, it is necessary to incorporate information regarding the carrier's detariffed domestic, interstate, interexchange services in order to calculate discounts and minimum revenue requirements for international services provided in combination with detariffed domestic, interstate, interexchange services. Notwithstanding any such reference to documents or instruments concerning the carrier's detariffed domestic, interstate, interexchange service offerings, a tariff for international services shall specify rates, terms and conditions for the international service.

PART 64 —MISCELLANEOUS RULES RELATING TO COMMON CARRIERS

9. The authority citation for part 64 is revised to read as follows:

Authority: Sec. 4, 48 Stat. 1066, as amended; 47 U.S.C. 154, unless otherwise noted. Interpret or apply secs. 201, 218, 226, 228, 254, 48 Stat. 1070, as amended, 1077; 47 U.S.C. 201, 218, 226, 228, 254, unless otherwise noted.

10. New subpart S consisting of § 64.1900 is added to part 64 to read as follows:

Subpart S—Nondominant Interexchange Carrier Certifications Regarding Geographic Rate Averaging and Rate Integration Requirements

Sec.

64.1900 Nondominant interexchange carrier certifications regarding geographic rate averaging and rate integration requirements.

Subpart S—Nondominant Interexchange Carrier Certifications Regarding Geographic Rate Averaging and Rate Integration Requirements

§ 64.1900 Nondominant interexchange carrier certifications regarding geographic rate averaging and rate integration requirements.

(a) A nondominant provider of interexchange telecommunications services, which provides detariffed interstate, domestic, interexchange services, shall file with the Commission, on an annual basis, a certification that it is providing such services in compliance with its geographic rate averaging and rate integration obligations pursuant to section 254(g) of the Communications Act of 1934, as amended.

(b) The certification filed pursuant to paragraph (a) of this section shall be signed by an officer of the company, under oath.

Note: This Attachment will not appear in the Code of Federal Regulations.

Attachment—List of Parties

[CC Docket No. 96–61]

List of Commenters in CC Docket No. 96–61, Sections III, VII, VIII, IX (Tariff Forbearance, CPE Bundling, Contract Tariff, Other Issues)

Ad Hoc Coalition of Corporate Telecommunications Managers (Corporate Managers)
Ad Hoc Telecommunications Users Committee, The California Bankers Clearing House Association, The New York Clearing House Association, ABB Business Services, Inc., and The Prudential Insurance Company of America (Ad Hoc Users)
America's Carriers Telecommunication Association (ACTA)
American Petroleum Institute (API)
American Public Communications Council (APCC)
American Telegram Corporation (American Telegram)
Ameritech
AMSC Subsidiary Corporation (AMSC)
AT&T Corp. (AT&T)
Association for The Study of Afro-American Life and History, Inc
Audits Unlimited, Inc. (Audits Unlimited)
BT North America Inc. (BT North America)
Bell Atlantic Telephone Companies (Bell Atlantic)
BellSouth Corp. (BellSouth)
Business Telecom, Inc. (Business Telecom)
Cable & Wireless, Inc. (Cable & Wireless)
Capital Cities/ABC, Inc., CBS Inc., National Broadcasting Company, Inc., and Turner Broadcasting System, Inc. (Television Networks)
Casual Calling Coalition
Cato Institute
Citizens for a Sound Economy Foundation (CSE)
Chrysler Minority Dealers Association
Compaq Computer Corporation (Compaq)
Competitive Telecommunications Association (CompTel)
Consumer Electronics Retailers Coalition
Consumer Federation of America and Consumers Union (CFA/CU)
Eastern Tel Long Distance Service, Inc. (Eastern Tel)
Excel Telecommunications, Inc. (Excel)
Frontier Corporation (Frontier)
Fone Saver, LLC (Fone Saver)
General Communication, Inc. (GCI)
General Services Administration (GSA)
GTE Service Corp. (GTE)
Gerald Hunter (Hunter)
Independent Data Communications Manufacturers Association (IDCMA)
Information Technology Association of America (ITAA)
LCI International Telecom Corp. (LCI)
LDDS World Com (LDDS)
Louisiana Public Service Commission (Louisiana PSC)
MCI
MFS
Dr. Robert Self dba Market Dynamics (Market Dynamics)
MOSCOM Corporation (MOSCOM)
National Association of Attorneys General, Consumer Protection Committee, Telecommunications Subcommittee (National Association of Attorneys General Telecommunications Subcommittee)
National Association of Development Organizations—Paraquad —United Homeowners Association—National Hispanic Council on the Aging—Consumers First—National Association of Commissions for Women (National Association of Development Organizations)
National Black Data Processors Association
National Bar Association
Network Analysis Center, Inc.
NYNEX Telephone Companies (NYNEX)
Office of the Ohio Consumers' Counsel (Ohio Consumers' Counsel)
Pacific Telesis (PacTel)
Pennsylvania Public Utility Commission (Pennsylvania PUC)
SBC Communications Inc. (SBC)
Scheraga and Sheldon Associates (Scheraga and Sheldon)
Secretary of Defense
Sprint Corporation (Sprint)
State of Alaska (Alaska)
Telecommunications Information Services (TIS)
Telecommunications Management Information Systems Coalition
Telecommunications Research and Action Center (TRAC)
Telecommunications Resellers Association (TRA)
Tennessee Attorney General
URSUS Telecom Corp. (Ursus)
United States Telephone Association (USTA)
US West, Inc. (U.S. West)
UTC
WinStar Communications, Inc. (WinStar)
XIOX Corporation (XIOX)

List of Reply Commenters in CC Docket No. 96–61, Sections III, VII, VIII, IX (Tariff Forbearance, CPE Bundling, Contract Tariff, Other Issues)

Ad Hoc Telecommunications Users Committee, The California Bankers Clearing House Association, The New York Clearing House Association, ABB Business Services, Inc., and The Prudential Insurance Company of America (Ad Hoc Users)
American Petroleum Institute (API)
AT&T Corp. (AT&T)
Bell Atlantic Telephone Companies (Bell Atlantic)
BellSouth Corp. (BellSouth)
Casual Calling Coalition
Citizens Utilities Company (Citizens Utilities)
Consumer Electronics Retailers Coalition
Eastern Tel Long Distance Service, Inc. (Eastern Tel)
Frontier Corporation (Frontier)
General Services Administration (GSA)
GTE Service Corp. (GTE)
Independent Data Communications Manufacturers Association (IDCMA)
Information Technology Association of America (ITAA)
LCI International Telecom Corp. (LCI)
LDDS World Com (LDDS)
Louisiana Public Service Commission (Louisiana PSC)
MCI
MFS
New York State Department of Public Service
NYNEX Telephone Companies (NYNEX)
Office of the Ohio Consumers' Counsel (Ohio Consumers' Counsel)
Pacific Telesis (PacTel)
Pennsylvania Public Utility Commission (Pennsylvania PUC)
Sprint Corporation (Sprint)
Telecommunications Management Information Systems Coalition
Telecommunications Research and Action Center (TRAC)
Telecommunications Resellers Association (TRA)
US West, Inc. (U.S. West)
WinStar Communications, Inc. (WinStar)
XIOX Corporation (XIOX)

List of Commenters in CC Docket No. 96–61, Sections IV, V, VI (Market Definition, Separation Requirements, Rate Averaging and Rate Integration)

Alabama Public Service Commission (Alabama PSC)
America's Carriers Telecommunication Association (ACTA)
American Petroleum Institute (API)
American Public Communications Council (APCC)
Ameritech
AMSC Subsidiary Corporation (AMSC)
AT&T Corp. (AT&T)
Bell Atlantic Telephone Companies (Bell Atlantic)
BellSouth Corp. (BellSouth)
Cable & Wireless, Inc. (Cable & Wireless)
Columbia Long Distance Service, Inc. (CLDS)
Competitive Telecommunications Association (CompTel)
Commonwealth of the Northern Mariana Islands
Florida Public Service Commission (Florida PSC)
Frank Collins
Frontier Corporation (Frontier)
General Communication, Inc. (GCI)
General Services Administration (GSA)
GTE Service Corp. (GTE)
Governor of Guam & the Guam Telephone Authority
Guam Public Utility Commission (Guam PUC)
Harvey William Ward (Ward)
Iowa Utilities Board
IT&E Overseas, Inc.
JAMA Corporation
John Stauralakis, Inc.
Kevin Loflin (Loflin)
Kristine Stark (Stark)
LDDS WorldCom (LDDS)
Louisiana Public Service Commission (Louisiana PSC)
MCI
MFS
Michael Sussman (Sussman)
Missouri Public Service Commission (Missouri PSC)
National Association of Regulatory Utilities Commissioners (NARUC)
NYNEX Telephone Companies (NYNEX)

Office of the Ohio Consumers' Counsel (Ohio Consumers' Counsel)
Pacific Telesis Group (PacTel)
Paul Lee (Lee)
Peggy Orlic (Orlic)
Pennsylvania Office of Consumer Advocate
Pennsylvania Public Utility Commission (Pennsylvania PUC)
Public Utilities Commission of Ohio
Rural Telephone Coalition
Scherer Communications Group
SBC Communications, Inc. (SBC)
Southern New England Telephone Company (SNET)
Sprint Corporation (Sprint)
State of Alaska (Alaska)
State of Hawaii (Hawaii)
TCA, Inc.
TDS Telecommunications Corp.
Telecommunications Resellers Association (TRA)
United States Telephone Association (USTA)
U.S. West, Inc. (U.S. West)
Vanguard Cellular Systems, Inc.
Washington Utilities & Transportation Commission
Zankle Worldwide Telecom (ZWT)

List of Reply Commenters in CC Docket No. 96–61, Sections IV, V, VI (Market Definition, Separation Requirements, Rate Averaging and Rate Integration)

ALLTEL Corporate Services, Inc.
Ameritech
AT&T Corp. (AT&T)
Bell Atlantic Telephone Companies (Bell Atlantic)
BellSouth Corp. (BellSouth)
Citizens Utilities Company (Citizens Utilities)
Commonwealth of the Northern Mariana Islands
Competitive Telecommunications Association (CompTel)
General Communication, Inc. (GCI)
General Services Administration (GSA)
GTE Service Corp. (GTE)
Governor of Guam & the Guam Telephone Authority
Guam Public Utility Commission (Guam PUC)
LDDS WorldCom (LDDS)
MCI
MFS
Missouri Office of the Public Counsel
New York State Department of Public Service
NYNEX Telephone Companies (NYNEX)
Office of the Ohio Consumers Counsel (Ohio Consumers' Counsel)
PCI Communications, Inc.
Rural Telephone Coalition
SBC Communications Inc. (SBC)
Sprint Corporation (Sprint)
State of Alaska (Alaska)
State of Hawaii (Hawaii)
Telecommunications Resellers Association (TRA)
United States Telephone Association (USTA)
U.S. West, Inc. (U.S. West)
Vanguard Cellular Systems, Inc.

[FR Doc. 96–29529 Filed 11–21–96; 8:45 am]

BILLING CODE 6712–01–P

DEPARTMENT OF TRANSPORTATION

Federal Railroad Administration

49 CFR Part 225

[FRA Docket No. RAR–4, Notice No. 14]

RIN 2130–AA58

Railroad Accident Reporting

AGENCY: Federal Railroad Administration (FRA, DOI).

ACTION: Final rule; Correcting amendments and partial response to petitions for reconsideration.

SUMMARY: On June 18, 1996, FRA published a final rule amending the railroad accident reporting regulations. FRA now makes technical corrections to the final rule and responds to certain concerns raised in petitions for reconsideration of the final rule, which concerns were also raised in requests to stay the effective date of the final rule. In this document FRA issues amendments to the final rule addressing those concerns. FRA's response to the other concerns raised in petitions for reconsideration of the final rule will appear in the near future in a separate document published in the Federal Register.

EFFECTIVE DATE: January 1, 1997.

FOR FURTHER INFORMATION CONTACT: Robert L. Finkelstein, Staff Director, Office of Safety Analysis, Office of Safety, FRA, 400 Seventh Street, SW., Washington, D.C. 20590 (telephone 202–632–3386); or Nancy L. Goldman, Trial Attorney, Office of Chief Counsel, FRA, 400 Seventh Street, SW., Washington, D.C. 20590 (telephone 202–632–3167).

SUPPLEMENTARY INFORMATION: On June 18, 1996, FRA published a final rule amending the railroad accident reporting regulations at 49 CFR part 225 (61 FR 30940). The final rule aims to minimize underreporting and inaccurate reporting of those injuries, illnesses, and accidents meeting reportability requirements. On August 19, 1996, and August 29, 1996, respectively, the Association of American Railroads (AAR) and the Union Pacific Railroad Company (UP) filed petitions for reconsideration of the final rule raising various concerns and requested in their petitions for reconsideration, and by purported petitions for stay not recognized by FRA regulations at 49 CFR part 211, that FRA postpone the effective date of the final rule (collectively, Petitions). The Petitions specifically allege:

- That AAR member railroads will be exposed to substantial risk should the rule not be stayed pending FRA's decision on AAR's Petition for Reconsideration; and
- That the text of the final rule may allow employees access to records and files which the railroads may deem to be privileged, confidential, and litigation-sensitive, thus giving employee litigants advantages that could expose railroads to irreparable injury.

1. Requests To Stay the Effective Date

As stated above, AAR and UP request in their Petitions that FRA stay the effective date of the final rule, asserting that such a stay is in the public interest and that other interested parties would not be substantially harmed by such a stay since the rule does not address ''any significant safety risk.'' AAR claims that its member railroads will be exposed to substantial risk should the rule not be stayed pending FRA's decision on AAR's Petition for Reconsideration. Section 211.31 of FRA's rules of practice states that FRA must decide to grant or deny, in whole or in part, each petition for reconsideration not later than four months after receipt by FRA's Docket Clerk (49 CFR 211.31). In this case, FRA's decision on the petitions for reconsideration is due no later than December 19, 1996. AAR and UP therefore request an immediate stay of the effective date for a reasonable period of time after issuance of FRA's decision on the Petitions for Reconsideration in order to assess FRA's decision and evaluate how FRA's decision impacts the final rule. In the alternative, AAR and UP request postponement of the effective date of the final rule from January 1, 1997, to January 1, 1998.

Discussion

After careful consideration and for the reasons set forth in this document, FRA has decided not to stay the effective date of its final rule. FRA so informed AAR and UP by letter dated October 10, 1996. Initially, FRA wishes to emphasize that its rules of practice applying to rulemakings do not authorize petitions for stay of a final rule. *See* 49 CFR part 211. Since procedures do not exist with respect to a stay petition, there exists no regulatory deadline by which to answer such a petition, and FRA's response to AAR's and UP's purported petitions for stay (''Petitions for Stay'') did not constitute a final agency action subject to review. It should also be noted that the filing of a petition for reconsideration does not stay the effectiveness of a rule under 49 CFR 211.29. Nevertheless, FRA chose to reply to the substantive issues in AAR's and UP's ''Petitions for Stay'' in order to

maintain and foster the collaborative and cooperative partnership approach to resolving issues important to the industry.

FRA is also confident that railroads were given ample time to prepare to comply with the final rule, given the amount of time between its publication (June 18, 1996) and its effective date (January 1, 1997). Those subject to a Federal rule are not entitled to predicate their actions on the assumption that a petition for reconsideration will result in substantive changes to the rule. The public interest would not be served by delaying the effective date of this rule at this time, based on FRA's review of the grounds set forth in the ''Petitions for Stay.'' Therefore, if, in responding to pending petitions for reconsideration of the final rule from AAR, UP, or others, FRA makes any additions or changes to the final rule, then FRA will allow the railroads sufficient time and latitude to comply with any revised provisions. In the meantime, the industry should plan to comply on the original effective date of January 1, 1997.

2. Section 225.25(c) Recordkeeping

Current Final Rule Language

Section 225.25(c) reads as follows:

> Each railroad shall provide the employee, upon request, a copy of either the completed Railroad Employee Injury and/or Illness Record (Form FRA F 6180.98) or the alternative railroad-designed record as described in paragraphs (a) and (b) of this section as well as a copy of any other form, record or report filed with FRA or held by the railroad pertaining to the employee's injury or illness.

As noted, the Petitions contend that this section would allow railroad employees access to records and files which the railroad may deem to be privileged, confidential, and/or litigation-sensitive. AAR claims that the portion of § 225.25(c) that would allow employees access to ''a copy of any other form, record or report filed with FRA or held by the railroad pertaining to the employee's injury or illness,'' may give employee litigants advantages that could expose railroads to irreparable injury. UP states that by means of § 225.25(c), FRA was trying to ''preempt [Federal Employers' Liability Act (45 U.S.C. 51 *et seq.*)] FELA case law, FELA statutory language, the Federal Rules of Civil Procedure, and the jurisdiction of the judiciary itself.'' Similarly, AAR states that § 225.25(c) ''purports to overturn the Federal Rules of Civil Procedure and other statutory protections by requiring railroads to open their files and give privileged documents to potential and actual plaintiff-employees'' and that the section was unlawful and in violation of the Administrative Procedure Act (APA) (5 U.S.C. 551 *et seq.*) because FRA failed to give public notice of this provision and allow opportunity for comment. UP further questions how employee access to medical files would assist FRA in improving railroad safety.

AAR states that the adverse effects of the final rule are:

(1) To interfere irrevocably with full and frank disclosure between attorney and client which is critical to the functioning of the adversary system, by mandating release of attorney-client communications that had been made in the past and would have been made in the future with an expectation of confidentiality,

(2) To undermine irrevocably the protections that are accorded accident reports under 49 U.S.C. 20903 in order to avoid their use for any adversarial purpose, by mandating release of such reports, and

(3) To undermine irrevocably the railroads' rights to confidentiality of other privileged and litigation-sensitive documents, by mandating their release.

Discussion and Amended Final Rule

AAR's assertion that FRA failed to give notice and an opportunity to comment on the provision in § 225.25(c) is without merit. In the railroad accident reporting Notice of Proposed Rulemaking (NPRM), published in the Federal Register on August 19, 1994 (59 FR 42880), FRA proposed in § 225.39(b) that each railroad provide the worker whose injury or illness is reported on the Railroad Worker Injury and Illness Log, with a copy of such log within seven calendar days of completing the log. The preamble to the NPRM explained FRA's concern with the fact that the injured or ill employee did not have the opportunity to review and verify the information the railroad submitted on accident/illness reports prior to submission of such reports to FRA.

The preamble to the final rule further explained the agency's rationale for issuing these regulations. FRA believes that to the extent it concerns documents required by FRA to be maintained or submitted, the requirement in § 225.25(c) is necessary in order to provide the injured or ill employee a means by which to review and verify the reporting status of his or her injury or illness. By providing this requested information, the employee would have the opportunity to assess why, or why not, a particular event was, or was not, reported to FRA. By including the employee in this process, the overall integrity of FRA's data base would improve. The accuracy of railroad accident and injury data is essential to improving the safety of railroad employees and the railroad industry as a whole. Further, a reliable and accurate railroad injury and accident reporting data base is critical to formulating effective rail safety policies and regulations.

In writing the final rule, however, FRA never intended to negate the well-established litigation privileges with respect to the type of documents railroad employee litigants may obtain from the railroads. The final rule better defines the types of documents to which employees may obtain access, and is a logical outgrowth of the proposed regulation.

FRA is amending § 225.25(c) to clarify that railroads are required to grant a railroad employee access only to forms or reports required to be maintained or filed under Part 225 pertaining to that employee's own work-related injury or illness. Thus, the amended final rule cannot be read to provide employees access to any other documents in the railroad's files; nor can the revised language be interpreted to deny employees access to such documents. Such access would be an issue between the employee and the railroad. The accident reports statute (49 U.S.C. 20102, 20901–20903, 21302, 21304, 21311) does not preclude disclosure of such documents; instead that statute precludes the ''use'' of such documents in lawsuits for damages of certain accident reports. This distinction between the public availability of accident/incident reports and their use in litigation is clearly made in § 225.7 of both the current and amended final rule.

3. Section 225.35 Access to Records and Reports

Current Final Rule Language

AAR's petition for reconsideration asserts that the following portion of § 225.35 is unlawful because FRA failed to give public notice of this provision and allow opportunity for comment and that the provision would allow FRA and ''other authorized representatives'' access to any document or record without regard to any claim of privilege:

> Each railroad subject to this part shall have at least one location, and shall identify each location, where any representative of the Federal Railroad Administration or of a State agency participating in investigative and surveillance activities under part 212 of this chapter or any other authorized representative, has centralized access to a copy of any record and report (including relevant claims and medical records) required under this part, for examination and

photocopying in a reasonable manner during normal business hours.

Discussion

AAR's assertion that FRA failed to give notice and an opportunity to comment on this provision in § 225.35 is without merit. In the accident reporting NPRM, FRA proposed in § 225.41 that all reports, logs, plans, and records related to (a) rail equipment accidents/incidents, including collisions and derailments; (b) highway-rail grade crossing accidents/incidents; (c) deaths, injuries, and illnesses, including claims and medical records; as well as all records and reports identified in § 225.25, must be made available, upon request, to any FRA representatives, or any representative of a State participating in investigative and surveillance activities under the Federal railroad safety laws and regulations, for examination and photocopying in a reasonable manner during normal business hours. The final rule provision in § 225.35 adds ''any authorized representative'' to the list of persons who may obtain access to railroad documents only to distinguish ''FRA inspectors'' from ''FRA management staff'' who may sometimes accompany FRA inspectors and specialists during routine inspections.

As stated in the preamble to the NPRM and the final rule, FRA believes that § 225.35 would alleviate the problems and reluctance that FRA inspectors frequently encounter from the railroads when examining and photocopying claims department records, particularly railroad employee medical records.

Amended Final Rule

FRA grants, in part, AAR's request for reconsideration as to that portion of § 225.35 that would allow FRA and any other authorized representative access to ''any record and report (including relevant claims and medical records) required'' under the accident reporting regulations. FRA agrees that § 225.35 was inadvertently drafted in an overly broad manner and that it may be misinterpreted to require railroads to release all medical and claim-related records to FRA upon request without regard to any claim of privilege. FRA did not intend unlimited access to all documents contained in an employee's file or to deny railroads the opportunity to assert a privilege with respect to a particular document. There are instances, however, where FRA may deem it necessary to obtain a document in the railroad's possession or under the control of the railroad that may contain information relevant to aid its investigation into the cause of a railroad accident or incident or an employee's injury or illness. FRA has authority under 49 U.S.C. 20107 and 20902 to request and obtain such documents.

When confronted with such a request, railroads usually cooperate and provide FRA with the requested relevant documents. In rare instances, a railroad may assert that the requested documentation is privileged and may deny access to such records. Should the railroad assert such a legal privilege with respect to particular records, failure to provide FRA access to such records will not constitute a violation of this section. However, if the railroad refuses to release information that FRA deems relevant to its investigation, then FRA may consider it necessary to issue a subpoena for the production of documents in order to carry out its duty to enforce the federal railroad safety laws. If the railroad should then fail to produce any of the requested documents in the possession or under the control of the railroad for examination and photocopying, FRA may seek enforcement of the subpoena in federal district court. *See* 49 U.S.C. 20107 and 20902, delegated from the Secretary of Transportation by regulations of the Office of the Secretary at 49 CFR l.49(m), and the authority of 49 CFR 209.7(a) and 225.31(b). Of course, a railroad could raise its claim of privilege in any action to enforce a subpoena. Alternatively, should a railroad claim a legal privilege concerning such a document, the railroad could submit the document to FRA with a request for confidential treatment under 49 CFR 209.11.

Thus, § 225.35 is revised to clarify that FRA and other authorized representatives must have centralized access to records or reports required to be maintained or filed under part 225 and must have access to relevant claims and medical records and that should the railroad assert a legal privilege with respect to certain claims and medical records, failure to provide FRA access to such records would not violate this section. However, FRA may nevertheless use its subpoena power to obtain such records, and the railroad could contest that subpoena if it so chooses.

4. Technical Corrections

In the list of definitions in § 225.5, the definition for ''Accountable injury or illness,'' which appears on page 30968, column one, of the Federal Register issue of June 18, 1996, should read as a separate paragraph. The definition for ''Day of restricted work activity'' on page 30968, column two, of the Federal Register issue of June 18, 1996, erroneously makes reference to the fact that ''restricted'' is defined below. Thus, the parenthetical phrase ''(as defined below)'' is removed from the definition.

Section 225.33(a)(10)(ii) erroneously makes reference to paragraphs ''(a)(10)(i)(C)(D) (iii) and (iv)'' of that section. Section 225.33(a)(10)(ii) now reads as follows: ''A current organization chart satisfies paragraphs (a)(10)(i) (B), (C), and (D) of this section.''

Regulatory Impact

Executive Order 12866 and DOT Regulatory Policies and Procedures

The amendments to the final rule have been evaluated in accordance with existing regulatory policies and procedures and are considered to be a nonsignificant regulatory action under DOT policies and procedures (44 FR 11034; February 26, 1979). The amendments to the final rule also have been reviewed under Executive Order 12866 and are also considered ''nonsignificant'' under that Order.

Regulatory Flexibility Act

The Regulatory Flexibility Act of 1980 (5 U.S.C. 601 *et seq.*) requires a review of rules to assess their impact on small entities, unless the Secretary certifies that the rule will not have a significant economic impact on a substantial number of small entities.

The technical corrections to the final rule have no economic impact. The amendments to the final rule will have no new direct or indirect economic impact on small units of government, business, or other organizations. The amendments only clarify the well-established legal privileges with respect to the types of documents to which railroad employees, FRA inspectors, and other authorized representatives may obtain access from railroads. The clarifications actually provide regulatory relief to railroads and, as such, do not require any revision to the Regulatory Impact Analysis (RIA) produced for the final rule. No revision to the RIA is necessary because the burden was calculated based on FRA's original intentions of these requirements, which are now reflected in the amendments to the final rule.

Paperwork Reduction Act

There are no new information collection requirements associated with these amendments. Therefore, no estimate of a public reporting burden is required.

Environmental Impact

The amendments will not have any identifiable environmental impact.

Federalism Implications

The amendments to the final rule will not have a substantial effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government. Thus, in accordance with Executive Order 12612, preparation of a Federalism Assessment is not warranted.

List of Subjects in 49 CFR Part 225

Railroad accident reporting rules, Railroad safety.

The Final Rule

In consideration of the foregoing, FRA amends part 225, title 49, Code of Federal Regulations to read as follows:

PART 225—[AMENDED]

1. The authority citation for part 225 is revised to read as follows:

Authority: 49 U.S.C. 20103, 20107, 20901, 20902, 21302, 21311; 49 U.S.C. 103; 49 CFR 1.49(c), (g), and (m).

§ 225.5 Definitions. [Corrected]

2. In § 225.5, In the definition for ''Day of restricted work activity,'' the parenthetical phrase ''(as defined below)'' in the second and third lines of that definition is removed.

3. Section § 225.25(c) is revised to read as follows:

§ 225.25 Recordkeeping.

* * * * *

(c) Each railroad shall provide the employee, upon request, a copy of either the completed Railroad Employee Injury and/or Illness Record (Form FRA F 6180.98) or the alternative railroad-designed record as described in paragraphs (a) and (b) of this section as well as a copy of forms or reports required to be maintained or filed under this part pertaining to that employee's own work-related injury or illness.

* * * * *

§ 225.33 Internal Control Plans. [Corrected]

4. In § 225.33(a)(10)(ii), the reference to ''(a)(10)(i)(C)(D) (iii) and (iv)'' is revised to read ''(a)(10)(i) (B), (C), and (D)''.

5. Section 225.35 is amended by removing the parenthetical phrase ''(including relevant claims and medical records)'' in the first sentence and by adding after the first sentence the following:

§ 225.35 Access to records and reports.

* * * * *

Each railroad subject to this part shall also provide to any representative of the Federal Railroad Administration or of a State agency participating in investigative or and surveillance activities under part 212 of this chapter or any other authorized representative access to relevant medical and claims records for examination and photocopying in a reasonable manner during normal business hours. * * *

6. Section 225.35 is amended by adding two sentences to the end of that section to read as follows:

§ 225.35 Access to records and reports.

* * * Should a railroad assert a legal privilege with respect to certain claims and medical records, failure to provide FRA access to such records would not constitute a violation of this section. FRA retains the right to issue a subpoena to obtain such records under 49 U.S.C. §§ 20107 and 20902 and §§ 209.7(a) and 225.31(b) of this title, and the railroad may contest that subpoena.

Issued in Washington, D.C., on November 13, 1996.

Jolene M. Molitoris,

Federal Railroad Administrator.

[FR Doc. 96–29849 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–06–P

Proposed Rules

Federal Register
Vol. 61, No. 227
Friday, November 22, 1996

This section of the FEDERAL REGISTER contains notices to the public of the proposed issuance of rules and regulations. The purpose of these notices is to give interested persons an opportunity to participate in the rule making prior to the adoption of the final rules.

DEPARTMENT OF AGRICULTURE

Food Safety and Inspection Service

9 CFR Parts 325, 381

[Docket No. 95–049A]

RIN 0583–AC05

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Part 110

Transportation and Storage Requirements for Potentially Hazardous Foods

AGENCIES: Food Safety and Inspection Service, USDA; Food and Drug Administration, DHHS.

ACTION: Advance notice of proposed rulemaking; request for comments.

SUMMARY: The Food Safety and Inspection Service (FSIS) and the Food and Drug Administration (FDA) are seeking information and comments on approaches the two Agencies might take to foster food safety improvements that may be needed in the transportation and storage of potentially hazardous foods. Potentially hazardous foods, including meat, poultry, eggs and egg products, fish, seafood, and dairy products, are those that are capable of supporting the rapid multiplication of microorganisms that cause foodborne illness. This notice seeks comments and information on various issues and alternatives for ensuring the safety of potentially hazardous foods during transportation and storage.

DATES: Comments must be received before: February 20, 1997.

ADDRESSES: Please send an original and two copies of written comments to: FSIS Docket Clerk, DOCKET #95–049A, Room 3806, South Agriculture Building, Food Safety and Inspection Service, U.S. Department of Agriculture, Washington, DC 20250. All comments submitted will be available for public inspection in the Docket Clerk's Office between 8:30 a.m. and 1:00 p.m. and 2:00 p.m. and 4:30 p.m., Monday through Friday. To review the publications and other background information cited in this document, interested persons may visit the Docket Clerk's Office during the times listed above.

FOR FURTHER INFORMATION CONTACT: Mr. Ralph Stafko, Office of the Administrator, Room 3835, South Agriculture Building, Food Safety and Inspection Service, U.S. Department of Agriculture, Washington, DC, 20250, (202) 720–7773, in regard to meat, poultry, and egg products.

Ms. Shellee Davis, Center for Food Safety and Applied Nutrition (HFS–306), Food and Drug Administration, U.S. Department of Health and Human Services, 200 C Street SW., Washington, DC 20204, (202) 205–4681, in regard to seafood, whole (shell) eggs, dairy products, and other potentially hazardous foods, other than those listed above for which Mr. Ralph Stafko should be contacted.

SUPPLEMENTARY INFORMATION: FSIS and FDA maintain regulatory programs to help ensure that foods distributed in interstate commerce are not adulterated or misbranded. FSIS's programs, which cover meat, poultry, and egg products, include continuous in-plant inspection of livestock and poultry slaughtering, and processing of products therefrom, and egg product processing activities. FDA, which is responsible for ensuring the safety of foods in most other circumstances, operates a regulatory program that includes unannounced inspection of the domestic food industry and sample analysis. FSIS conducts its inspections at meat, poultry, and egg product processing establishments. FDA inspects establishments that process other types of foods. FSIS and FDA conduct examinations of warehouses and transshipment points, including points of entry of imported foods into the United States. They also conduct Federal-State cooperative programs, and consumer education.

Both FSIS and FDA, in recent rulemakings, have adopted a new food safety regulatory strategy, the framework of which is a science-based system known as the hazard analysis and critical control points (HACCP) system. HACCP is a process control system designed to identify and prevent chemical, physical, and biological hazards in food production. On December 18, 1995, FDA published a final rule, ''Procedures for the Safe and Sanitary Processing and Importing of Fish and Fishery Products'' (60 FR 65096), mandating the development and implementation of HACCP systems to ensure the safe and sanitary processing and importation of fishery products. FSIS promulgated a final rule ''Pathogen Reduction; HACCP Systems'' for meat and poultry on July 25, 1996 (61 FR 38806) mandating implementation of HACCP systems and standard operating procedures (SOP) for sanitation, and pathogen reduction performance standards and testing for meat and poultry.

Both Agencies have come to recognize that, if they are to reduce foodborne illness to the maximum extent possible, they must broadly approach their food safety missions, addressing potential hazards that arise throughout the food production and delivery system. They and the industries they regulate must work toward preventing, minimizing, and eliminating hazards that may arise before raw products or animals enter manufacturing plants or FSIS-inspected establishments and after food products leave those businesses. There is widespread agreement among food safety experts that ensuring food safety requires taking steps to prevent hazards and to reduce the risk of foodborne illness throughout the chain of production, processing, sale, storage, and transportation.

Post-harvest (seafood) and post-processing transporters, storage operators, and retail stores, restaurants, and other food service sectors are important links in the chain of responsibility for food safety. In these areas, FSIS, FDA, and State and local governments share authority and responsibility for oversight of food products. FSIS and FDA do not have programs that address the handling of food by these industry sectors, as they do for federally inspected processing establishments. However, both Agencies have become increasingly concerned about the public health impact of diseases associated with potentially hazardous foods and about what happens to food at the stages through which it passes on the way to consumers.

This notice addresses hazards attributable to the transportation and

storage of potentially hazardous foods outside of the establishments where they are processed.

Transportation and Storage of Potentially Hazardous Foods: Current Regulatory Coverage and Guidance

Foods are susceptible to contamination from a wide variety of agents—physical, microbial, or chemical. Some foods, most notably animal food products like meat, poultry, eggs, seafood, and dairy products are particularly susceptible to microbiological hazards because their moisture, pH levels, and high protein content provide ideal environments for the growth of bacteria. For these reasons, these products must be carefully monitored to prevent their exposure to microbiological, as well as other hazards.

No matter how carefully prepared, however, most any raw food product of animal origin may potentially have some bacteria present, including pathogens, and, thus, must be handled in a manner that minimizes the opportunity for bacteria to multiply. Furthermore, like other foods, these foods may become contaminated through direct abuse such as damaged packaging, exposure to filth or harmful chemicals, or contact with a contaminated surface. Sometimes, contamination is caused by direct or indirect contact with contaminated foods—a process known as cross-contamination. For example, salad components prepared on a cutting board used previously for raw poultry could become contaminated by pathogens that were on the poultry.

Food safety protection can be improved by the control of microbiological and other hazards through the use of preventive methods such as HACCP, good sanitation and manufacturing practices, and food safety performance standards, as appropriate, throughout the food production and distribution chain. Currently, however, most Federal regulatory measures are directed at slaughtering and food processing plants. State and local authorities have also directed their regulatory oversight at certain categories of food processors, generally small firms, as well as retail stores and food service establishments.

Despite increasing concern about the risks that may be created in the transportation and storage of potentially hazardous foods, government agencies at all levels do not have comprehensive regulatory programs for those segments of the farm (or harvest)-to-table food continuum that are comparable to that for slaughtering and processing establishments. Additional information is needed on the extent and severity of food safety problems that may be attributable to the transportation and storage of potentially hazardous food products from harvesting or production to processing plants and from processing plants to the consumer for FSIS and FDA to determine whether there is a need for additional government regulation to address risks that may be created during these stages of food distribution.

1. FSIS

All ingredients used in meat and poultry products prepared in establishments where FSIS maintains inspection (''official establishments'') are subject to examination upon their arrival at the official establishment. Substances and ingredients used in the preparation of egg products at FSIS-inspected plants (''official plants'') are also subject to inspection. Meat and poultry carcasses and parts that enter official establishments are inspected before they may be used in the preparation of meat or poultry food products at such establishments, regardless of whether they previously have been inspected and passed by FSIS, even if returned to the original establishment. Similarly, previously inspected egg products are subject to reinspection upon arrival at an official egg products processing plant.

The safety and wholesomeness of meat and poultry products being transported in interstate commerce, or being held in storage, are governed by various regulatory and statutory provisions. Certain regulations (9 CFR part 325 and part 381 subpart S) require meat and poultry products being transported to be ''wrapped, packaged, or otherwise enclosed'' so as to prevent their adulteration by air contaminants, unless the means of conveyance in which the product is transported is completely enclosed with tight-fitting doors or other covers for all openings. The means of conveyance must be reasonably free of foreign matter (such as dust, dirt, rust, or other articles or residues) and free of chemical residues, so that the products placed in it will not become adulterated. Any cleaning compound, lye, soda solution, or other chemical used in cleaning a means of conveyance must be thoroughly removed from the means of conveyance prior to its use. Means of conveyance onto which meat or poultry products are loaded, being loaded, or intended to be loaded are subject to inspection at an official establishment. If a means of conveyance, upon inspection, is found to be in a condition such that meat or poultry products placed in it could become adulterated, it is not to be used until the condition that could cause adulteration is corrected. Meat and poultry products found by an inspector to be in such a condition that they may have become adulterated are subject to inspection.

A guide for inspectors, the FSIS Sanitation Handbook, also presents details on acceptable conditions for transport vehicles and storage facilities of meat and poultry products.

FSIS monitors and enforces compliance with the adulteration and misbranding provisions of the Federal Meat Inspection Act (FMIA) and Poultry Products Inspection Act (PPIA) during transportation to and among inspected establishments and allied industries, such as renderers, pet food processors, retail stores, and restaurants. Meat and poultry products are considered to be adulterated for various reasons including if they are unsound, unhealthful, unwholesome, or otherwise unfit for human food (21 U.S.C. 453(g), 601(m)). Misbranding of meat and poultry products occurs, if among other reasons, their labeling is false or misleading. (21 U.S.C. 453(h), 601(n).) Similar adulteration and misbranding provisions apply to egg products. (21 U.S.C. 1033(a), 1033(l), 1036.)

FSIS also investigates complaints received from consumers and others alleging that adulterated or misbranded meat, poultry, and egg products have been sold or distributed in commerce.

FSIS has exercised its statutory authority over meat and poultry products outside official establishments in various instances, including in its promulgation of safe-handling labels on raw meat and poultry products (9 CFR 317.2(l) and (m), and 381.125(b)). However, FSIS does not have a comprehensive regulatory program that covers the handling of meat, poultry, and egg products outside of official establishments that is comparable to its program of regulating such products during their production in official establishments. FSIS's regulatory role regarding such products has generally been a reactive one. FSIS generally responds on a case by case basis to instances of adulteration and misbranding of products outside official establishments. FSIS has not focused directly on conditions and practices that occur after meat, poultry, and egg products leave official establishments that contribute to products being exposed to pathogenic contaminants, or that contribute to the multiplication of pathogenic microbes.

FSIS-inspected product that is in distribution channels and is not at an

establishment where FSIS maintains inspection may be examined by FSIS if the product is suspected of being adulterated or misbranded. At this point, the Agency focuses on the condition of the product, not on the conditions under which the product was produced. Product found in distribution channels that is adulterated or misbranded is subject to detention. In certain circumstances, if the product is reprocessed, repackaged, or relabeled under inspection, it may be sold in commerce.

FSIS also checks product for evidence of breaking of bulk packages and repackaging or reshipment without reinspection, for evidence that the product has been processed without inspection, and for spoilage. If such evidence is found, the facility in which the product is found may be subject to a thorough inspection for sanitation, product processing, and storage conditions. For example, discovery of rodent fecal matter in a product could lead to an investigation of the storage warehouse in which the product has been held.

In carrying out its investigations, FSIS does not stop trucks or other transportation vehicles, but rather examines products at key points during distribution. At cold storage warehouses, FSIS examines specific conditions to determine the adequacy of warehouse procedures for preventing the adulteration of meat and poultry products, including the adequacy of sanitation at the warehouse and the other controls utilized to reduce hazards, such as pests, to meat and poultry products.

Post-processing transportation and storage of meat and poultry products was also a subject of concern to commenters on FSIS's February 3, 1995, Pathogen Reduction/HACCP proposal. Various commenters stated that the majority of hazards consumers face from raw meat and poultry products stem from mishandling the products after they have left the official establishments. They stated that to be effective, any regulatory controls contemplated by FSIS must include those industry segments that handle products after they leave official establishments as well as slaughter and processing establishments. Commenters further stated that FSIS should expand its inspection program to include all segments of the food production and transportation industries. Some commenters noted that, although there is not a sufficient number of FSIS (and FDA) employees to inspect businesses outside official establishment on a regular basis, there must be some additional regulatory efforts to ensure proper controls are maintained throughout the food chain.

Other commenters stated that they believed that transportation and storage entities should not be subject to regulatory controls. They stated that warehousing and food distribution operations do not pose the same levels of risk as processing operations. Still others felt that FDA and DOT should develop voluntary guidelines for transport conveyance, not mandatory requirements.

2. FDA

FDA routinely inspects food processing plants and examines food products transported in interstate commerce. The examination and inspectional aspects of FDA's program are carried out by its field force as part of its compliance program for foods. FDA covers the full range of potential food safety problems, including microbial hazards, chemical contaminants, pesticides, filth, and food additives. FDA provides similar coverage for imported foods.

FDA's requirements for the conditions under which food is to be transported and stored are contained in FDA's good manufacturing practice regulations (21 CFR Part 110). The conditions under which food is received, inspected, transported, segregated, prepared, manufactured, packaged, and stored of food must be such as to ensure that the food will not become contaminated with filth or rendered injurious to health. Storage and transportation of finished food must be under conditions that will protect food against physical, chemical, and microbial contamination, as well as against the deterioration of the food and its container (21 CFR 110.93).

FDA's final rule on seafood, which mandates the application of HACCP principles to the processing of seafood, is designed to ensure that the hazards that are presented at all stages of the food processing and distribution chain, including transportation, are identified, and appropriate control measures are put in place to address them. Thus, for example, a processor could require, as part of its HACCP plan, that a certain temperature be maintained during the transport of raw materials to its facility.

FDA is evaluating whether to require a comprehensive preventive regulatory program, similar to its seafood regulatory program, for food products other than seafood in commerce. On August 4, 1994, FDA published an advance notice of proposed rulemaking entitled ''Development of Hazard Analysis Critical Control Points for the Food Industry'' (59 FR 39888), which sought public comment on whether and how FDA should develop regulations to establish requirements for a new, comprehensive, food safety assurance program for both domestically produced and imported foods. Further regulatory action by FDA on this matter is pending.

3. Department of Transportation

The Department of Transportation (DOT) has promulgated a number of regulations affecting the conditions under which edible products can be transported in commerce. For example, a carrier can not transport hazardous material required to be labeled poison in the same motor vehicle with material that is marked or known to be a foodstuff, feed, or any edible material intended for consumption by humans or animals unless packaged in specifically prescribed packages (49 CFR 173.25(c) & 177.841(e).) A rail car that has held poisonous materials in packages showing any evidence of leakage, must be thoroughly cleaned after unloading before the car is returned to service. After any poisonous materials are unloaded from a rail car, that car must be thoroughly cleaned unless that car is used exclusively in the carriage of poisonous materials (49 CFR 174.615(b)).

4. Food Code

Finally, the transportation and storage of food products is dealt with in the model Food Code, which is published by FDA. This model code contains provisions that specifically address the storage and preparation of foods at retail stores, restaurants, and institutions. It also contains recommended holding temperatures for a variety of foods. Most State and local food statutes, regulations, and ordinances are based on some edition of FDA's model food code.

Risk of Contamination and Disease From Food Transportation

1. Current Transportation Vehicles and Conditions

There are three basic types of transport: air transport; sea transport, including conventional refrigerator ships and container ships; and land transport, which consists of rail cars and trucks. Of the approximately 47 million tons of food shipped between continents each year, about 60 percent goes by sea, 35 percent by land, and 5 percent by air. Approximately 22 million tons of meat and poultry, fish, and dairy products are exported intercontinentally each year, with 40 percent of that total moving by sea transport.

Within a continent, most perishable cargoes are hauled by trucks. A lesser amount is transported by rail. Rail shipments may be by self-contained refrigerated rail cars or by flatcars carrying sea containers known as ''piggyback'' trailers. Over-the-road hauling involves refrigerated trucks or flatbed trailers used to haul sea containers, with most of the refrigerated freight moving in refrigerated trailers. Refrigerated trailers are a necessary method of transportation for the distribution of perishable foods from seaports and rail heads to the ultimate consumer. Thus, it is assumed that most refrigerated food cargo, whether originating overseas or within the U.S., ultimately travels by truck transport.

2. Safeguarding Food Under Conditions of Transport, e.g., the ''Cold Chain''

The logistics of moving perishable, potentially hazardous products generally involves cooling after processing to achieve adequate temperatures before shipping. This means that perishable foods must be refrigerated or frozen after processing and before shipment to inhibit spoilage or growth of pathogens. During transportation and storage, the challenge is to maintain proper refrigeration temperatures and to keep the ''cold chain'' from breaking during steps such as palletization, staging, loading and unloading of containers, movement into storage, and time spent in storage.

For example, post-harvesting temperature control is especially important in preventing illness from consuming certain marine fish and certain raw Gulf-harvested oysters. Improper handling of some marine fish, most notably tuna, mahi mahi, and bluefish can lead to histamine (scombrotoxin) formation, resulting in illness and death. Similarly, the Interstate Shellfish Sanitation Conference has adopted post-harvesting temperature controls to reduce the proliferation of the marine bacterium *Vibrio vulnificus* in oysters harvested from the Gulf of Mexico during warm weather. To date, temperature controls from time of harvest to consumption remain the most practical means of reducing the risk of illness and death for medically compromised consumers of raw Gulf oysters.

3. Technical Analysis Group (TAG) Report on Transportation

When FSIS proposed the Pathogen Reduction/HACCP rule in February 1995 (60 FR 6774), FSIS stated its commitment to develop standards to help ensure the safe handling of meat and poultry products during transportation and storage. FSIS stated it would: (1) Ask a group of experts to provide data on the hazards to food safety and the controls that currently exist in the industry to address such hazards; (2) develop practical standards of performance for establishments and carriers with respect to the transport of food; (3) develop a list of good manufacturing practices and various options for encouraging their use; (4) initiate, where feasible, joint rulemaking with FDA to establish appropriate standards to ensure the safety of meat and poultry products and other foods during transport, and (5) along with FDA, work with the DOT to implement the Sanitary Food Transportation Act of 1990, as revised, and determine whether additional authority is needed to carry out the shared food safety mission of FDA and FSIS. (*Id.*, at p. 6828)

In April 1995, FSIS and DOT contracted with a Transportation Technical Analysis Group (TAG) to identify the primary hazards associated with the transport of perishable foods and recommend reasonable controls that might be employed by industry to ensure food safety. The 10-member TAG was composed of representatives from academia, the transportation and food industries, and DOT. The TAG's tasks were to identify hazards associated with the transportation of perishable foods; identify practical controls to prevent, reduce, or eliminate the risks involved; and outline the cost implications and desired results of applying the controls. The TAG's analysis was intended to provide basic information FSIS could use in formulating good manufacturing practices (industry guidance) or regulations, or both, dealing with the transportation of meat, poultry, and egg products.

Tasks of the TAG for meat, poultry, and egg products included: (1) Identifying and describing the steps comprising the transportation of these foods, from the live animal to the consumer; (2) identifying all hazards to these foods that can pose a risk to public health; (3) estimating the potential impact of each hazard by considering its prevalence in these foods, and the severity of the adverse effect of the hazard; (4) identifying practical controls to prevent, eliminate, or reduce each hazard to an acceptable level; (5) noting any scientifically valid procedures for verifying the effectiveness of each control; (6) identifying the desired results of applying the controls; and (7) identifying any research and development activities needed to better define the hazards or improve on the identified controls. The TAG identified hazards associated with the transportation and storage of potentially hazardous foods, control points for addressing such hazards, and procedures needed to eliminate, minimize, or reduce the hazards.

Because its members considered trucks to be the predominant mode of transportation for potentially hazardous foods, the TAG focused its initial attention on this mode of transportation. Limitations of time and money kept the TAG from inquiring much into the state of perishable food transport by air, sea, or rail. Therefore, FSIS would appreciate having information and comments from those who are familiar with transport operations in these industries on factors that affect the safety and wholesomeness of perishable foods shipped by plane, rail, or ocean or freshwater vessel.

The TAG found that how trucks are loaded has a very direct relation to the likelihood of food contamination and abuse. A less-than-full-load (LTL) is a truck that has available space as it begins its journey, and to which additional freight may be loaded during the journey. A mixed load is a truck that is fully loaded at the time it begins its journey, but whose load consists of different types of freight. According to available information, a disproportionate number of product handling problems, resulting in claims for product losses, are associated with LTL's and mixed loads. In addition, TAG members believed that LTL product handling problems are more likely to occur among smaller carriers which are more likely to haul smaller, mixed cargoes.

LTL and mixed loads may be troublesome from the food safety standpoint for several reasons. First, such a load may consist of foods with different holding temperature requirements. The temperature of the trailer or container with the load may be suitable for one food but not for another. An extreme example of this problem would be an LTL or mixed load maintained at a refrigeration temperature but in which part of the food cargo must be kept frozen. Some freight companies have solved this problem by using partitioned trailers; each storage space between the partitions can be maintained at a different temperature, so the LTL holding temperature problem does not arise.

Another hazard to which food carried in LTL containers may be exposed is the failure to maintain the proper storage temperature throughout the transit. Because LTL or mixed load carriers tend to be loaded and unloaded more frequently during a trip, it is

technologically more difficult to consistently maintain food cargo at the correct temperature than it is for uniform food cargo carried to a single destination. Each time freight is loaded or unloaded, the opportunity exists, even under the best of handling conditions, for a temperature fluctuation that may cause food safety problems.

A further problem that can arise is potential adulteration of food cargoes by incompatible food or non-food cargoes. For example, some cargoes may release gases or odors that are absorbed by other cargoes.

The TAG identified other concerns involving the transportation of perishable foods by truck. These included the cleaning and precooling of trucks, proper packaging of foods, loading patterns and partial loading or unloading of trucks, adequacy of refrigeration units, air circulation, humidity, insulation of trucks, and the time taken to transport the food.

The TAG concluded that good controls are essential to ensuring safe transportation of perishable foods. They noted that ''The focus needs to be on establishing control points that will monitor temperatures and times en route and at the loading and storage facilities. Time, temperature, and sanitation are the three elements of any control plan.'' (Transportation TAG Report, at p. 14)

The TAG identified six critical control points, points at which loss of control may result in an unacceptable health risk. They are: (1) Inspecting the truck trailer before loading; (2) ensuring that the temperature of the product intended to be loaded is not above 40 °F; (3) proper configuration of the load; (4) maintenance of a 40 °F temperature while awaiting additional product to be loaded; (5) maintaining the temperature of the food during transit; and (6) maintaining the inside temperature of the food during unloading and movement to storage. For each of these critical control points, the TAG identified interventions that would address the hazards at each critical control point, the frequency of monitoring needed to ensure the interventions are carried out, who should monitor the critical control points, actions to be taken if deficiencies or deviations are noted, how corrective actions should be documented, and who should verify the corrective actions taken.

4. FSIS and FDA Concerns: Evidence of a Problem

FSIS and FDA are concerned about whether reliable procedures are being used by all sectors of the food production and delivery chain to combat the invisible threats to safety and health posed by microbial pathogens. Control of microbial pathogens is difficult even in those areas where inspection and other regulatory and public health measures are applied most intensively, as in slaughterhouses, and food processing facilities.

Agencies concerned with food safety have devoted relatively few resources to the transportation and storage sectors of the food chain. There is an absence of data and information about whether adequate and appropriate food safety controls are being employed while food is being transported and stored. This lack of information does not by itself indicate the existence of a problem warranting regulatory intervention. However, FSIS and FDA need information about the transportation and storage of food if they are going to assure that the food safety risks associated with transportation and storage are properly identified and adequately addressed.

The United States annually experiences an estimated 6.5 to 33 million foodborne illness cases. These are largely associated with potentially hazardous foods that have become contaminated. In most cases of foodborne illness, post-processing temperature abuse or other mishandling contributed to the food hazard implicated in the illness. Such mishandling of potentially hazardous foods frequently occurs in food-service establishments and homes. However, food product abuse also may occur at earlier stages. In processing establishments, for example, equipment breakdowns, failure to adhere to appropriate time and temperature requirements, cross-contamination between raw and cooked product, and physical contamination by chemicals or foreign matter may render foods unsafe.

Although there is little empirical data on the extent to which conditions under which food is transported and stored contribute to safety hazards, there is anecdotal evidence. For example, a 1994 salmonellosis outbreak reported to have affected 224,000 people is believed by public health authorities to have been caused by cross-contamination of a pasteurized ice cream premix during transportation in tanker trailers that had previously hauled nonpasteurized liquid eggs.[1]

[1] Thomas W. Hennessy, M.D., et al. 1996. A National Outbreak of *Salmonella enteritidis* Infections from Ice Cream. *N. Engl. J. Med.* 334:1281–1286.

FSIS, in its continuous inspection of meat and poultry establishments, has found that some food spoilage can be attributed to mishandling during transportation, based on examination by inspectors of meat and poultry products returned to official establishments (''returned product'') that have been refused by a buyer or consignee. The amount of returned product may serve as an index of the amount of spoiled foods that may be in transportation channels, but the Agencies do not know how much potentially hazardous food that is spoiled is returned or otherwise handled.

Only a very small percentage of meat or poultry product that is shipped from a federally inspected establishment is returned to the establishment. FSIS staff officers estimate that perhaps one-tenth of this returned product was returned because of a problem that developed during transportation. This seems generally true for imported meat and poultry products, as well as domestically produced products. In 1994, FSIS rejected nearly 14 million pounds (0.5 percent) of imported meat and poultry products, most commonly for processing defects, contamination, unsound condition, and transportation damage. This rejection rate is roughly equivalent to the rejection rate of product produced in the United States.

Returned product must go back to the establishment where it was prepared and must be received in a designated area for reinspection. Although many plants are permitted to handle such products under their own quality-control program, inspectors routinely evaluate establishment records on returned product to ensure they are complete and accurate, and show that the establishment has sorted and otherwise taken all corrective action necessary to ensure proper disposition of the product. The inspectors also supervise condemnation of unwholesome or misbranded product.

From time to time, foreign countries to which U.S. meat and poultry exports are sent have rejected U.S. product that has become spoiled because of transportation or storage failures. Such problems have the potential to cause, or contribute to, serious trade disruptions. In 1994, Russia refused to accept shipments of United States-produced poultry alleged to be ''off-condition'' and unfit for food purposes. The poultry had apparently been allowed to thaw at some point between shipment from the processing plant and receipt by the importer. Similar cold storage problems involving pork shipments to the same country had occurred some years earlier.

Similarly, there have been occasional, documented instances of careless handling and transportation of meat and poultry within the U.S. These generally involve inadequate refrigeration or exposure to physical hazards.

There appears to be increasing public awareness of the possibility that food might become contaminated during shipment. From time to time, Congress has expressed concern that gaps in the regulatory coverage of food during transportation in commerce ought to be filled. For example, in 1990 Congress passed the ''Sanitary Food Transportation Act'' that required the Secretary of Transportation, in consultation with the Secretaries of Agriculture and Health and Human Services and the Administrator of the Environmental Protection Agency, to issue regulations with respect to the transportation of food products in motor vehicles or rail vehicles that are also used to transport nonfood products that could make food subsequently shipped in the vehicles unsafe.[2] (Pub. L. 101–500; 49 U.S.C. app. section 2801 *et seq.*) Although information on the extent of the practice was scarce, there were press accounts of trucks carrying food from the Midwest to both the East and the West Coasts and returning with garbage for Midwest landfills. It was feared that food products could become contaminated and unfit for human consumption if irresponsible vehicle operators failed to prevent contamination of food products in vehicles that had been previously used to haul waste or other non-food materials.

On May 21, 1993, DOT proposed regulations to implement the new law. The proposal addressed the safe transportation of food products during highway and rail transportation (58 FR 29698). Further action on the proposal is pending.

5. Data and Information Needed

FSIS and FDA are now attempting to develop better information on the nature and scope of food safety risks posed by transportation and storage practices. The Agencies would like, among other things, to develop reliable estimates of the number of cases of foodborne illness that are attributable to the abuse of potentially hazardous foods during transportation. Also needed are better data to determine whether current estimates of the annual number of shipments of potentially hazardous foods are accurate and to determine what types and amounts of such foods are transported by truck, rail car, airplane, or ship. FSIS and FDA would also like to obtain information about what controls are currently being used to ensure the safety of potentially hazardous food during transportation, for truck, rail car, airplane, or ship transports.

Additionally, the Agencies would like to know whether there are any special concerns relating to transportation of imported products. Further, the Agencies seek information from owners or operators of cold storage facilities, warehouses, depots, and similar kinds of businesses regarding the types and volumes of potentially hazardous foods that they handle and the controls that they use to ensure the safe storage of foods.

The Agencies have addressed some of these matters in the preliminary work on which this ANPR is based, but more precise information is needed.

Information and Accountability; Failure of the Market

Most large food companies conduct rigorous quality control operations to ensure, among other things, that the foods and food ingredients they purchase match contract specifications and will be suitable for use in the manufacture of their products. Many companies already operate HACCP systems to ensure the safety of the food products that they deliver to consumers.

Such companies enforce their own criteria for foods and food ingredients delivered to them. If refrigerated or frozen foods arrive at the receiving departments of these companies in an ''off'' condition, if they are spoiled or damaged, or if they fail lot acceptance inspections, the companies will not accept delivery. The company that shipped the product or the transporter may be liable for the costs of the unaccepted product, or the company that insured the shipment may be called upon to satisfy a claim.

However, to the extent that firms do not take actions that provide consumers with products of the level of safety that they desire, there exists a market failure. The most significant element of this market failure is lack of information for purchasers. Purchasers of potentially hazardous food products may lack information about products other than their appearance. Signs of spoilage, such as unpleasant odor or discoloration, may not be present to warn of possible safety concerns.

When foodborne illness does occur, it may often be difficult or impossible to trace the cause back to a specific source because some pathogens do not cause illness until several days or weeks after exposure. Thus, food safety attributes are often not apparent to consumers either before purchase or immediately after consumption of food. This information deficit also applies to wholesalers and retailers who generally rely on sensory tests—sight and smell—to determine whether a food is safe to sell or serve. Therefore, if food became contaminated because of a problem in transportation or storage, the receivers of the food might not know about it and might not be able to relate a resultant outbreak of foodborne illness to the problem.

Applicable Legal Authorities

Both the Federal Meat Inspection Act (FMIA) (21 U.S.C. 601 *et seq.*) and the Poultry Products Inspection Act (PPIA) (21 U.S.C. 451 *et seq.*) give the Secretary of Agriculture authority to regulate meat and poultry products in commerce. Specifically, the FMIA and PPIA authorize the Secretary to prescribe regulations covering the storage or other handling of meat or poultry products whenever the Secretary determines that regulations are necessary to assure that meat or poultry products are not adulterated or misbranded when they are delivered to the consumer (21 U.S.C. 624, 463). The statutes further state that no person may ''sell, transport, offer for sale or transportation, or receive for transportation'' in commerce any meat or poultry product that is capable of use as human food and is ''adulterated or misbranded at the time of such sale, transportation, offer for sale or transportation, or receipt for transportation * * *'' (21 U.S.C. 610(c), 661(c) and 454(c), 458(a)(2).) The statutes also prohibit any act with respect to such products, while they are being transported in commerce or held for sale after such transportation, ''which is intended to cause or has the effect of causing such articles to be adulterated or misbranded.'' (21 U.S.C. 610(d), 661(c) and 454(c), 458(a)(3).) These prohibitions, and Federal regulation and inspection generally, are applicable to operations and transactions conducted in commerce and to those conducted wholly within a state in those states that have been ''designated'' by the Secretary. See 21 U.S.C. 454(c) and 661(c). For a list of such states, see 9 CFR 331.2, 381.221. The Egg Products Inspection Act also has provisions concerning the sale and transportation in commerce of adulterated or misbranded eggs or egg products (21 U.S.C. 1037).

The Federal Food, Drug, and Cosmetic Act (FFD&C Act), administered by FDA,

[2] In July 1994, Congress passed Public Law 103–272, which revised Title 49 of the U.S. Code, including provisions for Sanitary Food Transportation (Chapter 57—Sanitary Food Transportation. (49 U.S.C. 5701 to 5714.)

prohibits the adulteration or misbranding of food in interstate commerce (21 U.S.C. 331(b)). The FFD&C Act also prohibits the introduction or delivery for introduction into interstate commerce, and the receipt in interstate commerce, of adulterated or misbranded food (21 U.S.C. 331(a) and (c)). Section 402(a)(4) provides that a food is deemed to be adulterated if it has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health (21 U.S.C. 342(a)). Section 701(a) authorizes FDA to promulgate regulations for the efficient enforcement of the FFD&C Act (21 U.S.C. 371(a)).

The Public Health Service Act (PHSA) authorizes the Secretary of Health and Human Services and, by delegation, FDA, to make and enforce such regulations as ''are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States * * * or from one State * * * into any other State.'' (42 U.S.C. 264(a).) Communicable diseases are defined by FDA as illnesses due to infectious agents or their toxic products, which may be transmitted from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly through the agency of an intermediate plant or animal host, vector, or the inanimate environment (21 CFR 1240.3(b)). With respect to food as a vector (carrier), infectious agents include *Listeria monocytogenes, Salmonella enteritidis, Vibrio vulnificus,* and similar pathogens. Moreover, FDA may take such measures as may be necessary to prevent the spread of communicable diseases, including inspection, fumigation, disinfection, sanitation, pest extermination, and destruction of animals or articles believed to be sources of infection (42 U.S.C. 264(a)).

These statutes give FDA the authority to establish regulations concerning foods in interstate commerce, including regulations governing the transportation and storage of such foods.

The Sanitary Food Transportation provision also provides authority to regulate the transportation of food (49 U.S.C. 5701 to 5714). However, FSIS and FDA regard some of the potential food safety issues associated with previous cargoes as involving more than just nonfood products regulated by DOT. It seems clear that all types of prior cargoes need to be addressed, not just nonfood products. Thus, this ANPR seeks information on the appropriate mechanism for addressing prior food cargoes. FSIS and FDA seek comment on how DOT requirements for food transportation conveyances that also haul nonfood items, under its Sanitary Food Transportation statutory provisions, might be complemented by additional FSIS/FDA requirements.

FSIS and FDA believe existing statutory authorities are ample to support the regulatory initiative being considered to regulate the safe and sanitary transportation of potentially hazardous foods.

Alternatives Considered

Because transportation and storage are vital links in the farm (or seafood harvest)-to-table food chain, the success of a comprehensive, farm (or harvest)-to-table food protection strategy requires that effective preventive measures be taken to ensure the safe transportation and storage of food. FSIS and FDA are considering several alternatives for addressing the safety of potentially hazardous foods during transportation and storage. These alternatives include specific requirements, such as temperature standards, performance standards, recordkeeping to ensure that food safety controls are maintained, mandatory HACCP-type systems, voluntary guidelines, and combined approaches.

Regardless of the alternative, one constant is the need for personnel who understand the importance of handling food cargoes safely and who know how to do it. All persons involved in transporting and storing foods need to recognize that contaminated foods can cause illness and that microbes can spoil or poison foods. It is important that they recognize that vehicles must be adequately cleaned, and they should know how to accomplish this task. They should understand the influence of temperature on product quality and microbial growth and the importance of controlling insects and rodents. Government and industry can both play a role in ensuring that essential knowledge is provided to those who need it.

1. Temperature Performance Standards

One approach is the promulgation of a performance standard that would require that potentially hazardous foods be cooled to and maintained at or below a specific temperature during transportation and storage from the food processing plant to the retail outlet, restaurant, or other establishment serving the consumer. If this approach is adopted, all potentially hazardous foods being transported to retail or food service establishments would have to be maintained at or below such a maximum temperature.

In its February 1995 Pathogen Reduction/HACCP proposal, FSIS proposed various requirements for chilling and cooling meat and poultry products. The proposal included specific time and temperature parameters for the rate of cooling meat and poultry carcasses in slaughtering establishments and a maximum shipping temperature of 40 °F for raw meat and poultry products leaving FSIS-inspected establishments. FSIS agreed with commenters that keeping raw products cooled after they leave the establishment and during transportation, storage, distribution, and sale to consumers is essential to prevent growth of pathogenic microorganisms on raw products.

The Agencies have considered at least two possible maximum temperatures as appropriate for this kind of performance standard. The first is 41 °F. This standard is consistent with the temperature recommended by the 1995 Food Code for cooling and holding (including during transportation) potentially hazardous food. It would provide a margin of safety to prevent the multiplication of pathogenic bacteria, which generally will not proliferate at temperatures below 50 °F.

A second temperature limit being considered is 45 °F. This temperature would provide a smaller margin of safety but would comport with the temperature established by the European Union [3] for the transportation, in commerce, of raw meat products. This temperature is increasingly accepted as a standard for potentially hazardous foods during storage and transportation by other countries and appears to be an emerging standard for international trade. Comments are invited on these potential performance standards and on any other appropriate temperature standard applicable to specific commodities.

Relevant to this discussion is the 1991 Farm Bill legislation that provided for a 45 °F ambient air shipping and storage temperature requirement for shell eggs. USDA proposed, but has not promulgated, regulations to implement that requirement. FSIS is concerned that the rule as proposed could impose significant costs, especially on small business entities, but achieve no clear public gains in food safety protection. Available evidence indicates that the key factor in determining bacterial

[3] ''Agreement on International Carriage of Perishable Foodstuffs and on the Special Equipment to be Used for Such Carriage (ATP)'' (Geneva, September 1, 1970) (Annex III).

growth in shell eggs is how long eggs leaving laying farms stay warm. The effect of cool ambient air temperatures on packed and crated shell eggs during transport and distribution is difficult to ascertain, even if the ambient temperature is 45 °F (however measured). FSIS's approach to temperature requirements for shell eggs is similar to its approach to the cooling of red meat carcasses. FSIS has decided that before it can impose temperature requirements, it must have better data and information on the food safety effects of temperature controls at all phases of production and distribution.

Temperature-based performance standards might include the use of a recording thermometer or other means to ensure compliance with the standard. A temperature performance standard might be complemented by some requirement that would permit processors to determine the acceptability of a food transport vehicle for the transport of bulk foods that pose a risk of communicable disease, as discussed below. This might be based on a review of transporters' prior cargo records.

FSIS and FDA anticipate that Federal standards governing proper transportation and storage for potentially hazardous foods and other food safety practices would be, to some extent, self-enforcing. In the view of FSIS and FDA, large commercial purchasers of such foods, such as retail grocery store chains, are likely to incorporate such standards in their purchasing specifications and would enforce them through routine quality assurance and product acceptance procedures. The Agencies request comment on the extent to which such Federal standards are likely to achieve and safeguard public food safety objectives with a minimal enforcement effort.

The merits of any temperature standards, and alternative approaches for preventing temperature abuse and achieving appropriate product temperature controls during transportation and storage of all potentially hazardous foods, are topics for discussion at the joint FSIS–FDA technical conference held November 18–20, 1996, in Washington, D.C.

2. Shipper Recordkeeping

The Agencies might also consider recordkeeping requirements with respect to the conditions under which foods that pose a risk of being vectors for the spread of communicable disease are transported interstate, to help prevent contamination and cross-contamination of certain food cargoes. Relying on the relevant statutory authorities, the Agencies may consider requiring carriers of potentially hazardous foods that are shipped in bulk (foods which directly contact a food conveyance) to provide food shippers with records that identify the last three cargoes for any conveyance being offered to the food shipper for use in transporting the food and that disclose the data of the most recent cleaning of the conveyance.

FDA and FSIS request comments on the feasibility and effectiveness of this approach for ensuring the availability of information needed to assess potential contamination from prior cargoes in a transportation vehicle.

3. Mandatory HACCP-type Systems

Another approach that could be taken would be to require that a HACCP system be established specifically with respect to the transportation and storage of potentially hazardous foods to prevent the contamination of these foods, although, as noted earlier, comments on the FDA and FSIS HACCP rulemakings were negative on requiring HACCP for transportation and storage. Such requirements could be modeled on the regulations recently adopted by FSIS and FDA that apply to establishments that process meat, poultry, and seafood.

Such HACCP-type systems would probably be relatively simple. Essentially, they would likely require that potentially hazardous foods be maintained at a particular refrigeration temperature or frozen temperature, and that the temperature be recorded using a recording thermometer. The use of a temperature performance standard would allow processors to determine the acceptability of a food transport vehicle for the transport of certain bulk foods, i.e., those that pose a risk of communicable disease, based on cargo records.

Personnel involved in the implementation of the HACCP-type systems would have to be knowledgeable about product vulnerabilities and be trained in HACCP principles, the development, reassessment, and modification of HACCP plans, and record review. If this option were pursued, the Agencies would consider the development of model HACCP plans or other guidelines that could be used by transportation and storage companies in developing their own HACCP plans.

4. Voluntary Guidelines

Another approach under consideration is to make more use of voluntary guidelines. FSIS and FDA are aware that some government agencies, industry groups, and other organizations have published guidelines or recommended practices that address the transportation and storage of potentially hazardous foods, whether fresh or frozen. Such guidelines could serve as the basis for developing joint Government-industry guidelines for food transportation and storage.

For example, the Association of Food and Drug Officials (AFDO), a voluntary organization of State and local food regulatory officials, in its publication entitled ''Guideline for the Transportation of Food,'' states that during transportation, potentially hazardous food should be maintained at 45 °F or below. The AFDO guideline states that frozen food should be held at an air temperature of 0 °F or below and should not exceed a product temperature of 10 °F for more than a short period of time during transportation. The use of an easily accessible temperature-recording device is recommended for measuring air temperature in the transportation vehicle. Maintaining the proper food temperature is one of AFDO's four major food transportation measures for ensuring food safety. The remaining measures cover the use of good sanitation practices, good personal hygiene of food employees, and adequate transportation equipment.

The Frozen Food Round Table, a trade organization, in its publication entitled ''Frozen Food Handling and Merchandizing'' presents several recommended practices for transporting and storing frozen foods. These practices include maintaining product temperature at 0 °F or colder and use of a recording device to accurately measure the air temperature inside the transportation vehicle.

In September 1995, USDA's Agricultural Marketing Service (AMS) published a revised version of its handbook ''Protecting Perishable Foods During Transport by Truck.'' The handbook contains recommendations for loading and transporting various food commodities. In the handbook, AMS states that maintaining the desired or ideal holding temperature is a major factor in protecting perishable foods against quality loss during transportation and storage. The handbook also presents recommended temperatures for holding meat, poultry, fresh fish, and other commodities during transportation.

The Interstate Shellfish Sanitation Commission also has published a manual that provides appropriate temperatures for shipping shellfish.

The International Dairy Foods Association (IDFA) is carrying out a

long-term strategy for ensuring product safety that focuses primarily on HACCP but that also depends for its effectiveness on a series of prerequisite good manufacturing practices (GMP's). The association has developed a manual that is product-oriented and product-specific and contains model HACCP programs for such product categories as fluid milk, ice cream, cheese, and yogurt.

Finally, the HACCP systems that have been implemented voluntarily by some major food service companies provide time, temperature, sanitation, and contamination critical limits to be applied at critical control points such as at shipping and receiving locations and aboard transport vehicles. For example, there are temperature critical limits for trailers that haul refrigerated and frozen foods, procedures for daily monitoring of compliance with these criteria, and documentation of findings and any necessary corrective action.

All these organizations could participate in the development of guidelines for various products. The Federal Government, possibly in cooperation with the States, could provide technical advice and assistance in the development of such guidelines. Since the transportation and storage ''gap'' in regulatory coverage is similar at the Federal and the State levels, such an approach might be useful.

5. Combination of Approaches

The Agencies intend also to consider some combination of the above-discussed approaches. For example, time/temperature performance standards could be required along with mandatory HACCP-type systems. By specifying critical limits—such as the maximum temperature—to be met in handling, storage, and shipping potentially hazardous foods, there would be some degree of uniformity among processors in measures that they take to ensure the safety and quality of that food while it is being transported and stored.

The combination of a performance standard, such as a time-temperature standard, with voluntary transport and storage ''good practice'' guidelines on how to achieve that standard would probably be regarded as the most flexible option, though not necessarily the least burdensome of the approaches that involve regulation. Some of the voluntary guidelines mentioned above, such as the IDFA and the AFDO guidelines, make specific time/temperature recommendations or cargo handling procedures intended to prevent physical, biological, or chemical contamination. Some involve the voluntary implementation of HACCP systems. The voluntary guidelines therefore cover many of the recommendations considered in this ANPR as possible regulatory requirements.

Thus, the use of voluntary guidelines would not necessarily be less burdensome to the industry than regulation-based alternatives. The major disadvantage is the reduced ability of the agencies to assure uniformly effective adoption of the guidelines by transportation and storage facilities and the consequent achievement of food safety goals.

6. Alternative of No Federal Regulatory Initiative

This alternative would mean that the Agencies would rely only on enforcement of current laws and regulations. Both Agencies have the authority to detain or seize adulterated and misbranded food products that are in interstate commerce. The Agencies could, for example, take action on a cargo of potentially hazardous food that is found to be in an off-condition, that is contaminated with some deleterious substance, or that is being held at too high a temperature. Depending on the type of cargo, the food could be detained based on evidence of adulteration and be allowed to be returned to the establishment that produced it, or it could be subject to Government seizure. However, actions of this sort are inefficient ways to encourage safe food handling practices and can involve the Agencies and food companies in costly court actions. Worse, they are merely reactive. Although they may have some deterrent effect on the mishandling of foods, they do not address the underlying causes of the problem.

The Agencies could, and would, continue to promote food safety practices through public information and consumer education, directing their efforts, to the extent possible and appropriate, to food transporters and storage facility operators. The effectiveness of these efforts, however, would depend on the industry also being an advocate for good food storage and handling practices and comprehensive preventive approaches.

Comparison of Alternatives

FSIS and FDA would appreciate comments on the following: Which of the alternatives presented seem most likely to contribute to achieving the goal of reducing the risk of foodborne illness associated with the consumption of potentially hazardous foods? Which of the alternatives is both feasible and is most likely to prevent food safety hazards from arising during transportation and storage? Which would be most effective and which least? Which would allow industry the greatest flexibility in adopting technologies or developing other means to prevent food safety hazards or reduce the likelihood they will occur? Which would be most likely to encourage the adoption of new technologies, such as improved refrigeration methods, more efficient insulated trailers, more accurate thermography, and state-of-the art vehicle tracking and communications?

1. Approach to Regulatory Compliance

FSIS and FDA also seek comments on what roles the Federal, State, and local jurisdictions should play in regulating the transportation and storage of potentially hazardous foods. This is particularly important in light of increasingly tight budgets affecting FSIS, FDA, the States, and local jurisdictions, and the consequent need to ensure that all public resources devoted to the common goal of food safety are used in a coordinated way that maximizes public health protection while minimizing public costs.

2. Balancing of Interests and Limitations

Any option involving additional regulation of the conditions under which potentially hazardous foods are transported and stored will necessarily involve investment of a larger proportion of the Agencies' resources to monitoring the transportation and storage of food, compared with resources presently allocated to those activities. Assuming at best no real growth in the Agencies' budgets, it may be necessary to shift resources from in-plant inspection and other activities to the examination of food transportation and storage. Reallocations of personnel would entail judgments on the benefits of making new assignments. Ideally, the Agencies believe, judgments on how best to allocate static or declining resources would be based primarily on assessments of relative risks to public health. Therefore, any such shift of resources would require careful analysis of relative risks to consumers that derive from transportation and storage operations, compared with the risks that derive from food processing and other activities.

Thus, for example, new information may dictate that FDA and FSIS inspectors and FSIS compliance officers be assigned to new tasks to verify compliance with any requirements that apply to the conditions under which potentially hazardous food is

transported by land, air, or sea, or is stored.

Therefore, the agencies would appreciate comments on how best to balance competing demands on Government resources. That is, assuming that the general goal of the Agencies is to achieve maximum food safety protections throughout the farm (pre-harvest)-to-table continuum, is it reasonable for the Agencies to redeploy their personnel and other resources to achieve such additional coverage?

Alternatively, if an option not involving regulation were chosen, such as industry agreements to abide by voluntary guidelines, should the Agencies nonetheless redeploy resources to increase the monitoring of potentially hazardous foods during transportation and storage under their existing authorities to prevent the distribution in commerce of adulterated or misbranded foods?

Of course, Government regulation is rarely more than a part of the solution. The primary responsibility for protecting the safety of food products in distribution channels rests with those in that business—in this case, those who buy and sell, handle, and store, and are responsible for the shipment of potentially hazardous foods.

This responsibility argues for an alternative that involves a strengthening, by industry itself, of the control systems that they utilize. An alternative that induced a more widespread application of available technologies, such as improved refrigeration, thermography, and vehicle tracking and communication systems, could result in efficiency gains to industry and reduced risk to consumers.

3. Costs and Benefits

Companies that institute a HACCP-type system or other control system where such systems are not already in operation would incur one-time direct costs to implement a control system. These costs would include those of setting up the needed documentation, tracking, inventory control, or other systems, and one-time costs of training personnel to operate them. For temperature monitoring, the cost of acquisition of thermometric equipment and temperature recording devices could also occur.

For any alternative that might involve the application of new technologies, the cost to industry of implementing the technologies would have to be considered. Such direct costs could be offset by the benefits of such technology gains as those from: improved thermography, improved temperature control; trailers made with lighter and more effective insulating materials, more fuel-efficient refrigeration; improved thermographic equipment, more accurate temperature monitoring and control; and from improved vehicle tracking and communication, more efficient and effective delivery with less product loss. The benefits of these technologies can reduce transit time and risk and provide shippers, receivers, and consumers with fresher, higher quality products.

Because of the Agencies' interest in reducing foodborne illness, the Agencies would appreciate data or information on the control or reduction in microbial populations that the application of new technologies could produce. Of special value would be information relating to predictive modeling of time, temperature, and microbial growth under conditions in which the technologies might be applied.

The costs to the Agencies of increased oversight over food transportation and storage would include costs associated with increases in personnel travel, costs for training of personnel in oversight techniques, and costs (mostly one-time) related to personnel reassignments.

The ultimate beneficiaries of a regulatory or non-regulatory initiative in the transportation and storage area would be the general public, to the extent that the initiative resulted in a reduction of foodborne illness. There would be additional tangible and intangible benefits. For some companies, increased reliance on quality control or HACCP-type systems could result in improved product tracking and inventory control, reduction in product loss, and overall efficiency gains. An intangible benefit, increased confidence in the food supply among both domestic and foreign purchasers, could lead to indirect tangible benefits for processors, distributors, and producers, in the form of increased sales.

Information Needed for Regulatory Analyses

As a general matter, when developing new regulations, regulatory agencies take into consideration many factors. FDA and FSIS consider, among other things, the costs of enforcement and compliance (to the Government, regulated entities, and the public) of new regulations. FSIS and FDA also consider, where appropriate, alternative ways of achieving an objective and where applicable, the risks addressed by an intended regulation. The factors the Agencies consider are set forth in statutes and other authorities.

Executive Order 12866 provides that to the extent permitted by law and where applicable, agencies should adhere to certain principles of regulation. These principles include considering to the extent reasonable, in setting regulatory priorities, the degree and nature of the risks posed by various activities within an Agency's jurisdiction. Under the Executive Order, agencies also examine whether an intended regulatory action would be significant. A regulatory action could be considered to be significant for a number of reasons, including if it were determined to have an annual effect on the economy of $100 million or more.

The Regulatory Flexibility Act (RFA), recently amended by the Small Business Regulatory Enforcement Fairness Act (SBREFA, PL 104–121; 5 U.S.C. 601 *et seq.*), requires assessment of a proposed regulation's economic impact on small entities, which includes small businesses and other small entities, including local governmental units. Agencies are required under the RFA to determine whether a proposed regulatory action would have a significant economic effect on a substantial number of small entities. If it is determined that it would have such an impact, an initial regulatory flexibility analysis is published that discusses various issues including an estimate of the number of small entities to which the proposed rule will apply, the rule's projected reporting, recordkeeping, and compliance requirements, and significant alternatives that would accomplish the stated objectives of an applicable statute which minimize any significant economic impact of the proposed rule on small entities. At the final rule stage, a final regulatory flexibility analysis is published.

The Unfunded Mandates Reform Act (UMRA, 2 U.S.C. 1531 *et seq.*) requires consideration of the possibility that regulatory or other resource-intensive burdens are being imposed by the Federal government without providing for funding to accomplish the mandated function.

FSIS also is required to conduct a risk analysis under the Federal Crop Insurance Reform Act and Department of Agriculture Reorganization Act of 1994 (Pub. L. 103–354, 7 U.S.C. 2204e) to ensure adequate risk assessment and cost benefit analysis for major proposed regulations whose primary purpose is to regulate issues of human health, human safety, or the environment. Under this Act, a major rule is defined as a rule that is likely to have an annual impact on the economy of the United States of $100 million.

Therefore, the Agencies would also use the information requested earlier in this document to help them conduct any risk assessment that may be needed. Especially useful would be information on the following for potentially hazardous foods: (1) The probability of occurrence of hazards in potentially hazardous foods at the beginning of transportation; (2) the hazards that could be introduced or spread during transportation, and the magnitude of these hazards; (3) the occurrence of factors such as improper cooling and temperature maintenance that could increase the probability and/or magnitude of microbial hazards; (4) the probability of occurrence of hazards in potentially hazardous foods at the end of the transportation segment; and (5) the probability of occurrence and magnitude of human foodborne illnesses that can be directly or indirectly attributed to the transportation of potentially hazardous food.

The Agencies also need information about the businesses that may be affected by any of the alternatives being considered in order to assess their potential costs and benefits on small entities under the RFA. Businesses of concern would include establishments that process and ship meat, poultry, eggs, seafood, and other potentially hazardous foods, motor freight companies, food storage warehousing operations, air freight companies, and water transport firms.

Under the Small Business Administration regulations, a small entity in the motor freight and warehousing category is one whose annual receipts are no greater than $18.5 million. A small entity in the category that includes air freight or railroad transportation is one with no more than 1,500 employees. A small entity in the categories of water transportation or food processing is one that employs no more than 500 people.

Finally, the agencies are requesting relevant environmental information because under the National Environmental Policy Act (42 U.S.C. 4332), the individual or cumulative effect of regulations on the human environment needs to be considered. The agencies do not now possess the data that would permit detailed analysis of any environmental impacts of the alternatives described in this document. Therefore, information on potential environmental impacts is also requested, including: (1) the potential for increased energy consumption that may result either from the need to increase refrigeration during transportation of food or from the use of more trucks to avoid transporting food in trucks that had previously held cargoes that could affect food safety, (2) increased disposal of defective foods, (3) new or increased use and disposal of sanitizing products, and (4) a description of measures that could be taken to avoid or mitigate adverse environmental impacts that might result from this action.

Done at Washington, DC, on: November 18, 1996.

Thomas J. Billy,

Administrator, Food Safety and Inspection Service.

William B. Schultz,

Deputy Commissioner for Policy, Food and Drug Administration.

[FR Doc. 96–29837 Filed 11–18–96; 5:08 pm]

BILLING CODE 3410–DM–P

SMALL BUSINESS ADMINISTRATION

13 CFR Part 121

Small Business Size Standards; Waiver of the Nonmanufacturer Rule

AGENCY: Small Business Administration.

ACTION: Notice of intent to waive the Nonmanufacturer Rule for Routers and Switches.

SUMMARY: The Small Business Administration (SBA) is considering granting a waiver of the Nonmanufacturer Rule for Routers and Switches. The basis for a waiver of the Nonmanufacturer Rule for this product is that there are no small business manufacturers or processors available to supply these products to the Federal Government. The effect of a waiver would be to allow an otherwise qualified Nonmanufacturer to supply other than the product of a domestic small business manufacturer or processor on a Federal contract set aside for small businesses or awarded through the SBA 8(a) Program. The purpose of this notice is to solicit comments and potential source information from interested parties.

DATES: Comments and sources must be submitted on or before November 29, 1996.

ADDRESSES: David Wm. Loines, Procurement Analyst, U.S. Small Business Administration, 409 3rd Street S.W., Washington, DC 20416, Tel: (202) 205–6475.

FOR FURTHER INFORMATION CONTACT: David Wm. Loines, tel: (202) 205–6475.

SUPPLEMENTARY INFORMATION: Public law 100–656, enacted on November 15, 1988, incorporated into the Small Business Act the previously existing regulation that recipients of Federal contracts set-aside for small businesses or the SBA 8(a) Program procurement must provide the product of a small business manufacturer or processor, if the recipient is other than the actual manufacturer or processor. This requirement is commonly referred to as the Nonmanufacturer Rule. The SBA regulations imposing this requirement are found at 13 CFR 121.406(b). Section 303(h) of the law provides for waiver of this requirement by SBA for any ''class of products'' for which there are no small business manufacturers or processors in the Federal market. To be considered available to participate in the Federal market on these classes of products, a small business manufacturer must have submitted a proposal for a contract solicitation or received a contract from the Federal Government within the last 24 months. The SBA defines ''class of products'' based on two coding systems. The first is the Office of Management and Budget Standard Industrial Classification Manual (SIC). The second is the Product and Service Code (PSC) established by the Federal Procurement Data System.

The Small Business Administration is currently processing a request for a waiver of the Nonmanufacturer Rule for Routers and Switches (SIC 3661, PSC 5805) and invites the public to comment or provide information on potential small business manufacturers for this product.

In an effort to identify potential small business manufacturers, the SBA has searched the Procurement Automated Source System (PASS) and *Thomas Register,* and the SBA will publish a notice in the Commerce Business Daily. The public is invited to comment or provide source information to SBA on the proposed waiver of the Nonmanufacturer Rule for this class of products.

Dated: November 4, 1996.

Judith A. Roussel,

Associate Administrator for Government Contracting.

[FR Doc. 96–29879 Filed 11–21–96; 8:45 am]

BILLING CODE 8025–01–P

13 CFR Part 121

Small Business Size Standards; Waiver of the Nonmanufacturer Rule

AGENCY: Small Business Administration.

ACTION: Notice of intent to waive the Nonmanufacturer Rule for 8mm Tri-Deck Airborne Recorder (ruggedized).

SUMMARY: The Small Business Administration (SBA) is considering

granting a waiver of the Nonmanufacturer Rule for 8mm Tri-Deck Airborne Recorder (ruggedized). The basis for a waiver of the Nonmanufacturer Rule for this product is that there are no small business manufacturers or processors available to supply these products to the Federal Government. The effect of a waiver would be to allow an otherwise qualified Nonmanufacturer to supply other than the product of a domestic small business manufacturer or processor on a Federal contract set aside for small businesses or awarded through the SBA 8(a) Program. The purpose of this notice is to solicit comments and potential source information from interested parties.

DATES: Comments and sources must be submitted on or before November 29, 1996.

ADDRESSES: David Wm. Loines, Procurement Analyst, U.S. Small Business Administration, 409 3rd Street S.W., Washington, DC 20416, Tel: (202) 205–6475.

FOR FURTHER INFORMATION CONTACT: David Wm. Loines, Tel: (202) 205–6475.

SUPPLEMENTARY INFORMATION: Public Law 100–656, enacted on November 15, 1988, incorporated into the Small Business Act the previously existing regulation that recipients of Federal contracts set-aside for small businesses or the SBA 8(a) Program procurement must provide the product of a small business manufacturer or processor, if the recipient is other than the actual manufacturer or processor. This requirement is commonly referred to as the Nonmanufacturer Rule. The SBA regulations imposing this requirement are found at 13 CFR 121.406(b). Section 303(h) of the law provides for waiver of this requirement by SBA for any ''class of products'' for which there are no small business manufacturers or processors in the Federal market. To be considered available to participate in the Federal market on these classes of products, a small business manufacturer must have submitted a proposal for a contract solicitation or received a contract from the Federal Government within the last 24 months. The SBA defines ''class of products'' based on two coding systems. The first is the Office of Management and Budget Standard Industrial Classification Manual (SIC). The second is the Product and Service Code (PSC) established by the Federal Procurement Data System.

The Small Business Administration is currently processing a request for a waiver of the Nonmanufacturer Rule for 8mm Tri-Deck Airborne Recorder (ruggedized) (SIC 3861, PSC 5836) and invites the public to comment or provide information on potential small business manufacturers for this product.

In an effort to identify potential small business manufacturers, the SBA has searched the Procurement Automated Source System (PASS) and *Thomas Register,* and the SBA will publish a notice in the Commerce Business Daily. The public is invited to comment or provide source information to SBA on the proposed waiver of the Nonmanufacturer Rule for this class of products.

Dated: November 4, 1996.

Judith A. Roussel,

Associate Administrator for Government Contracting.

[FR Doc. 96–29877 Filed 11–21–96; 8:45 am]

BILLING CODE 8025–01–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 96–ASW–20]

Proposed Revision of Class E Airspace; Gallup, NM

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: This notice proposes to revise the Class E airspace extending upward from 700 feet above ground level (AGL) at Gallup, NM. A new Global Positioning System (GPS) Standard Instrument Approach Procedure (SIAP) to Runway (RWY) 24 at Gallup Municipal Airport has made this proposal necessary. The intended effect of this proposal is to provide adequate controlled airspace for aircraft executing the GPS SIAP to RWY 24 at Gallup Municipal Airport, Gallup, NM.

DATES: Comments must be received on or before January 21, 1997.

ADDRESSES: Send comments on the proposal in triplicate to Manager, Operations Branch, Air Traffic Division, Federal Aviation Administration, Southwest Region, Docket No. 96–ASW–20, Fort Worth, TX 76193–0530.

The official docket may be examined in the Office of the Assistant Chief Counsel, Federal Aviation Administration, Southwest Region, 2601 Meacham Boulevard, Fort Worth, TX, between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays. An informal docket may also be examined during normal business hours at the Operations Branch, Air Traffic Division, Federal Aviation Administration, Southwest Region, 2601 Meacham Boulevard, Fort Worth, TX.

FOR FURTHER INFORMATION CONTACT: Donald J. Day, Operations Branch, Air Traffic Division, Federal Aviation Administration, Southwest Region, Fort Worth, TX 76193–0530; telephone (817) 222–5593.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in 96 developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. Communications should identify the airspace docket number and be submitted in triplicate to the address listed under the caption **ADDRESSES**. Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit, with those comments, a self-addressed, stamped, postcard containing the following statement: ''Comments to Airspace Docket No. 96–ASW–20.'' The postcard will be date and time stamped and returned to the commenter. All communications received on or before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in the light of comments received. All comments submitted will be available for examination in the Office of the Assistant Chief Counsel, Federal Aviation Administration, Southwest Region, 2601 Meacham Boulevard, Fort Worth, TX, both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRM's

Any person may obtain a copy of this Notice of Proposed Rulemaking (NPRM) by submitting a request to the Operations Branch, Air Traffic Division, Federal Aviation Administration, Southwest Region, Fort Worth, TX 76193–0530. Communications must identify the notice number of this NPRM. Persons interested in being placed on a mailing list for future NPRM's should also request a copy of

Advisory Circular No. 11–2A that describes the application procedure.

The Proposal

The FAA is considering an amendment to part 71 of the Federal Aviation Regulations (14 CFR part 71) to revise the Class E airpsace, controlled airspace extending upward from 700 feet AGL, at Gallup, NM. A new GPS SIAP to RWY 24 at Gallup Municipal Airport has made this proposal necessary. The intended effect of this proposal is to provide adequate Class E airspace for aircraft executing the GPS SIAP to RWY 24 at Gallup Municipal Airport, Gallup, NM.

The coordinates for this airspace docket are based on North American Datum 83. Designated Class E airpsace areas extending upward from 700 feet or more above ground level are published in Paragraph 6005 of FAA Order 7400.9D, dated September 4, 1996, and effective September 16, 1996, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document would be published subsequently in the order.

The FAA has determined that this proposed regulation only involves an established body of technical regulations that need frequent and routine amendments to keep them operationally current. It, therefore—(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule, when promulgated, will not have a significant impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

The Proposed Amendment

In consideration of the foregoing, the Federal Aviation Administration proposes to amend 14 CFR part 71 as follows:

PART 71—[AMENDED]

1. The authority citation for 14 CFR part 71 continues to read as follows:

Authority: 49 U.S.C. 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389; 49 U.S.C. 106(g); 14 CFR 11.69.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of the Federal Aviation Administration Order 7400.9D, *Airspace Designations and Reporting Points,* dated September 4, 1996, and effective September 16, 1996, is amended as follows:

Paragraph 6005 Class E airspace areas extending upward from 700 feet or more above the surface of the earth.

* * * * *

ASW NM E5 Gallup, NM [Revised]

Gallup Municipal Airport, NM
(Lat. 35°30′40″ N., long. 108°47′22″ W.)
Gallup VORTAC
(Lat. 35°28′34″ N., long. 108°52′21″ W.)
Gallup ILS Localizer
(Lat. 35°30′53″ N., long. 108°46′28″ W.)

That airspace extending upward from 700 feet above the surface within a 6.7-mile radius of Gallup Municipal Airport and within 1.9 miles each side of the Gallup ILS Localizer southwest course extending from the 6.7-mile radius to 12.6 miles southwest of the airport and within 2 miles each side of the 074° bearing from the airport extending from the 6.7-mile radius to 9.1 miles east of the airport and within 1.3 miles each side of the 242° radial of the Gallup VORTAC extending from the 6.7-mile radius to 11.5 miles southwest of the airport and that airspace extending upward from 1,200 feet above the surface within an area bounded by a line beginning at lat. 35°47′30″ N, long. 108°34′02″ W; to lat. 35°26′50″ N, long. 108°34′02″ W; to lat. 35°13′15″ N, long. 109°06′02″ W; to lat. 35°20′25″ N, long. 109°10′42″ W; to lat. 35°52′00″ N, long. 108°47′02″ W; to point of beginning excluding that airspace within the New Mexico, NM, Class E airspace area.

* * * * *

Issued in Fort Worth, TX on November 12, 1996.

Albert L. Viselli,

Acting Manager, Air Traffic Division, Southwest Region.

[FR Doc. 96–29954 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–M

---

14 CFR Part 71

[Airspace Docket No. 96–ASW–18]

Proposed Revision of Class E Airspace; Corsicana, TX

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: This notice proposes to revise the Class E airspace extending upward from 700 feet above ground level (AGL) at Corsicana, TX. A new Global Positioning System (GPS) Standard Instrument Approach Procedure (SIAP) to Runway (RWY) 14 at Corsicana Municipal Airport has made this proposal necessary. The intended effect of this proposal is to provide adequate controlled airspace for aircraft executing the GPS SIAP to RWY 14 at Corsicana Municipal Airport, Corsicana, TX.

DATES: Comments must be received on or before January 21, 1997.

ADDRESSES: Send comments on the proposal in triplicate to Manager, Operations Branch, Air Traffic Division, Federal Aviation Administration, Southwest Region, Docket No. 96–ASW–18, Fort Worth, TX 76193–0530.

The official docket may be examined in the Office of the Assistant Chief Counsel, Federal Aviation Administration, Southwest Region, 2601 Meacham Boulevard, Fort Worth, TX, between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays. An informal docket may also be examined during normal business hours at the Operations Branch, Air Traffic Division, Federal Aviation Administration, Southwest Region, 2601 Meacham Boulevard, Fort Worth, TX.

FOR FURTHER INFORMATION CONTACT: Donald J. Day, Operations Branch, Air Traffic Division, Federal Aviation Administration, Southwest Region, Forth Worth, TX 76193–0530; telephone (817) 222–5593.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. Communications should identify the airspace docket number and be submitted in triplicate to the address listed under the caption **ADDRESSES.** Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit, with those comments, a self-addressed, stamped, postcard containing the following statement: ''Comments to Airspace Docket No. 96–ASW–18.'' The postcard will be date and time stamped and returned to the commenter. All communications received on or before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in the light of comments received. All comments submitted will be available

for examination in the Office of the Assistant Chief Counsel, Federal Aviation Administration, Southwest Region, 2601 Meacham Boulevard, Fort Worth, TX, both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRM's

Any person may obtain a copy of this Notice of Proposed Rulemaking (NPRM) by submitting a request to the Operations Branch, Air Traffic Division, Federal Aviation Administration, Southwest Region, Fort Worth, TX 76193–0530. Communications must identify the notice number of this NPRM. Persons interested in being placed on a mailing list for future NPRM's should also request a copy of Advisory Circular No. 11–2A that describes the application procedure.

The Proposal

The FAA is considering an amendment to part 71 of the Federal Aviation Regulations (14 CFR part 71) to revise the Class E airspace, controlled airspace extending upward from 700 feet AGL, at Corsicana, TX. A new GPS SIAP to RWY 14 at Corsicana Municipal Airport has made this proposal necessary. The intended effect of this proposal is to provide adequate Class E airspace for aircraft executing the GPS SIAP to RWY 14 at Corsicana Municipal Airport, Corsicana, TX.

The coordinates for this airspace docket are based on North American Datum 83. Designated Class E airspace areas extending upward from 700 feet or more above ground level are published in Paragraph 6005 of FAA Order 7400.9D, dated September 4, 1996, and effective September 16, 1996, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document would be published subsequently in the order.

The FAA has determined that this proposed regulation only involves an established body of technical regulations that need frequent and routine amendments to keep them operationally current. It, therefore—(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule, when promulgated, will not have a significant impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR part 71

Airspace, Incorporation by reference, Navigation (air).

The Proposed Amendment

In consideration of the foregoing, the Federal Aviation Administration proposes to amend 14 CFR part 71 as follows:

PART 71—AMENDED]

1. The authority citation for 14 CFR part 71 continues to read as follows:

Authority: 49 U.S.C. 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389; 49 U.S.C. 106(g); 14 CFR 11.69.

§ 71.1 [Amended]

2. The incorporation by reference in 14 CFR 71.1 of the Federal Aviation Administration Order 7400.9D, *Airspace Designations and Reporting Points*, dated September 4, 1996, and effective September 16, 1996, is amended as follows:

Paragraph 6005 Class E airspace areas extending upward from 700 feet or more above the surface of the earth.

* * * * *

ASW TX E5 Corsicana, TX. [Revised]

Corsicana, C. David Campbell Field-Corsicana Municipal Airport, TX.
(Lat. 32°01′29″ N., long. 96°23′53″ W.)
Corsicana RBN
(Lat. 32°01′40″ N., long. 96°23′43″ W.)
Powell RBN
(Lat. 32°03′51″ N., long. 96°25′41″ W.)

That airspace extending upward from 700 feet above the surface within a 6.5-mile radius of C. David Campbell Field-Corsicana Municipal Airport and within 2.5 miles each side of the 155° bearing from the Corsicana RBN extending from the 6.5-mile radius to 7.4 miles southeast of the airport and within 2.4 miles each side of the 325° radial from the Powell RBN extending from the 6.5-mile radius to 9.7 miles northwest of the airport.

* * * * *

Issued in Fort Worth, TX, on November 12, 1996.

Albert L. Viselli,

Acting Manager, Air Traffic Division, Southwest Region.

[FR Doc. 96–29955 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–M

14 CFR Part 71

[Airspace Docket No. 96–ASW–10]

Proposed Establishment of Class E Airspace; Paragould, AR.

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Proposed rule; withdrawal.

SUMMARY: This action withdraws a Notice of Proposed Rulemaking (NPRM) that proposed to revise the Class E airspace at Kirk Field, Paragould, AR. The proposal was to revise the controlled airspace extending upward from 700 feet above the ground (AGL) was needed to contain aircraft executing a Nondirectional Radio Beacon (NDB) Standard Instrument Approach Procedure (SIAP) to Runway (RWY) 04. Prior to completing the Notice of Proposed Rulemaking process for the revised airspace, a second NDB SIAP to RWY 22 was developed. To avoid confusion and duplication within the rulemaking actions, the proposal to revise the Class E airspace at Kirk Field as proposed in Airspace Docket No. 96–ASW–10 is withdrawn.

FOR FURTHER INFORMATION CONTACT: Donald J. Day, Operations Branch, Air Traffic Division, Federal Aviation Administration, Southwest Region, Fort Worth, TX 76193–0530; telephone: (817) 222–5593.

SUPPLEMENTARY INFORMATION: On June 19, 1996, an NPRM was published in the Federal Register (61 FR 31065) to revise Class E airspace at Kirk Field, Paragould, AR. The intended effect of the proposal was to provide adequate Class E airspace to contain aircraft executing the NDB SIAP to RWY 04 at Kirk Field. After publication of the NPRM, a new NDB SIAP to RWY 22 was developed that also requires revision of the Class E airspace at Kirk Field. To avoid confusion and to revise the Class E airspace as a result of two new approaches at Kirk Field, the proposed rule is withdrawn.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

The Withdrawal of Proposed Rule

Accordingly, pursuant to the authority delegated to me, Airspace Docket No. 96–ASW–10, as published in the Federal Register on June 19, 1996 (61 FR 31065), is withdrawn.

Authority: 49 U.S.C. 40103, 40113, 40120; E.O. 10854; 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389; 49 U.S.C. 106(g); 14 CFR 11.69.

Issued in Fort Worth, TX on November 12, 1996.

Albert L. Viselli,

Acting Manager, Air Traffic Division, Southwest Region.

[FR Doc. 96–29956 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–13–M

COMMODITY FUTURES TRADING COMMISSION

17 CFR Parts 1 and 5

Revised Procedures for Commission Review and Approval of Applications for Contract Market Designation and of Exchange Rules Relating to Contract Terms and Conditions

AGENCY: Commodity Futures Trading Commission.

ACTION: Proposed rulemaking.

SUMMARY: The Commodity Futures Trading Commission (''Commission'') is proposing to amend its procedures relating to its review and approval of applications for contract market designation and proposed exchange rules relating to contract terms and conditions. These fast-track review procedures are intended further to streamline Commission review of applications for contract market designation and proposed exchange rule amendments of contract terms and conditions.

Specifically, the Commission is proposing a new rule 5.1, providing that exchanges which have already been designated as a contract market may request fast-track review for additional designation applications as an alternative to the current review procedures. Under proposed rule 5.1, applications for designation of certain cash-settled contracts will be deemed to be approved ten days after receipt, unless the exchange is notified otherwise. All other fast-track designation applications will be deemed to be approved, unless the exchange is notified otherwise, forty-five days after receipt.

The Commission also is proposing to amend rule 1.41 to provide an alternative fast-track review of proposed amendments to contract terms or conditions. Similar to the fast-track designation procedures, many categories of exchange rules relating to contract terms already are deemed to be approved ten days after receipt. The Commission is proposing that all other proposed exchange rules relating to contract terms be deemed to be approved forty-five days after receipt by the Commission, unless the exchange is notified otherwise. Notification by the Commission that a contract application or proposed exchange rule relating to a contract term or condition may not be made effective will extend the applicable period for review for an additional thirty days.

DATE: Comments must be received by December 23, 1996.

ADDRESS: Comments should be mailed to the Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street, N.W., Washington, D.C. 20581, attention: Office of the Secretariat; transmitted by facsimile at (202) 418–5521; or transmitted electronically at [secretary@cftc.gov]. Reference should be made to ''Fast-track Designation and Rule Approval Procedures.''

FOR FURTHER INFORMATION CONTACT: Paul M. Architzel, Chief Counsel, Division of Economic Analysis, Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street, N.W., Washington, D.C. 20581, (202) 418–5260, or electronically, [PArchitzel@cftc.gov].

SUPPLEMENTARY INFORMATION:

I. Statutory and Regulatory Requirements for Commission Designation of Proposed Contract Markets

The requirement that boards of trade meet specified conditions in order to be designated as contract markets has been a fundamental tool of federal regulation of commodity futures exchanges since the Futures Trading Act of 1921, Public Law No. 67–66, 42 Stat. 187 (1921).[1] Currently, the statutory requirements for designation are found in Sections 5 and 5a of the Commodity Exchange Act, 7 U.S.C. § 1 *et seq.* (''Act''), and additionally, for indexes of equities, in Section 2(a)(1)(B) of the Act. In the Commission's experience, problems of possible price manipulation, cornering or other market distortions are most readily avoided when the terms of a futures contract are properly designed, reflecting closely the underlying cash market. Thus, one of the most effective market surveillance tools has proven to be prophylactic, close examination of the terms of a contract before it begins to trade.

In the absence of properly designed contract terms, damage to hedgers or industry pricing may result before corrections to the contract can be made. The impact of a market manipulation or other disruption in a newly introduced futures contract potentially could be far wider than the futures market itself, adversely affecting the underlying cash market, as well.[2] Correcting this type of problem after trading has already begun may require extraordinary measures such as emergency action. At a minimum, such an occurrence would probably result in diminished credibility for futures trading in that contract, and possibly for futures trading, generally.

The designation process yields important benefits by ensuring a mechanism for public input relating to contract design before trading commences. Thus, in addition to independently evaluating the proposal through its own research, Commission staff identifies and interviews knowledgeable trade sources regarding a proposed contract's terms. Moreover, a notice of the public availability of the terms of proposed contracts is published in the Federal Register along with a request for public comment. The proposed contract is also sent by the Commission to its sister agencies having a regulatory interest in the underlying commodity for analysis and possible comment. Not infrequently, this process has identified deficiencies in proposed contracts, many of them serious, which have been corrected before trading has begun. Exchanges have also determined with some frequency to modify proposed contracts in response to suggestions by Commission staff, other government agencies or the public.

The goals of the designation process are reflected in the Act's requirements that, to be designated, contract markets provide for delivery periods which will prevent market congestion (Section 5a(a)(4) of the Act); permit delivery on

[1] Designation as a contract market under the 1921 Act was contingent upon a board of trade's providing for the prevention of manipulative activity and the prevention of dissemination of false information, upon providing for certain types of recordkeeping, for admission into exchange membership of cooperative producer associations, and upon location of the contract market at a terminal cash market. *See*, §§ 5(a), (b), (c), (d) and (e) of the Future Trading Act of 1921. Although the constitutionality of this Act was successfully challenged as an improper use of the Congressional taxing power in *Hill* v. *Wallace*, 259 U.S. 44 (1922), all subsequent legislation regulating the futures industry was patterned after this statutory scheme.

[2] Section 3 of the Act recognizes the national interest in properly functioning futures markets, noting that

The prices involved in such transactions are generally quoted and disseminated throughout the United States and in foreign countries as a basis for determining the prices to the producer and the consumer of commodities and the products and byproducts thereof and to facilitate the movements thereof in interstate commerce. [P]rices of commodities on such boards of trade are susceptible to excessive speculation and can be manipulated, controlled, cornered or squeezed, to the detriment of the producer or the consumer * * * rendering regulation imperative for the protection of such commerce and the national public interest therein.

the contract of such qualities, at such points and at such differentials as will minimize market disruptions (Sections 5a(a)(10) and 5(1) of the Act); provide for the prevention of dissemination of false information (Section 5(3) of the Act); provide for the prevention of price manipulation (Section 5(4) of the Act); and in general, that trading in a proposed contract not be contrary to the public interest (Section 5(7) of the Act).[3] Contract markets must meet these requirements both initially and on a continuing basis.[4]

To provide guidance to the exchanges in meeting the designation requirements of the statute, in 1975 the newly formed CFTC issued its Guideline No. 1, now codified at 17 CFR Part 5, Appendix A. Guideline No. 1 sets forth the information which must be submitted by an exchange to demonstrate that a proposed contract meets the statutory requirements for designation. It requires that the application for designation include information demonstrating the conformity of contract terms with commercial practices, the adequacy of deliverable supplies or, if applicable, the appropriateness of the cash settlement procedure, and other information as requested.

The Commission, based upon its administrative experience, has periodically revised and updated its procedures to provide exchanges with more specific criteria for meeting the contract market designation requirements; to reflect new developments in futures trading—such as the introduction of financial futures, futures on aggregates or indices of securities and cash settlement as a substitute for physical delivery; and, where appropriate, to lessen the burden on applicants by reducing the information required and streamlining the form of application. In this regard, Guideline No. 1 was last amended in January 1992, substantially reducing and streamlining its requirements. Indeed, much of the application for options contracts has been reduced to the form of a checklist. Moreover, under the Commission's internal procedures established in 1992, notification of the public availability of proposed contract terms normally appears in the Federal Register within one week of receipt of an application. In addition, under these procedures, substantive issues are identified and communicated informally to the exchange very shortly after receipt, permitting their prompt resolution.

With the changes noted above, the total review time for new contracts has declined significantly. The review and approval of new contracts generally is completed shortly after the Federal Register public comment period ends or as soon as the exchange makes the modifications necessary to address a proposed contract's deficiencies. Over the last five years, the average total review time has been reduced to about three months. Strikingly, this reduction in processing time coincides with the submission of record numbers of new contract proposals.[5]

II. The Proposed Rules

A. Fast-Track Contract Market Designation—Cash-Settled Contracts

As part of its continuing effort to impose the least costly means necessary to achieve the regulatory objectives of the contract designation review process, the Commission previously established a very abbreviated, ten-day review procedure for the designation of contracts that are eligible to be listed for trading under its Part 36 exemptive rules. *See*, Commission rule 36.4, 17 CFR 36.4 (1996). Such a highly abbreviated review process was appropriate for those contracts, the Commission reasoned, because Part 36 contracts are required to be cash-settled and may not be based on the agricultural commodities enumerated in Section 1a(3) of the Act, thus avoiding issues related to delivery terms. ''Notice of Proposed Rulemaking,'' 59 FR 54139, 54148 (Oct. 28, 1994).

Despite determining to provide this highly abbreviated procedure initially only in the context of the pilot program for Part 36 transactions, the Commission nevertheless indicated that, based upon its administrative experience and consistent with the views expressed by several commenters, such procedures might be appropriately expanded to some additional categories of applications for designation.[6] Thus, in promulgating these rules, the Commission noted that it would ''evaluate whether * * * the ten-day notification provision should be extended to certain non-section 4(c) contract market transactions when it evaluates trading experience under the pilot program.'' (60 FR at 51338.)

Although it may have preferred to test these procedures first in the context of Part 36 markets that are by rule limited to the relatively more sophisticated trader, there has been no trading experience in connection with the pilot program for Part 36 transactions.[7] Moreover, the degree of pre-approval scrutiny appropriate for particular types of proposed contracts is not necessarily based upon restrictions on the nature of the traders who may trade in the market. Accordingly, in light of the increasing expertise of both the exchange and Commission staffs over the years, the Commission has determined to propose a ten-day fast-track review of applications for designation of certain cash-settled contracts for non-Part 36 markets.

This highly-abbreviated, ten-day fast-track procedure is intended only to speed the review and to provide for automatic approval of new contract applications; it does not modify the regulatory protections currently provided under the Act. Accordingly, under the fast-track review procedures, only applications for contract market designation which are complete upon submission; which are not amended, except upon request of the Commission; which do not raise novel or complex issues; and which do not appear, on their face, to contravene a statutory or regulatory requirement, would be automatically deemed to be approved ten days after receipt. The Commission can extend fast-track review for one thirty-day period. This will permit fast-track review to remain available even for those applications which do raise novel or complex issues.

As noted above, because cash-settled contracts avoid issues regarding delivery terms, the ten-day fast-track review is proposed to be available only for cash-settled contracts.[8] Moreover,

---

[3] In addition to these contract-specific requirements, boards of trade, to be designated, must also meet several general conditions. These, for example, require the board of trade to: provide for various forms of recordkeeping (Section 5(2) and 5a(a)(2) of the Act); provide for compliance with Commission orders (Section 5(6) of the Act); submit its rules to the Commission (Sections 5a(a)(1) and 5a(a)(12)(A) of the Act); and enforce exchange rules (Section 5a(a)(8) of the Act).

[4] Section 6 of the Act provides, in part, that:

[a]ny board of trade desiring to be designated a 'contract market' shall make application to the Commission for such designation and accompany the same with a showing that it complies with the above conditions, and with a sufficient assurance that it will continue to comply with the above requirements.

[5] About 230 new contracts have been approved in the four years since Guideline No. 1 was last amended in 1992. These included entirely new products, such as contracts on electricity, air pollution allowances, insurance, cross-currency rates, fertilizers, shrimp, dairy products, and various broad-based or commodity-specific indexes of emerging markets.

[6] In this regard, several commenters suggested that the ten-day review process ''apply to all exchange-traded contracts or to certain categories of such contracts, such as financial futures and options.'' 60 FR at 51338.

[7] The three-year pilot program to test the operation of the Part 36 rules begins the date when the first contract trades pursuant to them. No exchange has yet listed for trading such contracts.

[8] Although they may be settled by physical delivery, futures contracts for foreign currencies

Continued

applications for designation for those agricultural commodities which are enumerated in section 1a(3) of the Act are not eligible for ten-day fast-track treatment, even if the proposed contracts are cash-settled. In the Commission's administrative experience, cash-price series of agricultural commodities to be used for the purpose of cash-settlement often have raised issues requiring careful analysis.

In addition, fast-track review would not be available for applications for contract market designation for those commodities which are subject to the procedural requirements of section 2(a)(1)(B) of the Act—securities, including any group or index of securities. The procedures specified under that section of the Act provide that the Securities and Exchange Commission make a determination regarding those proposed contracts subject to its provisions.

A separate provision of the Act, section 2(a)(8)(B)(ii), 7 U.S.C. 4a(g), provides forty-five days for the Department of the Treasury and the Board of Governors of the Federal Reserve System to comment on any application by a board of trade for designation as a contract market involving transactions for the future delivery of any security issued or guaranteed by the United States or any agency thereof. It does not, however, require that the two agencies make a determination regarding such contracts. A ten-day fast-track review period, even if extended for an additional thirty days, is inconsistent with the time generally permitted those agencies for comment, and unless such contracts were exempted therefrom, they would likely have to be excluded from this provision of the proposed rule.[9]

The agencies did not comment adversely on inclusion of the section 2(a)(8)(B)(ii) commodities under the similar, ten-day automatic listing procedures of the Commission's Part 36 rules. Accordingly, the Commission finds that it is in the public interest, and is proposing, that these commodities also be eligible for the comparable fast-track procedures proposed herein. The Commission, therefore, is proposing to exempt these transactions under section 4(c) of the Act from the statutory time permitted the agencies for filing comments provided in section 2(a)(8)(B)(ii) of the Act. Of course, the Commission will continue to provide notice to the other regulators of applications and would be responsive to their requests for additional time to review complex or novel issues raised by an application. Accordingly, the Commission seeks comment on whether the section 2(a)(8)(B)(ii) commodities should be exempted from the forty-five day time for comment and thus be eligible for fast-track treatment, and particularly, for ten-day fast-track review.[10]

B. Fast-Track Contract Market Designation—Other Contracts

Use of a ten-day review process is not appropriate for every type of contract. Because many cash agricultural markets are widely dispersed, cash price series for certain of them may be less reliable, available or timely, than for other types of commodities. Moreover, in contracts requiring physical delivery, convergence of the futures and cash market prices is dependent upon properly aligned delivery terms. Accordingly, for these types of contracts, careful analysis and review of contract terms in advance of trading will likely remain an important market surveillance tool. This is particularly true for those commodities which are characterized by seasonal variation in their production or other factors which, from time to time, may impinge on deliverable supplies.

Although a ten-day review period for such contracts might be inconsistent with accomplishing the regulatory objectives embodied in the Act's designation requirements, in light of the increasing expertise and experience of both the Commission and exchange staffs, the Commission believes that, even for these contracts, substantial reductions in the time currently needed to review such applications for designation can be made. The Commission believes that these savings can be achieved by further streamlining its procedures. This would also preserve the opportunity for public participation in the designation of those contracts. After a thorough review of its present procedures, the Commission believes that for these contracts the current review period can be cut in half.

The Commission, therefore, is proposing an additional fast-track procedure available for applications for designation of contracts for physical delivery or for cash-settlement on the agricultural commodities enumerated in the Act.[11] Under this additional fast-track review procedure, applications for contract market designation would be deemed to be approved by the Commission forty-five days after receipt, unless the exchange is notified otherwise. As under the ten-day process, the forty-five day review process would be available only for applications for designation that are complete when filed and not subsequently amended, except as requested by the Commission.

As part of the forty-five day fast-track procedures, the Commission will continue its current practice of publishing in the Federal Register, within a few days of an application's receipt, notice of the public availability of the proposed contract's terms and a request for public comment thereon. The Commission will also continue its practice of interviewing knowledgeable sources regarding cash market practices and whether the proposed contract's terms are consistent with those practices.

However, in order to meet the very compressed time for review, the Commission is proposing to reduce the public comment period for fast-track applications from thirty days, as currently provided under Appendix D to Part 5, to fifteen days. The Commission is aware that some of those entities which have commented in the past on contract applications, particularly membership organizations, may have difficulty in meeting this deadline. However, the proposed reduction in the comment period is necessary to provide the Commission with an opportunity to assess comments which have been filed before the end of the review period and is proportional to

generally do not raise the types of issues common to physical delivery markets. Accordingly, the Commission determined to include contracts for foreign currency within the Part 36 exemption along with cash-settled contracts. Commission rule 36.2(a)(1), 17 CFR 36.2(a)(1). Consistent with that determination, the Commission is also including foreign currency contracts within the ten-day fast-track review procedures, providing there is no legal impediment to delivery of the currency and there exists a liquid cash market in the currency.

[9] The forty-five day comment period of section 2(a)(8)(B)(ii) may also conflict with the review procedures of a second fast-track procedure discussed below. That procedure provides for a forty-five day fast-track review. Although the other regulators generally have filed comments, if any, in fewer than forty-five days, the full period for comment would be inconsistent with a forty-five day fast-track review if the Commission were unable to provide notice of an application on the very same day of its receipt.

[10] Because no regulatory requirement other than the time period for comment by other agencies is being waived, for purposes of this exemption ''appropriate persons'' eligible to enter into the exempted instruments include all those who may otherwise trade designated futures or option contracts. The Commission believes that this exercise of its exemptive authority will not have a material adverse effect on the ability of the Commission, the other regulators, or any contract market to discharge its, or their, duties under the Act.

[11] However, designation applications for commodities which are subject to the procedural requirements of Section 2(a)(1)(B) of the Act would not be eligible for this fast-track review, either.

the overall reduction in time for Commission review of an application. Moreover, the Commission's recent initiatives to accept public comment for filing through facsimile and electronic mail transmissions should assist commenters in complying with this condensed comment period.

Both the ten-day and forty-five day fast-track periods can be extended by the Commission for one thirty-day period. In those instances where issues raised by the application are complex or novel, where there is an inadequate basis in the application upon which to review the contract terms, or where a contract term raises the issue of whether it violates a statutory or regulatory requirement, the Commission, by notifying the exchange, can extend the review period and halt automatic approval of the application for thirty days. The notification must specify briefly the reason for the extension, including the contract term or terms that are in issue.

If at any time during the review period, the Commission believes that a contract term raises serious issues, such that it may violate a statutory or regulatory requirement, it will so notify the exchange. This notification will halt the automatic approval of the designation, terminate the fast-track procedures and convert the application from fast-track to the current review and approval procedures. Because the fast-track procedures are intended to be used only for those applications for designation which do not raise complex or novel issues, contracts that include such issues which have not been susceptible to ready resolution during the fast-track review period are not appropriate candidates for this automatic approval process.

The exchange, if it disagrees with the Commission's determination to terminate fast-track consideration, may request within ten days of the termination notification that the Commission either approve the application or initiate disapproval procedures, rather than continuing with its review and approval of the application under its current procedures. Historically, the Commission has never disapproved an application for contract market designation. Rather, it has offered exchanges an opportunity to cure defects in applications, including instances where a contract term as initially proposed was in conflict with statutory or regulatory requirements.[12]

Proposed rule 5.1 builds on this long-time administrative practice, applying it in the context of fast-track designation review, as well. Where a proposed contract originally filed for fast-track review appears to violate a statutory or regulatory requirement, the Commission presumes that the exchange would prefer to convert the application to one for review under current procedures, thus having an opportunity to cure the defect, rather than to face disapproval. However, when exchanges prefer that the Commission render a decision whether to disapprove the application as filed, the Commission will institute a formal disapproval proceeding upon notification that the exchange views its application as complete and final as submitted.

Moreover, at any time during the fast-track review period, the exchange may instruct the Commission to consider the application under the current, rather than the fast-track, review procedures. Current procedures for review and approval of designation applications have developed into an iterative process whereby the dialogue between Commission and exchange staff may result in modifications being made by the exchange to the proposed contract's terms after submission of the application. In contrast, the fast-track procedure is intended to be an automatic process and is based on the supposition that designation applications submitted for fast-track review are complete and final, as filed. Accordingly, because amending the terms of a pending contract submitted for fast-track review after its initial submission—other than correcting typographical mistakes, renumbering, or such other nonsubstantive revisions—make an application ineligible for further fast-track consideration, exchanges are free at any time to instruct that the application be converted to current review procedures. This ensures exchanges the freedom and flexibility to amend contracts after submission by voluntarily converting the review procedure, rather than mandating that they continue with the application in a form that they no longer desire.

By providing an alternative mechanism for reviewing a designation application, the Commission does not intend to affect the standard of review for such contracts. Under Section 5 of the Act, the Commission is ''directed to designate any board of trade as a 'contract market' when * * *. [it] complies with * * * the [specified] conditions.'' The Commission has been, and will continue to be, mindful that the requirements for designation are performance, rather than design, standards. In this regard, a number of different contract terms or approaches may meet a particular statutory or regulatory designation requirement. Choosing among these acceptable alternatives is a business decision of the exchange. Commission staff will not use either the current designation procedures or the fast-track procedure as a means of expressing any view regarding exchange business decisions. Accordingly, both the current procedures and the fast-track review procedures ultimately impose the same standard of review—that is, should the contract be disapproved because it violates a statutory or regulatory condition of designation.

C. Fast-Track Review of Amendments to Contract Terms and Conditions

In general, exchange rule amendments currently are required by section 5a(a)(12)(A) of the Act to be submitted to the Commission for review and may be made effective after ten-days.[13] The primary exception to this automatic ten-day provision is contract terms and conditions (other than rules setting margin) which are required to be submitted for Commission review and approval. See, section 5a(a)(12)(A) of the Act.[14] If the Commission does not act to approve or disapprove such a rule within 180 days of submission, the exchange may make the rule effective.

Contract terms are treated differently from other exchange rules so that changes to contract specifications, which can modify a contract significantly, can be given the same type of review they would have received if submitted as part of an application for a new designation. Indeed, several exchanges have used the rule amendment process to transform a contract completely, for example, substituting cash settlement for physical

[12] Similarly, when public comments identify deficiencies or raise concerns regarding contract terms, exchanges at times have responded by modifying the proposed contract, sometimes substantially.

[13] *See also,* section 5a(a)(1) of the Act (requiring notice to the Commission of all contract market bylaws, rules, regulations and resolutions).

[14] The Commission routinely reviews for approval certain other categories of exchange rules that must be approved under other sections of the Act or Commission regulations, such as exchange rules relating to exchange-of-futures-for-physical transactions. *See, e.g.,* Section 4c(a) of the Act and Commission rule 1.38(a). Additionally, an exchange may request Commission approval of a rule amendment which, absent this request, would be subject to the automatic ten-day review process.

It should also be noted that there is an entirely separate procedure for exchange rules that are temporary in nature and which have been adopted in response to emergency conditions. None of the existing or proposed procedures discussed above apply to exchange emergency rules.

delivery. Such a profound change is virtually identical to seeking a new designation and raises the same regulatory concerns.

However, not all proposed exchange amendments to contract terms and conditions are subject to a single procedure for review. Based upon its regulatory experience, the Commission, by rule, has created various categories of exchange amendments to contract terms that are subject to automatic approval for both futures and option contracts. *See,* Commission rule 1.41(h)–(t). For example, among other categories of amendments to contract terms, changes in the composition of a stock or other index are approved upon adoption by the exchange (rules 1.41 (h) and (i)), as are changes to survey lists (rule 1.41(j)) and changes to trading hours, if within a specified window (rule 1.41(k)). Other categories of rule amendments, such as changes to trading months (rule 1.41(l)) and changes to contract terms established by independent third parties (rule 1.41(m)) are deemed to be approved ten days after receipt by the Commission. Indeed, rule 1.41(n) enables the Commission to establish such automatic approval procedures for any rule for which such treatment is appropriate.

The exchange rule amendments eligible for such automatic approval procedures typically involve changes to exchange rules which are recurring, predictable, clearly defined and subject to conditions which can be specified in advance. As new commodities or types of contracts are listed for trading, the Commission, based upon its experience, has added new categories of automatic rule approvals, as appropriate. Thus, in addition to the vast majority of exchange rule submissions that are not contract terms and therefore are subject only to a ten-day review, many if not a majority of amendments to contract terms and conditions are already eligible for automatic approval.

In light of the Commission's determination to propose two fast-track periods to review applications for contract market designation, the Commission believes that two similar fast-track periods for amendments to contract terms should be provided as well. Accordingly, the Commission is proposing to add to Commission rule 1.41(b) a fast-track review procedure consistent with the proposed forty-five day fast-track review of designation applications. The current provisions of rule 1.41 providing for ten-day review and automatic approval of many categories of amendments to contract terms would remain unchanged.

The existing procedures for review of designation applications and amendments to contract terms differ in their treatment of requests for public comment. Similar to applications for designation, request for public comment on certain amendments to contract terms and conditions is discretionary. Thus, the Commission may, as a matter of discretion, publish proposed amendments of contract terms for comment ''when publication * * * is in the public interest and will assist the Commission in considering the views of interested persons.'' Commission rule 140.96(b), 17 CFR 140.96(b). For amendments to contract terms published for public comment as a matter of Commission discretion, the Commission will provide a fifteen-day comment period consistent with its proposed practice for fast-track designation applications.

However, Section 5a(a)(12)(A) of the Act requires amendments to contract terms, when determined to be of major economic significance, to be published in the Federal Register. That section of the Act also requires that the comment period be for thirty days. If all proposed amendments to contract terms required a full thirty-day comment period, the Commission's ability to meet a forty-five day deadline would be impossible with its present staff resources. However, only a limited percentage of exchange rule amendments are of major economic significance and would therefore be required to be published for public comment for the thirty-day period. Although acting on even this limited number of submissions within forty-five days will be difficult when a thirty-day comment period is required, the Commission is proposing a forty-five day review period for all proposed amendments of contract terms and designation applications in order to achieve the most consistent and simplest procedures for fast-track review.

D. Implementation

The Commission is proposing these automatic approval procedures to streamline further Commission review of applications for contract market designation and proposed exchange rules relating to contract terms and conditions. It believes that the proposed procedures, by providing the exchanges an alternative means of achieving greater certainty and ease in listing new products, will permit them greater flexibility to compete with foreign exchange-traded products and with both foreign and domestic over-the-counter transactions, while maintaining the Commission's authority to review proposed contracts and proposed exchange rules relating to existing contracts for their consistency with the Act and Commission regulations and maintaining the public's ability to participate in the process.

To streamline comprehensively the designation and rule approval procedures, the Commission must also examine the form and content of the required submissions. The Commission last amended Guideline No. 1 in 1992. The Commission's 1992 revisions were undertaken with the view of removing duplication of effort between its staff and the exchanges, streamlining procedures, reducing paperwork, and refining the requirements for designation.

As noted above, one of the significant innovations of the 1992 revision was to reduce the form of application for designation of option contracts to a checklist. Although the designation application for futures contracts may be less susceptible to a checklist format, the Commission believes that the concept of an extended checklist may have value in the context of applications for designation of futures contracts, as well. In this regard, to the extent that the required information can be provided in a format requiring less verbiage, both the exchanges and the Commission may save additional staff resources.

Because the Commission believes that significant potential benefits will accrue from the proposed fast-track revisions to its contract designation procedures, it does not wish to delay public consideration of such revisions in order to formulate a proposal concerning Guideline No. 1. Accordingly, the Commission is currently proposing fast-track procedures at this time and will undertake separately the time-consuming task of reviewing the form and content requirements relating to applications for designation contained in Guideline No. 1. Despite this determination to proceed on these proposed fast-track rules separately, the Commission nevertheless is committed to review the broader Guideline No. 1 issues expeditiously. In addition to these proposals regarding fast-track procedures for contract market designation and amendments to contract terms and conditions, the Commission is also considering separately procedures to streamline the review and approval of contract market rules other than contract terms and conditions.

IV. Related Matters

A. Regulatory Flexibility Act

The Regulatory Flexibility Act (RFA), 5 U.S.C. 601 *et seq.*, requires that agencies, in promulgating rules, consider the impact of these rules on small entities. The Commission has previously determined that contract markets are not ''small entities'' for purposes of the Regulatory Flexibility Act, 5 U.S.C. 601 *et seq.* 47 FR 18618 (April 30, 1982). These amendments propose to establish alternative streamlined procedures for Commission review and approval of applications by contract markets for additional designations and of amendments to contract terms and conditions. Accordingly, the Chairperson, on behalf of the Commission, hereby certifies, pursuant to 5 U.S.C. 605(b), that the action taken herein will not have a significant economic impact on a substantial number of small entities. However, the Commission invites comments from any firms or other persons which believe that the promulgation of these rules might have a significant impact upon their activities.

B. Paperwork Reduction Act

The Paperwork Reduction Act of 1980 (Act), 44 U.S.C. 501 *et. seq.*, imposes certain requirements on federal agencies (including the Commission) in connection with their conducting or sponsoring any collection of information as defined by the Paperwork Reduction Act. While this proposed rule has no burden, the group of rules (3038–0022) of which this is a part has the following burden:

Average burden hours per response—3,546.26
Number of Respondents—10,971
Frequency of response—on occasion

Persons wishing to comment on the information which would be required by this proposed/amended rule should contact Jeff Hill, Office of Management and Budget, Room 3228, NEOB, Washington, DC 20503, (202) 395–7340. Copies of the information collection submission to OMB are available from Gerald P. Smith, CFTC Clearance Officer, 1155 21st Street NW, Washington, DC 20581, (202) 418–5160.

List of Subjects in 17 CFR Part 1

Commodity exchanges, Contract market rules, Rule review procedures.

List of Subjects in 17 CFR Part 5

Contract markets, Designation application.

In consideration of the foregoing, and pursuant to the authority contained in the Commodity Exchange Act and, in particular, sections 4(c), 4c, 5, 5a, 6 and 8a of thereof, 7 U.S.C. 6(c), 6c, 7, 7a, 8, and 12a, the Commission hereby proposes to amend Chapter I of Title 17 of the Code of Federal Regulations as follows:

PART 1—GENERAL REGULATIONS UNDER THE COMMODITY EXCHANGE ACT

1. The authority citation for part 1 continues to read as follows:

Authority: 7 U.S.C. 2, 4, 4a, 6, 6a, 6b, 6c, 6d, 6e, 6f, 6g, 6h, 6i, 6j, 6k, 6l, 6m, 6n, 6o, 7, 7a, 9, 12, 12a, 12c, 13a–1, 13a–2, 16, 19, 21, 23 and 24.

2. In Section 1.41(b), the introductory text, paragraphs (b)(1), (b)(2), (b)(3), (b)(4), (b)(5) and the concluding text are proposed to be redesignated as (b)(1)(i), (b)(1)(i)(A), (b)(1)(i)(B), (b)(1)(i)(C), (b)(1)(i)(D), (b)(1)(i)(E), and (b)(1)(ii), respectively; newly redesignated paragraph (b)(1)(ii) is proposed to be revised; and paragraphs (b)(2) through (b)(4) are proposed to be added, to read as follows:

§ 1.41 Contract market rules; submission of rules to the Commission; exemption of certain rules.

* * * * *

(b) *Submission of rules for prior Commission approval.* (1)(i) * * *

(ii) The Commission may remit to the contract market, with an appropriate explanation where practicable, and not accept for review any rule submission that does not comply with the form and content requirements of paragraphs (b)(1)(i) (A) through (E) of this section.

(2) All proposed contract market rules that relate to terms and conditions submitted for review under paragraph (b)(1) shall be deemed approved by the Commission under section 5a(a)(12)(A) of the Act, forty-five days after receipt by the Commission, unless notified otherwise within that period, if:

(i) The contract market labels the submission as being submitted pursuant to Commission rule 1.41(b)—Fast Track Review;

(ii) The submission complies with the requirements of paragraphs (b)(1)(i) (A) through (E) of this section, or for dormant contracts, the requirements of § 5.2 of this chapter;

(iii) The contract market does not amend the proposed rule or supplement the submission, except as requested by the Commission, during the pendency of the review period; and

(iv) The contract market has not instructed the Commission in writing during the review period to review the proposed rule under the usual procedures under section 5a(a)(12)(A) of the Act and paragraph (b)(1) of this section.

(3) The Commission, within forty-five days after receipt of a submission filed pursuant to paragraph (b)(2) of this section, may notify the contract market making the submission that the review period has been extended for a period of thirty days where the proposed rule raises novel or complex issues which require additional time for review. This notification will briefly specify the nature of the specific issues for which additional time for review is required. Upon such notification, the period for fast-track review of paragraph (b)(2) of this section shall be extended for a period of thirty days.

(4) During the forty-five day period for fast-track review, or the thirty-day extension when the period has been enlarged under paragraph (b)(3) of this section, the Commission shall notify the contract market that the Commission is terminating fast-track review procedures and will review the proposed rule under the usual procedures of section 5a(a)(12)(A) of the Act and paragraph (b)(1) of this section, if it appears that the proposed rule may violate a specific provision of the Act, regulation, or form or content requirement of this section. This termination notification will briefly specify the nature of the issues raised and the specific provision of the Act, regulation, or form or content requirement of this section that the proposed rule appears to violate. Within ten days of receipt of this termination notification, the contract market may request that the Commission render a decision whether to approve the proposed rule or to institute a proceeding to disapprove the proposed rule under the procedures specified in section 5a(a)(12)(A) of the Act by notifying the Commission that the contract market views its submission as complete and final as submitted.

* * * * *

3. Section 1.41b is proposed to be amended by revising paragraph (b) to read as follows:

§ 1.41b. Delegation of authority to the Director of the Division of Trading and Markets and Director of the Division of Economic Analysis.

* * * * *

(b) The Commission hereby delegates, until the Commission orders otherwise:

(1) To the Director of the Division of Economic Analysis, with the concurrence of the General Counsel or the General Counsel's delegatee, to be exercised by such Director or by such other employee or employees of the Commission under the supervision of

such Director as may be designated from time to time by the Director, the authority to approve, pursuant to section 5a(a)(12)(A) of the Act and § 1.41(b), contract market proposals, submitted pursuant to § 5.2, to list additional trading months or expiration for, or to otherwise recommence trading in, a contract that is dormant within the meaning of § 5.2; and

(2) To the Director of the Division of Economic Analysis, and to the Director of the Division of Trading and Markets, with the concurrence of the General Counsel or the General Counsel's delegatee, to be exercised by such Director or by such other employee or employees of the Commission under the supervision of such Director as may be designated from time to time by the Director, authority to request under § 1.41(b)(2)(iii) that the contract market amend the proposed rule or supplement the submission, to notify a contract market under § 1.41(b)(3) that the time for review of a proposed contract term submitted under that section for fast-track review has been extended, and to notify the contract market under § 1.41(b)(4) that fast-track procedures are being terminated.

* * * * *

PART 5—DESIGNATION OF AND CONTINUING COMPLIANCE BY CONTRACT MARKETS

3. The authority citation for Part 5 is proposed to be amended by revising it to read as follows:

Authority: 7 U.S.C. 6(c), 6c, 7, 7a, 8 and 12a.

4. Part 5 is proposed to be amended by adding a new section 5.1, and in Appendix D, by revising the second sentence, to read as follows:

§ 5.1 Fast-track designation review.

(a) *Cash-settled contracts.* Boards of trade seeking designation as a contract market under sections 4c, 5, 5a, and 6 of the Act, and regulations thereunder, shall be deemed to be designated as a contract market under section 6 of the Act ten days after receipt by the Commission of the application for designation, unless notified otherwise within that period, if:

(1) The board of trade labels the submission as being submitted pursuant to Commission rule 5.1—Fast Track Ten-Day Review;

(2) (i) The application for designation is for a futures contract providing for cash settlement or for delivery of a foreign currency for which there is no legal impediment to delivery and for which there exists a liquid cash market; or

(ii) For an options contract that is itself cash-settled, is exercised into a futures contract which meets the requirements of paragraph (a)(2)(i) of this section, or is for delivery of a foreign currency which meets the requirements of paragraph (a)(2)(i) of this section;

(3) The application for designation is for a commodity other than those enumerated in section 1a(3) of the Act or subject to the procedures of section 2(a)(1)(B) of the Act;

(4) The board of trade currently is designated as a contract market for at least one contract which is not dormant within the meaning of this part;

(5) The submission complies with the requirements of Appendix A of this part—Guideline No. 1 and § 1.61 of this chapter;

(6) The board of trade does not amend the terms or conditions of the proposed contract or supplement the application for designation, except as requested by the Commission, during that period; and

(7) The board of trade has not instructed the Commission in writing during the review period to review the application for designation under the usual procedures under section 6 of the Act.

(b) *Contracts for physical delivery.* Boards of trade seeking designation as a contract market under sections 4c, 5, 5a, and 6 of the Act, and regulations thereunder, shall be deemed to be designated as a contract market under section 6 of the Act forty-five days after receipt by the Commission of the application for designation, unless notified otherwise within that period, if:

(1) The board of trade labels the submission as being submitted pursuant to Commission rule 5.1—Fast Track Forty-five Day Review;

(2) The application for designation is for a commodity other than those subject to the procedures of section 2(a)(1)(B) of the Act;

(3) The board of trade currently is designated as a contract market for at least one contract which is not dormant within the meaning of this part;

(4) The submission complies with the requirements of Appendix A of this part—Guideline No. 1 and § 1.61 of this chapter;

(5) The board of trade does not amend the terms or conditions of the proposed contract or supplement the application for designation, except as requested by the Commission, during that period; and

(6) The board of trade has not instructed the Commission in writing during the forty-five day review period to review the application for designation under the usual procedures under section 6 of the Act.

(c) *Notification of extension of time.* The Commission, within ten days after receipt of a submission filed under paragraph (a) of this section, or forty-five days after receipt of a submission filed under paragraph (b) of this section, may notify the board of trade making the submission that the review period has been extended for a period of thirty days where the designation application raises novel or complex issues which require additional time for review. This notification will briefly specify the nature of the specific issues for which additional time for review is required. Upon such notification, the period for fast-track review of paragraphs (a) and (b) of this section shall be extended for a period of thirty days.

(d) *Notification of termination of fast-track procedures.* During the fast-track review period provided under paragraphs (a) or (b) of this section, or of the thirty-day extension when the period has been enlarged under paragraph (c) of this section, the Commission shall notify the board of trade that the Commission is terminating fast-track review procedures and will review the proposed rule under the usual procedures of section 6 of the Act, if it appears that the proposed contract may violate a specific provision of the Act, regulation, or form or content requirement of Appendix A of this part. This termination notification will briefly specify the nature of the issues raised and the specific provision of the Act, regulation, or form or content requirement of Appendix A of this part that the proposed contract appears to violate. Within ten days of receipt of this termination notification, the board of trade may request that the Commission render a decision whether to approve the designation or to institute a proceeding to disapprove the proposed application for designation under the procedures specified in section 6 of the Act by notifying the Commission that the exchange views its application as complete and final as submitted.

(e) *Delegation of authority.* (1) The Commission hereby delegates, until it orders otherwise, to the Director of the Division of Economic Analysis or to the Director's delegatee, with the concurrence of the General Counsel or the General Counsel's delegatee, authority to request under paragraphs (a)(6) and (b)(5) of this section that the contract market amend the proposed contract or supplement the application, to notify a board of trade under paragraph (c) of this section that the time for review of a proposed contract term submitted for review under paragraphs (a) or (b) of this section has

been extended, and to notify the contract market under paragraph (d) of this section that the fast-track procedures of this section are being terminated.

(2) The Director of the Division of Economic Analysis may submit to the Commission for its consideration any matter which has been delegated in paragraph (e)(1) of this section.

(3) Nothing in this paragraph prohibits the Commission, at its election, from exercising the authority delegated in paragraph (e)(1).

Appendix D—Internal Procedure Regarding Period for Public Comment

* * * Generally, the Commission will provide for a public comment period of thirty days on such applications for designation; *provided, however,* that the public comment period will be fifteen days for those applications submitted for review under the fast-track procedures of § 5.1(b) of this part. * * *

Issued in Washington, D.C. this 18th day of November, 1996, by the Commodity Futures Trading Commission.

Jean A. Webb,

Secretary of the Commission.

[FR Doc. 96–29835 Filed 11–21–96; 8:45 am]

BILLING CODE 6351–01–P

DEPARTMENT OF THE INTERIOR

National Park Service

36 CFR Part 7

RIN 1024–AC54

Big Cypress National Preserve, Recreational Frogging

AGENCY: National Park Service, Interior.

ACTION: Proposed rule.

SUMMARY: The National Park Service (NPS) is proposing to amend the special regulations for Big Cypress National Preserve (Preserve) by adding a section to regulate frogging. The proposed rule will allow the recreational taking of the pig frog (Rana grylio) throughout the Preserve. The rule will allow the designation of seasons, times, locations, methods and means of taking, and establishment of harvest limits and permit requirements. The rule is designed to allow a level of public use and enjoyment of Preserve resources and to assure the preservation of natural and recreational values consistent with the Big Cypress National Preserve Act and the Big Cypress National Preserve General Management Plan/Final Environmental Impact Statement. The rule will allow the Superintendent to limit or control the taking of pig frogs based on, but not limited to, population dynamics, water conditions or other factors influencing this and other species.

DATES: Written comments will be accepted through January 21, 1997.

ADDRESSES: All comments should be addressed to: Superintendent, Big Cypress National Preserve, HCR 61 Box 110, Ochopee, Florida 34141.

FOR FURTHER INFORMATION CONTACT: William J. Carroll, Chief Ranger, Big Cypress National Preserve, HCR 61 Box 110, Ochopee, Florida 34141. Telephone: 941–695–2000, extension 17.

SUPPLEMENTARY INFORMATION:

Background

Big Cypress National Preserve is a 716,000 acre unit of the National Park System that was established in 1974 (570,000 acres) and expanded by 146,000 acres in 1988. Prior to 1974, this vast area of more than 45,000 privately owned tracts of land was open to the general public and traditionally used by hunters, anglers, back-country campers, off-road vehicle enthusiasts and froggers. In the late 1960's and early 1970's, these traditional recreationist and mainstream environmental groups, fearful of the development consequences associated with the construction of a major airport (Jetport) in the heart of the Everglades, successfully lobbied for Federal protection. Consequently, on October 11, 1974, Big Cypress National Preserve (16 U.S.C. 698f), one of the largest nonwilderness, multiple-use units in the National Park System, was established with the following purpose:

"In order to assure the preservation, conservation, and protection of the natural, scenic, hydrologic, floral and faunal, and recreational values of the Big Cypress Watershed in the State of Florida and to provide for the enhancement and public enjoyment thereof, the Big Cypress National Preserve is hereby established" (Pub. L. 93–440; 16 U.S.C. 698f(a)).

Immediately upon establishment of the Preserve, the NPS was required to deal with complex land use, policy and political issues. In 1985, the NPS began the development of a General Management Plan (GMP). During the seven-year (1985–1992) GMP process, the NPS recognized that frogging was an activity that needed to be managed. Consequently, the final Big Cypress National Preserve General Management Plan, Volume 1, page 44 (1992) addressed the issue of frogging as follows:

Currently, the noncommercial taking of frogs is legal under state law, but is not consistent with NPS regulations. Frogging, like hunting and fishing, was a traditional recreational activity before the national preserve was established, and it may be consistent with the purposes of the Preserve. So that noncommercial frogging conforms to NPS policy, the NPS would promulgate special regulations in the future.

Furthermore, 16 U.S.C. 698i(b) states that:

In administering the Preserve, the Secretary shall develop and publish in the Federal Register, such rules and regulations as he deems necessary and appropriate to limit or control the use of Federal lands and waters with respect to: * * * (8) such other uses as the Secretary determines must be limited or controlled in order to carry out the purposes of sections 698f to 698m of this title * * *

In 1988 Public Law 93–440 was amended by Public Law 100–301 (16 U.S.C. 698m–1(a)) which is commonly referred to as the Big Cypress National Preserve Addition Act. In Section 698m–2, the Secretary is directed to:

Cooperate with the State of Florida to establish recreational access points and roads, rest and recreation areas, wildlife protection, hunting, fishing, frogging, and other traditional recreational opportunities in conjunction with the creation of the Addition Act and in the construction of Interstate Highway 75.

While this amendment clearly identifies frogging as a recognized traditional recreational use, the NPS is required to promulgate a rule to manage the activity. Since the traditional public use of the Preserve has included the taking of pig frogs, and as this activity is legal under the regulations of the State of Florida (Title 39–26.002 F.A.C.), this proposed rule is being published.

Public Participation

It is the policy of the Department of the Interior, whenever practicable, to afford the public an opportunity to participate in the rulemaking process. Accordingly, interested persons may submit written comments regarding this proposed rule to the address noted at the beginning of this rulemaking. The NPS will review all comments and consider making changes to the rule based upon an analysis of the comments.

Drafting Information: The process used to develop this rule included numerous reviews by Preserve staff, consultation and cooperation with the Florida Game and Freshwater Fish Commission as required by 16 U.S.C. 698m-2, and informal consultation with the U.S. Fish and Wildlife Service. The primary author of this rulemaking is William J. Carroll, Chief Ranger, Big Cypress National Preserve.

Paperwork Reduction Act

This rule does not contain collections of information requiring approval by the Office of Management and Budget under the Paperwork Reduction Act of 1995.

Compliance With Other Laws

This rule was not subject to Office of Management and Budget review under Executive Order 12866. The Department of the Interior determined that this document will not have a significant economic effect on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). The economic effects of this rulemaking are local in nature and negligible in scope.

The NPS has determined and certifies pursuant to the Unfunded Mandates Reform Act (2 U.S.C. 1502 *et seq.*), that this rule will not impose a cost of $100 million or more in any given year on local, State or tribal governments or private entities.

The Draft General Management Plan/Draft Environmental Impact Statement was available for public review for 180 days from August 8, 1989, to March 1, 1990. In January 1992, the record of decision was signed, and the Big Cypress National Preserve General Management Plan/Final Environmental Impact Statement (Vols. 1 & 2) proposed action was approved. The Big Cypress National Preserve GMP, Vol. 1, page 44, recommends that the NPS promulgate special regulations to allow noncommercial recreational frogging in the Preserve.

Informal consultation with the U.S. Fish and Wildlife Service under Section 7 of the Endangered Species Act has resulted in a determination of no effect for this rulemaking process.

The NPS has determined that this rule will not have a significant effect on the quality of the human environment, health and safety because it is not expected to:

(a) Increase public use to the extent of compromising the nature and character of the area or causing physical damage to it;

(b) Introduce non-compatible uses which compromise the nature and characteristics of the area, or cause physical damage to it;

(c) Conflict with adjacent ownerships or lands uses; or

(d) Cause a nuisance to adjacent owners or occupants.

Based upon this determination, this rule is categorically excluded from the procedural requirements of the National Environmental Policy Act (NEPA) by Departmental regulations in 516 DM 6 (49 FR 21438). As such, neither an Environmental Assessment (EA) nor an Environmental Impact Statement (EIS), specific to recreational frogging, has not been prepared.

List of Subjects in 36 CFR Part 7

District of Columbia, National parks, Reporting and recordkeeping requirements.

In consideration of the foregoing, the NPS proposes to amend 36 CFR Ch. I as follows:

PART 7—SPECIAL REGULATIONS, AREAS OF THE NATIONAL PARK SYSTEM

1. The authority citation for Part 7 continues to read as follows:

Authority: 16 U.S.C. 1, 3, 9a, 460(q), 462(k); Section 7.96 also issued under D.C. Code 8–137 (1981) and D.C. Code 40–721 (1981).

2. Section 7.86 is amended by adding new paragraph (d) to read as follows:

§ 7.86 Big Cypress National Preserve.

* * * * *

(d) *Frogs.* (1) The taking of the pig frog (Rana grylio) is allowed within the Preserve subject to public-use limits, times, locations, methods and means of taking, bag limits and permit requirements as established by the Superintendent.

(2) The Superintendent may impose closures and establish conditions or restrictions in accordance with the criteria and procedures of sections 1.5 and 1.7 of this chapter.

(3) Violation of the conditions established by the Superintendent is prohibited.

* * * * *

Dated: November 1, 1996.

George T. Frampton, Jr.,

Assistant Secretary for Fish and Wildlife and Parks.

[FR Doc. 96–29943 Filed 11–21–96; 8:45 am]

BILLING CODE 4310–70–P

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 117

[CGD13–96–011]

Drawbridge Operation Regulations; Youngs Bay and Lewis and Clark River, OR

AGENCY: Coast Guard, DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: The Coast Guard is proposing a change to the regulations governing the operation of the drawspans of the U.S. 101 (New Youngs Bay) highway bridge, mile 0.7, at Smith Point, the Oregon State (Old Youngs Bay) highway bridge, mile 2.4, across Youngs Bay, and the Oregon State (Lewis and Clark River) highway bridge, mile 1.0, across the Lewis and Clark River, Oregon.

The proposed rule would change the existing regulations for these bridges in three ways: The period during which shorter notice is allowed for requesting an opening of the bridges would be reduced from the existing 5 a.m. to 9 p.m. period to a shorter 7 a.m. to 5:30 p.m. period; the notice required for requesting an opening during the proposed 7 a.m. to 5:30 p.m. period would be increased from 30 minutes to 45 minutes; and the opening signal for the New Youngs Bay Bridge would be changed.

DATES: Comments must be received on or before January 21, 1997.

ADDRESSES: Comments should be mailed to Commander (oan), Thirteenth Coast Guard District, 915 Second Avenue, Seattle, Washington 98174–1067. The comments and other materials referenced in this notice will be available for inspection and copying at 915 Second Avenue, Room 3410, Seattle, Washington. Normal office hours are between 7:45 a.m. and 4:15 p.m., Monday through Friday, except Federal holidays. Comments may also be hand-delivered to this address.

FOR FURTHER INFORMATION CONTACT: John E. Mikesell, Chief, Plans and Programs Section, Aids to Navigation and Waterways Management Branch, (Telephone: (206) 220–7270).

SUPPLEMENTARY INFORMATION:

Request for Comments

The Coast Guard encourages interested persons to participate in this rulemaking by submitting written data, views, or arguments. Persons submitting comments should include their names and addresses, identify this rulemaking (CGD13–95–011) and the specific section of this proposal to which each comment applies, and give the reason for each comment. Please submit two copies of all comments and attachments in unbound format, no larger than 8½ by 11 inches, suitable for copying and electronic filing. Persons wanting acknowledgment of receipt of comments should enclose stamped, self-addressed postcards or envelopes.

The Coast Guard will consider all comments received during the comment period. It may change this proposal in view of the comments.

The Coast Guard plans no public hearing. Persons may request a public hearing by writing to the Commander,

Thirteenth Coast Guard District at the address under **ADDRESSES.** The request should include the reasons why a hearing would be beneficial. If it determines that the opportunity for oral presentations will aid this rulemaking, the Coast Guard will hold a public hearing at a time and place announced by a later notice in the Federal Register.

Drafting Information

The drafters of this notice are Austin Pratt, Project Officer, and Lieutenant Commander John C. Odell, Project Attorney, Thirteenth Coast Guard District Legal Office.

Background and Purpose

At the request of the Oregon Department of Transportation, the Coast Guard is proposing to change the regulations governing the operation of the drawspans of the U.S. 101 (New Youngs Bay) highway bridge, mile 0.7, at Smith Point; the Oregon State (Old Youngs Bay) highway bridge, mile 2.4, across Youngs Bay; and the Oregon State (Lewis and Clark River), highway bridge, mile 1.0, across the Lewis and Clark River, Oregon.

First, the proposed rule would decrease the period during which shorter notice is allowed when requesting an opening of the draw spans of these bridges. Under the current regulations, the bridges are operated on 30 minutes notice between 5 a.m. and 9 p.m. At all other times of the day, 4 hours notice is required for requesting an opening. Historical data indicates that most requests for openings are in fact being made between 7 a.m. and 5:30 p.m. Records of drawbridge operations show that during the year measured from December 1994 to December 1995, the New Youngs Bay Bridge opened 461 times, the Old Youngs Bay Bridge opened 176 times, and the Lewis and Clark River Bridge opened 525 times. The vast majority (1,068 of 1,162) of these openings were made between 7 a.m. to 5:30 p.m. The proposed rule would alter the period during which shorter notice is required to reflect the historical use of the bridge.

Second, the proposed change would increase the notice period for requesting openings of the drawspans during the proposed period of 7 a.m. and 5:30 p.m. when shorter notice is allowed. The notice required between 7 a.m. and 5:30 p.m. would be increased from 30 minutes to 45 minutes. These bridges are not continuously manned and this aspect of the proposed change is needed to provide bridge operators more time to travel to the bridges through increased traffic congestion on area roads and highways.

Finally, the proposed change would change the published opening signal for the New Youngs Bay Bridge. The current regulations state that the opening signal for the New Youngs Bay Bridge is two prolonged blasts followed by one short blast. The proposed change would create a special opening signal consisting of two prolonged blasts followed by two short blasts. The special opening signal is necessary to prevent confusion with the signal of the nearby Old Youngs Bay Bridge which also has an opening signal consisting of two prolonged blasts followed by one short blast.

Discussion of Proposed Rule

The proposed rule would amend 33 CFR 117.899 to state that the drawspans of all three bridges shall open on signal if at least 45 minutes notice is given between 7 a.m. and 5:30 p.m., and if four hours notice is given at all other times of the day. The change would also change the opening signal for the New Youngs Bay Bridge to two prolonged blasts followed by two short blasts. All other aspects of the current operating regulations would remain the same.

Regulatory Evaluation

The proposed rule is not a significant regulatory action under 3(f) of Executive Order 12866 and does not require an assessment of potential cost and benefits under section 6(a)(3) of that order. It has been exempted from review by the Office of Management and Budget under that order. It is not significant under the regulatory policies and procedures of the Department of Transportation (DOT) (44 FR 11040; February 26, 1979). The Coast Guard expects the economic impact of this proposed rule to be so minimal that a full regulatory evaluation under paragraph 10e of the regulatory policies and procedures of DOT is unnecessary. This expectation is based on the fact that the proposed change would not greatly increase the existing notice requirements for requesting drawbridge openings and the fact that the reduced period during which shorter notice is allowed merely conforms the regulations to the historical use of the bridges.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Coast Guard must consider whether this proposal will have a significant effect on a substantial number of small entities. ''Small entities'' include independently owned and operated small businesses that are not dominant in their field and that otherwise qualify as ''small business concerns'' under section 3 of the Small Business Act (15 U.S.C. 632). Because the proposed change would not greatly increase the existing notice period for requesting drawbridge openings, the Coast Guard certifies under 5 U.S.C. 605(b) that this proposal, if adopted, will not have a significant impact on a significant number of small entities.

Collection of Information

This proposal contains no collection of information requirements under the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*).

Federalism

The Coast Guard has analyzed this proposal under the principles and criteria contained in Executive Order 12612, and it has been determined that the proposed rulemaking does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

Environment

The Coast Guard considered the environmental impact of this proposal and concluded that, under section 2.B.2. of Commandant Instruction M16475.B, this proposal is categorically excluded from further environmental documentation. A ''Categorical Exclusion Determination'' is available in the docket for inspection or copying.

List of Subjects in 33 CFR Part 117

Bridges.

Proposed Regulations

For the reasons set out in the preamble, the Coast Guard proposes to amend part 117 of title 33, Code of Federal Regulations, as follows:

PART 117—DRAWBRIDGE OPERATION REGULATIONS

1. The authority citation for Part 117 continues to read as follows:

Authority: 33 U.S.C. 499; 49 CFR 1.46; 33 CFR 1.05–1(g); section 117.255 also issued under the authority of Pub. L. 102–587, 106 Stat. 5039.

2. Section 117.899 is revised to read as follows:

§ 117.899 Youngs Bay and Lewis and Clark River.

(a) The draw of the US101 (New Youngs Bay) highway bridge, mile 0.7, across Youngs Bay at Smith Point, shall open on signal for the passage of vessels if at least 45 minutes notice is given to the drawtender at the Lewis and Clark River Bridge by marine radio, telephone, or other suitable means from 7 a.m. to 5:30 p.m. At all other times four hours notice is required. The opening signal is

two prolonged blasts followed by two short blasts.

(b) The draw of the Oregon State (Old Youngs Bay) highway bridge, mile 2.4, across Youngs Bay at the foot of Fifth Street, shall open on signal for the passage of vessels if at least 45 minutes notice is given to the drawtender at the Lewis and Clark River Bridge by marine radio, telephone, or other suitable means from 7 a.m. to 5:30 p.m. At all other times four hours notice is required. The opening signal is two prolonged blasts followed by one short blast.

(c) The draw of the Oregon State (Lewis and Clark River) highway bridge, mile 1.0, across the Lewis and Clark River, shall open on signal for the passage of vessels if at least 45 minutes notice is given by marine radio, telephone, or other suitable means from 7 a.m. to 5:30 p.m. At all other times four hours notice is required. The opening signal is one prolonged blast followed by four short blasts.

Dated: November 4, 1996.

J. David Spade,

Rear Admiral, U.S. Coast Guard, Commander, 13th Coast Guard District.

[FR Doc. 96–29951 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–14–M

---

33 CFR Part 117

[CGD08–96–048]

RIN 2115–AE47

Drawbridge Operation Regulation; Tchefuncta River, LA

AGENCY: Coast Guard, DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: At the request of the Louisiana Department of Transportation and Development (LDOTD) and the Town of Madisonville, Louisiana, the Coast Guard is proposing a change to the regulation governing the operation of the swing span drawbridge across the Tchefuncta River, mile 2.5, at Madisonville, St. Tammany Parish, Louisiana. The proposed regulation would require that the draw will open on demand; except that from 5 a.m. until 8 p.m. the draw would open only on the hour. Presently, the draw is required to open on signal; except that, from 5 a.m. to 8 p.m. the draw opens only on the hour and half-hour. This change of eliminating openings at the half-hour will allow for fewer disruptions of vehicular traffic movement and still provide for the reasonable needs of navigation.

DATES: Comments must be received on or before January 21, 1997.

ADDRESSES: Comments should be mailed to Commander (ob), Eighth Coast Guard District, 501 Magazine Street, New Orleans, Louisiana 70130–3396, or may be delivered to Room 1313 at the same address between 8:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Mr. Phil Johnson, Bridge Administration Branch, at the address given above, telephone (504) 589–2965.

SUPPLEMENTARY INFORMATION:

Request for Comments

Interested parties are invited to participate in the proposed rulemaking by submitting written views, comments, or arguments. Persons submitting comments should include their names and addresses, identify the bridge and give reasons for concurrence with or any recommended change in this proposal. Persons desiring acknowledgment that their comments have been received should enclose a stamped, self-addressed postcard or envelope.

The Coast Guard plans no public hearing. Persons may request a public hearing by writing to the Eighth Coast Guard District at the address under **ADDRESSES.** The request should include reasons why a hearing would be beneficial. If it is determined that the opportunity for oral presentations will aid in this rulemaking, the Coast Guard will hold a public hearing at a time and place announced by a later notice in the Federal Register.

The Commander, Eighth Coast Guard District, will evaluate all communications received and determine a course of final action on this proposal. The proposed regulation may be changed in the light of comments received.

Discussion of Proposed Rules

Extensive residential development in the Madisonville area has significantly increased the amount of both vehicular traffic and vessel traffic which use the bridge. Navigational openings, recorded by the LDOTD, showed that the bridge had 313 openings for the month of April, 1996; 338 openings for May, 1996; 412 openings for June, 1996 and 407 openings for July, 1996. The vehicular traffic count taken for a two week period in June 1996 by LDOTD showed that during the proposed regulated period for bridge openings (5 a.m. to 8 p.m.), the average daily traffic crossing the bridge was 9195 vehicles per day on weekdays, 7793 vehicles on Saturdays and 7018 vehicles on Sundays. The predominant waterway users of this drawbridge are recreational boaters. While operators of these boats may be slightly inconvenienced by the regulated openings, they will still have the opportunity to pass through the bridge with knowledge of the schedule for openings and with minimal planning. Most recreational boat owners that use the bridge for vessel passage also use the bridge for vehicular passage. Therefore, they too will benefit from the regulated bridge openings. The draw will open on signal at any time for a vessel in distress, or for an emergency aboard the vessel. Vertical clearance of the bridge in the closed position is 6.2 feet above mean high water at the west rest pier fender and 1.5 feet above mean high water at the pivot pier fender.

Regulatory Evaluation

This proposal is not a significant regulatory action under section 3(f) of Executive Order 12866 and does not require an assessment of potential cost and benefits under section 6(a)(3) of that order. It has not been reviewed by the Office of Management and Budget under that order. It is not significant under the regulatory policies and procedures of the Department of Transportation (DOT) (44 FR 11040; February 26, 1979).

The Coast Guard expects the economic impact of this proposal to be so minimal that a full Regulatory Evaluation under paragraph 10e of the regulatory policies and procedures of DOT is unnecessary.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Coast Guard must consider whether this proposal, if adopted, will have a significant economic impact on a substantial number of small entities. ''Small entities'' may include (1) small businesses and not-for-profit organizations that are independently owned and operated and are not dominant in their fields and (2) governmental jurisdictions with populations of less than 50,000. The Coast Guard certifies under 5 U.S.C. 605(b) that this proposal, if adopted, will not have a significant economic impact on a substantial number of small entities.

Collection of Information

This proposal contains no collection-of-information requirements under the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*).

Federalism Implications

This action has been analyzed in accordance with the principles and criteria contained in Executive Order 12612, and it has been determined that

the proposed rulemaking does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

Environment

The Coast Guard considered the environmental impact of this proposal and concluded that under paragraph 2.B.2.(g)(5) of ''Commandant Instruction M16475.1B, this proposal is categorically excluded from further environmental documentation. A ''Categorical Exclusion Determination'' is available in the docket for inspection or copying where indicated under **ADDRESSES.**

List of Subjects in 33 CFR Part 117

Bridges.

For the reasons set out in the preamble, the Coast Guard proposes to amend Part 117 of Title 33, Code of Federal Regulations, as follows:

PART 117—DRAWBRIDGE OPERATION REGULATIONS

1. The authority citation for Part 117 continues to read as follows:

Authority: 33 U.S.C. 499; 49 CFR 1.46; 33 CFR 1.05–1(g); section 117.255 also issued under the authority of Pub. L. 102–587, 106 Stat. 5039.

2. Section 117.500 is revised to read as follows:

§ 117.500 Tchefuncta River.

The draw of the SR 22 bridge, mile 2.5, at Madisonville, shall open on signal; except that, from 5 a.m. to 8 p.m., the draw need open only on the hour. The draw shall open on signal at any time for a vessel in distress or for an emergency aboard a vessel.

Dated: November 5, 1996.

T.W. Josiah,

Rear Admiral, U.S. Coast Guard, Commander, Eighth Coast Guard District.

[FR Doc. 96–29952 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–14–M

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 1

[MD Docket No. 96–186; FCC 96–422]

Assessment of Annual Regulatory Fees for AM and FM Broadcast Radio Licensees

AGENCY: Federal Communications Commission.

ACTION: Notice of inquiry.

SUMMARY: In its decision establishing regulatory fees for fiscal year 1996, the Commission stated that it would initiate a Notice of Inquiry, in order to develop a more equitable methodology for assessing regulatory fees upon AM and FM licensees, and in particular, that it would consider a specific methodology proposed by the Montana Broadcaster Association. Currently, the Commission assesses regulatory fees on AM and FM broadcasters based upon a station's license classification. Montana's proposal bases the fee on both a station's class of license and market designation. This Notice of Inquiry requests comments on Montana's proposal and invites interested parties to suggest alternative methodologies for assessing these fees.

DATES: Interested parties may file comments on or before December 23, 1996 and reply comments on or before January 6, 1997.

ADDRESSES: Federal Communications Commission, 1919 M Street, N.W., Washington, D.C. 20554.

FOR FURTHER INFORMATION CONTACT: Jerome D. Remson, Office of General Counsel at (202) 418–1755, or Terry D. Johnson, Office of Managing Director at (202) 418–0445.

SUPPLEMENTARY INFORMATION:

Adopted: October 25, 1996.
Released: November 6, 1996.

I. Introduction

1. By this *Notice of Inquiry,* the Commission is initiating a proceeding to determine if, in FY 1997, it is feasible to utilize a methodology based on market size for assessing annual regulatory fees upon licensees of AM and FM broadcast radio stations. We invite interested parties to comment upon a methodology proposed by the Montana Broadcasters Association (Montana), and to propose any other methodology for assessing AM and FM fees they believe would serve the public interest.

II. Background

2. In establishing our regulatory fee program, we recognized that Congress had required the Commission to adopt the Schedule of Regulatory Fees for FY 1994, contained in section 9(g) of the Communications Act, as amended. 47 U.S.C. 159(g). The Schedule assessed AM and FM radio fees based upon class of station. Thus, each licensee paid a fee identical to other licensees with the same class of station, without regard to the size of its service area. See Implementation of Section 9 of the Communications Act, 59 FR 30984 (June 16, 1994), 9 FCC Rcd 5333, 5339 (1994). Therefore, we declined to consider any revision to the fee schedule for FY 1994, but we invited interested parties to propose alternative methodologies for various services subject to the regulatory fees, including AM and FM radio, for consideration in our proceeding to adopt the FY 1995 Schedule of Regulatory Fees. 60 FR 3807 (January 19, 1995), 9 FCC Rcd at 5360. Subsequently, in our NOI proposing fees for FY 1995, we recognized that ''population density of a (AM or FM) station's geographic location was also a public interest factor warranting recognition in the fee schedule.'' Therefore, we proposed for consideration by interested parties a methodology incorporating market size in the calculation of AM and FM fees, by assessing higher fees for radio stations located in Arbitron Rating Co. (Arbitron) designated markets. We proposed a two-tiered fee schedule with stations in Arbitron rated markets paying higher fees than the same classes of stations located in smaller, non-Arbitron rated markets. See Notice of Proposed Rulemaking in the Matter of Assessment and Collection of Regulatory Fees for Fiscal Year 1995, MD Docket No. 95–3, FCC 95–14, released January 12, 1995 at ¶ 29. See 60 FR 3807 (January 19, 1995). Nevertheless, in our *Report and Order* establishing the FY 1995 fees, we declined to adopt this proposed method because, after consideration of the comments, we found that it did not provide a ''sufficiently accurate and equitable method for determining fees.'' See Assessment and Collection of Regulatory Fees for Fiscal Year 1995 60 FR 34004 (June 29, 1995), 10 FCC Rcd 13512, 13531–32 (1996).

3. In our Notice of Proposed Rulemaking to establish regulatory fees for FY 1996, we stated with regard to the fees for AM and FM radio stations, that we ''were particularly interested in a proposal which would associate population density and service area contours with license data'' and we again requested interested parties to propose viable alternative methodologies for assessment of AM and FM fees. Assessment and Collection of Regulatory Fees for Fiscal Year 1996, FCC 96–153, ¶¶ 20–21 (April 9, 1996). See 61 FR 16432 (April 15, 1996). In response, Montana filed comments proposing an AM and FM fee structure based on class of station and on market size. We received no comments addressing Montana's proposal. However, following our own review of the proposal, we decided not to take any action until we had an opportunity to more extensively evaluate the impact of

Montana's proposal on AM and FM licensees through a Notice of Inquiry. Assessment and Collection of Regulatory Fees for Fiscal Year 1996, FCC 96–295, ¶¶ 23–29, July 5, 1996, 61 FR 36629 (July 12, 1996).

III. The Montana Proposal

4. Montana's proposed methodology utilizes broad groupings of radio markets determined by Arbitron market size, with the fee for each market grouping predicated on the ratios that Congress initially established in section 9(g) of the Act (47 U.S.C. 159(g)) for assessing fees for licensees of television stations serving different sized markets. Montana proposes four specific radio market classifications: Markets 1 through 25; Markets 26–50; Markets 51–100; and Remaining Markets. Montana's proposal assigns stations to each market grouping based upon Arbitron market designations and relies on an analysis of broadcast markets prepared by Dataworld MediaXpert Service which groups radio stations by class of station within a particular market size. It then calculates the fees for stations in different markets utilizing the ratios between the fees for television markets in section 9(g). Montana argues that its proposal is more equitable than the groupings based on class of station relied on by the Commission, because under its proposal stations in smaller markets would pay lower fees than stations serving more populous markets.

5. In order to collect the total aggregate fees to be recovered from AM and FM radio stations as proposed in the FY 1995 NPRM, Montana's proposed methodology would have allocated fees among radio stations as follows:

Markets	AM Class A	AM Class B	AM Class C	AM Class D	FM Class I [1]	FM Class II [2]
1–25	$2,890	$1,710	$645	$815	$2,890	$1,940
26–50	2,040	1,140	455	575	2,040	1,370
51–100	1,360	760	305	385	1,360	910
Remaining	850	475	190	240	850	570

[1] Class I includes FM Classes C, C1, C2 and B.
[2] Class II includes FM Classes A, B1 and C3.

6. However, subsequent to the filing of Montana's proposal, Congress increased the aggregate amount of fees to be recovered by the Commission and amended the Commission's regulatory fee schedule for television stations to increase the fees paid by licensees in larger markets and to reduce the fees paid by licensees located in Markets 51–100 and the Remaining Markets. Public Law No. 104–134. See Assessment Collection of Regulatory Fees for Fiscal Year 1996, *supra* at ¶ 14. This substantially changed the ratios between the fees for television stations in different sized markets used by Montana to compute its proposed radio fees. Substituting the actual ratios between the regulatory fees for television stations in different sized markets for the old ratios utilized in Montana's proposal, would have produced the following radio fees for FY 1996: [3]

Markets	AM Class A	AM Class B	AM Class C	AM Class D	FM Class I [4]	FM Class II [5]
1–25	$11,500	$6,325	$2,575	$3,150	$4,875	$3,250
26–50	6,675	3,675	1,500	1,850	2,850	1,900
51–100	3,550	1,975	800	980	1,525	1,000
Remaining	1,000	555	225	275	430	285

[4] Class I includes FM Classes C, C1, C2 and B.
[5] Class II includes FM Classes A, B1 and C3.

7. The above fees illustrate the impact of the Montana proposal when the changes mandated by Congress to the Regulatory Fee Schedule are considered. We are particularly concerned about the size of the increases in larger markets which, in addition to having more potential listeners, have greater concentrations of stations, thereby increasing the competition for listeners in those markets. Moreover, the accuracy of both sets of calculations are predicated on assumptions that the total aggregate amount of fees to be collected remains unchanged, that the revenue requirement allocated to all broadcast licensees remains unchanged, and that there are no changes in the numbers and classes of licensees subject to broadcast fees. The calculations presented herein are illustrative only, because the fees are predicated on assumptions that may not re-occur in FY 1997. A change in any or all three of these factors, would result in individual fees different than those illustrated in paragraph 6.

IV. Conclusion

8. As discussed above, we intend to explore in this proceeding whether, in FY 1997, the regulatory fee schedule for AM and FM radio stations should be modified to take into consideration market size. Any such alternative fee schedule that we might propose would be subject to public comment in our proceeding to establish fees for FY 1997. To assist our efforts, we invite public comment on the Montana proposal or on proposed alternative methods for assessing regulatory fees for the AM and FM radio services.

V. Procedural Matters

9. Accordingly, the Commission adopts this Notice of Inquiry pursuant to authority contained in Sections 4 (i) and (j), 9, 303(r), and 403 of the Communications Act of 1934 as amended. 47 U.S.C. 154 (i) and (j), 9, 303(r), and 403.

10. Pursuant to the applicable procedures set forth in §§ 1.415 and 1.4129 of the Commission's rules, 47 CFR 1.425 and 1.419, interested parties may file comments on or before December 23, 1996 and reply comments

[3] By contrast, according to the FY 1996 Schedule of Regulatory Fees, AM class A stations are assessed a fee of $1,250; Class B stations $690; Class C stations $280; and Class D stations $345. Similarly, FM Class C, C1, C2 and B stations (Montana's FM Class I) are assessed a fee of $1,250; and FM Class A, B1 and C3 stations (Montana's FM Class II) a fee of $830.

on or before January 6, 1997. All relevant and timely comments will be considered by the Commission before final action is taken in this proceeding. To file formally in this proceeding, participants must submit an original and four copies of all comments, reply comments and supporting comments. If participants want each Commissioner to receive a personal copy of their comments, an original and nine copies must be filed. Comments and reply comments should be sent to the Office of the Secretary, Federal Communications Commission, Washington, DC 20554. Comments and reply comments will be available for public inspection during regular business hours in the FCC Reference Center (Room 239, 1919 M Street, NW., Washington, DC 20554), of the Federal Communications Commission.

11. This Notice of Inquiry is exempt from restrictions on *ex parte* presentations. See 47 CFR 1.1204(a)(4).

12. Further information on this proceeding may be obtained by contacting Jerome D. Remson (202–418–1755), Office of the General Counsel, or Terry Johnson (202–418–0445, Office of the Managing Director.

List of Subjects in 47 CFR Part 1

Administrative practice and procedure.

Federal Communications Commission.

William F. Caton,

Acting Secretary.

[FR Doc. 96–29875 Filed 11–21–96; 8:45 am]

BILLING CODE 6712–01–P

Notices

Federal Register
Vol. 61, No. 227
Friday, November 22, 1996

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

DEPARTMENT OF AGRICULTURE

Office of the Secretary

California Spotted Owl Advisory Committee

AGENCY: Office of the Secretary, USDA.

ACTION: Notice; establishment and request for nominations.

SUMMARY: The Secretary of Agriculture is establishing an advisory committee to review a preliminary revised Draft Environmental Impact Statement for Managing California Spotted Owl Habitat in the Sierra Nevada National Forests of California. The Advisory Committee's final report is due to the Secretary of Agriculture no later than September 30, 1997. Nominations of persons to serve on the Advisory Committee are invited.

DATES: Nominations for membership on the Committee must be received in writing by December 9, 1996.

ADDRESSES: Send nominations for membership on the Committee to the Director, Land Management Planning, MAIL STOP 1104, Forest Service, P.O. Box 96090, Washington, DC 20090–6090.

FOR FURTHER INFORMATION CONTACT: Jonathan Stephens, Land Management Planning Staff, Forest Service, telephone: (202) 205–0948.

SUPPLEMENTARY INFORMATION: Pursuant to the Federal Advisory Committee Act (5 U.S.C. App.), notice is hereby given that the Secretary of Agriculture intends to establish a California Spotted Owl Federal Advisory Committee (Committee). The purpose of the Advisory Committee is to review and evaluate the preliminary revised Draft Environmental Impact Statement (DEIS) and make recommendations on how the DEIS integrates the information recently published in the Sierra Nevada Ecosystem Project Report (SNEP) with the forest planning alternatives. The Committee will also examine the planning models, assumptions, analytical processes, and statistical treatment of information used to develop and support management actions in the preliminary revised DEIS. In addition, the Committee will review other scientific information brought to the Committee's attention that may pertain to the management of National Forest System lands in the Sierra Nevada ecosystem. The Committee will make recommendations to the Secretary on additional analysis and how the Forest Service should proceed regarding the release of a revised DEIS for public comment

The Secretary has determined that the work of the Advisory Committee is in the public interest and relevant to the duties of the Department of Agriculture.

Membership in the Committee will consist of individuals with the scientific and analytical expertise in the areas of the California Spotted Owl, the Sierra Nevada ecosystem, silviculture, fire ecology, aquatic ecology, fur-bearers, cumulative effects, and other areas necessary to represent all aspects of resource management. Representatives from the Forest Service team which has prepared the preliminary revised DEIS, as well as other Forest Service resource specialists and scientists, will be available to serve as consultants to facilitate review. Nominations to the Committee should describe and document the proposed member's qualifications for membership on the Advisory Committee.

Appointments to the Advisory Committee will be made by the Secretary of Agriculture. Equal opportunity practices will be followed in all appointments to the Advisory Committee. To ensure that the recommendations of the Advisory Committee have taken into account the needs of the diverse groups served by the Department, membership will include, to the extent practicable, individuals with demonstrated ability to represent minorities, women, and persons with disabilities.

Dated: November 18, 1996.

Wardell C. Townsend, Jr.,

Assistant Secretary for Administration.

[FR Doc. 96–29924 Filed 11–21–96; 8:45 am]

BILLING CODE 3410–11–M

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List Additions

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Additions to the Procurement List.

SUMMARY: This action adds to the Procurement List a commodity and services to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities.

EFFECTIVE DATE: December 23, 1996.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Crystal Square 3, Suite 403, 1735 Jefferson Davis Highway, Arlington, Virginia 22202–3461.

FOR FURTHER INFORMATION CONTACT: Beverly Milkman (703) 603–7740

SUPPLEMENTARY INFORMATION: On September 20 and 27, 1996, the Committee for Purchase From People Who Are Blind or Severely Disabled published notices (61 FR 49435 and 50804) of proposed additions to the Procurement List.

After consideration of the material presented to it concerning capability of qualified nonprofit agencies to provide the commodity and services and impact of the additions on the current or most recent contractors, the Committee has determined that the commodity and services listed below are suitable for procurement by the Federal Government under 41 U.S.C. 46–48c and 41 CFR 51–2.4.

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the commodity and services to the Government.

2. The action will not have a severe economic impact on current contractors for the commodity and services.

3. The action will result in authorizing small entities to furnish the commodity and services to the Government.

4. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46–48c) in connection with the commodity and services proposed for addition to the Procurement List.

Accordingly, the following commodity and services are hereby added to the Procurement List:

Commodity

Pillow, Bed
7210–01–395–7921

Services

Administrative Services, Social Security Administration, Active Files Unit, Philadelphia, Pennsylvania
Grounds Maintenance for the following Washington, DC locations: USDA Administration Building, 14th & Jefferson Drive, SW, USDA South Building and Auditors Building, 14th & Independence Avenue, SW, USDA Annex Building, 12th & C Streets, SW
Janitorial/Custodial, James River Reserve Fleet Buildings, Admin Building 2606 and Tech Support Building, Fort Eustis, Virginia
Recycling Service, Naval Surface Warfare Center, Bethesda, Maryland.

This action does not affect current contracts awarded prior to the effective date of this addition or options that may be exercised under those contracts.

Beverly L. Milkman,

Executive Director.

[FR Doc. 96–29946 Filed 11–21–96; 8:45 am]

BILLING CODE 6353–01–P

Procurement List; Proposed Additions

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Proposed Additions to Procurement List.

SUMMARY: The Committee has received proposals to add to the Procurement List commodities and services to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities.

COMMENTS MUST BE RECEIVED ON OR BEFORE: December 23, 1996.

ADDRESS: Committee for Purchase From People Who Are Blind or Severely Disabled, Crystal Square 3, Suite 403, 1735 Jefferson Davis Highway, Arlington, Virginia 22202–3461.

FOR FURTHER INFORMATION CONTACT: Beverly Milkman (703) 603–7740.

SUPPLEMENTARY INFORMATION: This notice is published pursuant to 41 U.S.C. 47(a)(2) and 41 CFR 51–2.3. Its purpose is to provide interested persons an opportunity to submit comments on the possible impact of the proposed actions.

If the Committee approves the proposed additions, all entities of the Federal Government (except as otherwise indicated) will be required to procure the commodities and services listed below from nonprofit agencies employing persons who are blind or have other severe disabilities. I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the commodities and services to the Government.

2. The action does not appear to have a severe economic impact on current contractors for the commodities and services.

3. The action will result in authorizing small entities to furnish the commodities and services to the Government.

4. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46–48c) in connection with the commodities and services proposed for addition to the Procurement List.

Comments on this certification are invited. Commenters should identify the statement(s) underlying the certification on which they are providing additional information.

The following commodities and services have been proposed for addition to Procurement List for production by the nonprofit agencies listed:

Commodities

Office and Miscellaneous Supplies (Requirements for Shaw Air Force Base, South Carolina)
NPA: Lions Club Industries, Inc., Durham, North Carolina

Envelope, Translucent
7530–01–354–2327
7530–01–354–3982
7530–01–354–3983
NPA: Industries for the Blind, Inc., Milwaukee, Wisconsin

Services

Administrative Services, Poff Federal Building and Courthouse, 210 Franklin Road, SW, Roanoke, Virginia
NPA: Goodwill Industries of Tinker Mountain, Inc., Salem, Virginia

Food Service Attendant, West Virginia Air National Guard, Charleston, West Virginia,
NPA: Goodwill Industries of Kanawha Valley, Charleston, West Virginia

Grounds Maintenance, Camp Lejeune, Main Gate and Holcomb Boulevard, Jacksonville, North Carolina,
NPA: Coastal Enterprises of Jacksonville, Inc, Jacksonville, North Carolina

Janitorial/Custodial, VA Connecticut Healthcare System, Newington Campus, Newington, Connecticut,
NPA: CW Resources, Inc., New Britain, Connecticut

Operation of Central Issue Facility, Fort Drum, New York,
NPA: Jefferson County Chapter, NYSARC, Watertown, New York.

Beverly L. Milkman,

Executive Director.

[FR Doc. 96–29947 Filed 11–21–96; 8:45 am]

BILLING CODE 6353–01–P

DEPARTMENT OF COMMERCE

Foreign-Trade Zones Board

(Docket 57–96)

Foreign-Trade Zone 189—Muskegon, Michigan; Application for Subzone Status, ESCO Company Limited Partnership (Colorformer Chemicals); Extension of Public Comment Period

The comment period for the above case, requesting special-purpose subzone status for the colorformer chemicals manufacturing facility of ESCO Company Limited Partnership (ESCO) (jointly owned by Mitsui Toatsu Chemicals and Yamamoto Chemicals (Japan)), in Muskegon, Michigan (61 FR 38137, 7/23/96) is further extended to January 21, 1996, to allow interested parties additional time in which to comment on the proposal.

Comments in writing are invited during this period. Submissions should include 3 copies. Material submitted will be available at: Office of the Executive Secretary, Foreign-Trade Zones Board, U.S. Department of Commerce, Room 3716, 14th & Pennsylvania Avenue, NW, Washington, DC 20230.

Dated: November 15, 1996.

John J. Da Ponte, Jr.,

Executive Secretary.

[FR Doc. 96–29937 Filed 11–21–96; 8:45 am]

BILLING CODE 3510–DS–P

International Trade Administration

[A–580–008]

Color Television Receivers From the Republic of Korea; Final Results of Antidumping Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

ACTION: Notice of final results of Antidumping Duty Administrative Review.

SUMMARY: On May 24, 1996, the Department of Commerce (the Department) published a notice of preliminary results of administrative review of the antidumping duty order on color television receivers (CTVs) from the Republic of Korea (49 FR 18336, April 30, 1984). The review covers one manufacturer/exporter of the subject merchandise and the period April 1, 1994, through March 31, 1995.

We gave interested parties an opportunity to comment on the preliminary results of review. Based on our analysis of the comments received, we have not changed our analysis for the final results from that presented in the preliminary results of review.

EFFECTIVE DATE: November 22, 1996.

FOR FURTHER INFORMATION CONTACT: David Genovese or Zev Primor, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, N.W., Washington, D.C. 20230; telephone: (202) 482–5253.

SUPPLEMENTARY INFORMATION:

Background

On April 28, 1995, Samsung Electronics Co., Ltd. and its U.S. subsidiary, Samsung Electronics America, Inc. (collectively Samsung) requested an administrative review and partial revocation of the antidumping duty order on CTVs from Korea. The Department initiated the review on May 15, 1995 (60 FR 25885), covering the period April 1, 1994, through March 31, 1995 (the twelfth review). On May 24, 1996, the Department published the preliminary results of review (61 FR 26158). The Department has now completed this review in accordance with section 751 of the Tariff Act of 1930 (the Act).

Applicable Statute

Unless otherwise indicated, all citations to the statute are references to the provisions effective January 1, 1995, the effective date of the amendments made to the Act by the Uruguay Round Agreements Act. In addition, unless otherwise indicated, all citations to the Department's regulations are to the current regulations, as amended by the interim regulations published in the Federal Register on May 11, 1995 (60 FR 25130).

Scope of the Review

Imports covered by this review include CTVs, complete and incomplete, from the Republic of Korea. This merchandise is currently classified under item numbers 8528.10.08, 8528.10.11, 8528.10.13, 8528.10.17, 8528.10.19, 8528.10.24, 8528.10.28, 8528.10.34, 8528.10.38, 8528.10.44, 8528.10.48, 8528.10.54, 8528.10.58, 8528.10.61, 8528.10.63, 8528.10.67, 8528.10.69, 8528.10.71, 8528.10.73, 8528.10.77, 8528.10.79, 8529.90.03, 8529.90.06, and 8540.11.10 of the Harmonized Tariff Schedule (HTS). Since the order covers all CTVs regardless of HTS classification, the HTS subheadings are provided for convenience and for the U.S. Customs Service purposes. Our written description of the scope of the order remains dispositive. The period of review is April 1, 1994, through March 31, 1995.

Analysis of Comments Received

We gave interested parties an opportunity to comment on the preliminary results of review. We received comments from Samsung and from the International Brotherhood of Electrical Workers, International Union of Electronic, Electrical, Salaried, Machine & Furniture Workers, AFL–CIO, and the Industrial Union Department, AFL–CIO (the Petitioners).

Comment 1

Samsung argues that the Department's policy, which precludes revocation when one or more periods of no shipments follows three or more periods of no dumping, is not in accordance with the Department's past practice, the antidumping statute (*i.e.*, the Act), or the Department's regulations.

With regard to the Department's past practice, Samsung argues that the Department's decision to deny Samsung's revocation request contradicts its decision in a prior case. Specifically, Samsung argues that the Department has granted a respondent's revocation request even though it was filed in an administrative review period during which the respondent made no shipments to the United States. *See, Elemental Sulphur from Canada; Final Results of Antidumping Duty Administrative Review,* 56 FR 5391 (February 11, 1991) (hereinafter *Elemental Sulphur from Canada*). Samsung contends that the fact that the respondent in *Elemental Sulphur from Canada* filed revocation requests in previous reviews in which it made shipments is not a sufficiently distinguishing factor. Samsung asserts that because the situation here is indistinguishable from the situation in *Elemental Sulphur from Canada* it would be arbitrary and capricious for the Department to deny Samsung's revocation request.

With regard to the Act, Samsung asserts that the Act authorizes the Department to revoke an order after conducting an administrative review but that it does not limit a revocation request to a review in which shipments have occurred. Samsung refers to section 751(d) of the Act to support its claim.

With regard to the Department's regulations, Samsung states that the Department's regulations (specifically section 353.25(b)) do not mandate that a revocation request be filed in only the last year of the three-year period in which shipments to the United States have occurred, only that the request be filed during any anniversary month beginning with the anniversary month of the third consecutive review in which respondent had sales at not less than foreign market value. See section 353.25(b) of the Department's regulations. Samsung states that in accordance with the Department's regulations, it submitted the required certification attesting to the fact that it had not sold CTVs at less than foreign market value during the twelfth review. Samsung contends that the fact that it made no shipments inherently demonstrates that it did not sell CTVs at less than foreign market value during the twelfth administrative review. Moreover, Samsung argues that according to section 353.25(b)(1) of the Department's regulations, the certification provision does not require that sales be made in the review period in which revocation was requested. Samsung asserts that the issue addressed by the Court of International Trade (CIT) in *Exportaciones Bochica/Floral* v. *United States*, 802 F. Supp. 447 (1992), *aff'd without opinion*, 996 F.2d 317 (Fed. Cir. 1993) (hereinafter *Bochica/Floral*) is distinguishable from this case. In *Bochica/Floral*, contends Samsung, the Court upheld the Department's interpretation that section 353.25(b) requires ''that any revocation request be filed on the anniversary month of the order *if it is to be considered in the review requested that month.*'' (Emphasis added). Samsung argues that it did in fact request

revocation in the opportunity month for the twelfth review. Thus, Samsung asserts that *Bochica/Floral* does not control this case and does not prevent the Department from considering revocation in this review.

Samsung asserts that its claim that it did not have to file its revocation request during the anniversary month of the third year of sales at not less than foreign market value is supported by the CIT's differentiation between mandatory and directory statutes. Samsung argues that the CIT has stated that deadlines are usually directory if no limits are affirmatively imposed on the doing of the act after the time specified and no adverse consequences are imposed for delay. See *Kemira Fibres Oy* v. *United States*, 858 F. Supp 229 (1994) (hereinafter *Kemira Fibres Oy*). In contrast, Samsung states, where a regulation uses the mandatory term ''will'', as, for example, in the sunset provision of section 353.25(d)(4), it is clear that failure to comply with the regulatory requirements will result in certain consequences. *Kemira Fibres Oy* at 234. Samsung argues that section 353.25(b) does not impose any time limit on the Department's ability to consider a request to revoke an antidumping duty order which is filed after the three-year base period. Thus, Samsung asserts that nothing in section 353.25(b) prevents a party from submitting a revocation request based on the absence of dumping in prior reviews. Additionally, Samsung argues that section 353.25 (b) does not impose any adverse consequences for waiting to request revocation and, therefore, by the CIT's definition, section 353.25(b) is merely directory, rather than mandatory.

Samsung then argues that it would have requested revocation during the anniversary month of the eighth review, the last review in which Samsung had shipments of CTVs from Korea to the United States, but that the Department's failure to at least publish the preliminary results of review for the sixth and seventh reviews prevented it from doing so. Samsung contends that the regulatory framework and the Department's practice assumes that the reviews for the first two of the three-year base period for qualifying for revocation has been completed or have at least reached the preliminary determination stage. Samsung refers to *Fresh Cut Flowers from Mexico*, 61 FR 28166 (June 4, 1996); *Roller Chain, Other Than Bicycle, from Japan*, 61 FR 28168 (June 4, 1996); *Brass Sheet and Strip from Germany*, 61 FR 20214 (May 6, 1996) to support its claim. Samsung further argues that since the Department had not published the preliminary results of review by the anniversary month of the eighth review period, the Department should waive its policy of requiring respondents to request revocation during the anniversary month of the third consecutive year of sales at not less than foreign market value. Samsung asserts that waiver of the regulatory requirements is necessary when failure to do so would lead to inequitable results and refers to *Brass Sheet and Strip from France*, 52 FR 812 (1987); *Cold-Rolled Carbon Steel Flat Products from Austria*, 58 FR 37082 (July 9, 1993); *Certain Granite Products from Spain*, 53 FR 24335 (June 28, 1988); *Sugar and Syrups from Canada*, 46 FR 27985 (May 22, 1981); *Cemex, S.A.* v. *United States*, 1995 CIT Lexis 109, Slip Op. 95–72 (CIT 1995). According to Samsung: (1) the Department has waived deadlines under indistinguishable circumstances (see, *Carton Closing Staples and Stapling Machines from Sweden*, 57 FR 4596 (February 6, 1992)); and (2) the CIT has noted that where the Department is at fault for a party's non-compliance, it must carry the burden of remedying the situation. See *Kemira Fibres Oy* at 235. Samsung further asserts that since the deadline here is directory, not mandatory (as explained earlier), the case for waiver is even more compelling.

Samsung then argues that it would have been fruitless for it to submit a revocation request without the required certification for the twelfth review and that it could not file the required certification since it could not do so on a good faith factual basis. Samsung argues that section 353.25(b) of the Department's regulations requires that a respondent's certification of no shipments at less than foreign market value for the current review period and the two preceding review periods be founded on a good faith factual basis. Samsung states that given the uncertainty of pending reviews it could not form a good faith belief that it had an adequate factual basis to predict de minimis margins in the sixth and seventh reviews (*i.e.*, the Court of Appeals for the Federal Circuit (the Federal Circuit) had before it several precedent-setting issues relating to the first review that would significantly affect the results of all subsequent reviews (the Federal Circuit issued its decision on September 30, 1993 (see *Daewoo Electronics Co., Ltd., et al.* v. *United States*, 6 F.3d 1511 (Fed. Cir. 1993) (hereinafter *Daewoo*)) and litigation on the fifth and sixth reviews was pending before the CIT). Samsung contends that the Department has: (1) Acknowledged that a respondent must reasonably believe that a basis for revocation exists before it may file a revocation request (see *Color Television Receivers from the Republic of Korea; Preliminary Results and Termination in Part of Antidumping Duty Administrative Review*, 60 FR 9005, 9007 (February 16, 1995)); and (2) recognized that parties cannot be required to comply with regulatory deadlines when they lack the information to make a good faith claim. See *Television Receivers, Monochrome and Color, from Japan*, 56 FR 5392 (February 11, 1991).

Samsung also claims that the Department has violated Article 11 of the GATT Antidumping Code (the Antidumping Agreement) by continuing to impose duties despite the absence of dumping and by failing to self-initiate a revocation proceeding. Samsung argues that the Antidumping Agreement imposes only two restrictions on the Department's obligation to consider revocation requests: (1) Consideration of a request must be warranted and (2) the requesting party must provide the Department with evidence supporting its claim that the order is no longer needed to protect the domestic industry. Samsung argues that both conditions have been satisfied since it has demonstrated six consecutive years of no dumping and certified that it would agree to the immediate reinstatement of the order if it were found to have sold CTVs at less than foreign market value in the future.

Samsung further claims that because Article 11.1 of the Antidumping Agreement provides that ''[a]n anti-dumping order shall remain in force only as long as and to the extent necessary to counteract dumping which is causing injury,'' the Department's failure to self-initiate a revocation review violated the Antidumping Agreement. Samsung states that the Department's initiation of a changed circumstances review constitutes a recognition of the Department's Article 11 obligations. Samsung cites to *Color Television Receivers From the Republic of Korea: Initiation of Changed Circumstances Antidumping Duty Administrative Review and Consideration of Revocation of the Order (in Part)*, 61 FR 32426 (June 24, 1996) in support of its claim.

Samsung argues that because this case is still at the preliminary stage, there is ample time for the Department to consider Samsung's revocation request and, if necessary, conduct a verification. Therefore, contends Samsung, neither the Department nor any interested party

will be prejudiced by the Department's consideration of Samsung's revocation request. Moreover, argues Samsung, no party will be prejudiced by the partial revocation of the antidumping order since Samsung has demonstrated six years of no dumping.

Finally, Samsung argues that the Department's continuation of the order will have the effect of punishing Samsung for the Department's failure to comply with its regulatory deadlines. Samsung contends that this violates the Federal Circuit's finding that ''[t]he antidumping duty laws are intended to be remedial, not punitive'' as specified in *NTN Bearing Corporation*, 74 F.3d at 1208.

Petitioners disagree with Samsung's assertion that the Department's policy, which precludes revocation when one or more periods of no shipments follows three or more periods of no dumping, is not in accordance with the Department's past practice or the Department's regulations.

With regard to the Department's past practice, Petitioners assert that Samsung's reliance on *Elemental Sulphur from Canada* to define the Department's practice with regard to revocation is wrong. Petitioners contend that the Department's decision in *Elemental Sulphur from Canada* was a significant departure from the Department's regulations and from the Department's established practice of basing revocation of an order on the absence of dumping rather than the absence of shipments. Petitioners claim that the Department's regulations and its discussion of those regulations make clear that revocation under section 353.25(a) cannot be based on the absence of shipments. Rather, Petitioners assert that revocation must be based on an absence of dumping. Petitioners state that in this case, Samsung had no shipments during the twelfth review and, therefore, failed to meet the requirements of the Department's revocation regulations. Petitioners, citing to *Atochem* v. *United States*, 609 F. Supp. 319, 321, n.5 (1985), note that in certain instances when revocation has not been opposed by any interested party, the Department has taken a ''short-cut'' approach to revocation. Petitioners state that in those circumstances the Department has apparently taken the view that when the order is no longer of interest to the domestic interested party, certain revocation requests should be treated as a kind of hybrid revocation request that combines the absence of dumping with the lack of interest by the domestic industry and has accorded revocation.

Petitioners assert that Samsung's claim that the Department's regulations do not require that respondent seek revocation of an order during the anniversary month of the third consecutive year of sales at not less than foreign market value (*i.e.*, that respondent can seek revocation anytime after it has established three consecutive years of no dumping) is wrong for several reasons. First, it ignores the plain language of the regulations (section 353.25(b)) which requires a respondent to certify that it did not sell at less than foreign market value in the current review period. Second, Petitioners contend that the goal of the regulations is to ensure that respondents have altered their unfair pricing practices and are not likely to dump in the future. This goal, Petitioners assert, cannot be satisfied simply because a respondent can demonstrate that it did not dump five years earlier and thereafter decided to stop shipping. Moreover, as stated in the preamble to the Department's regulations (*Antidumping Duties; Final Rule*, 54 FR 12742, 12758 (March 28, 1989)), the absence of shipments is an unreliable indicator of whether a respondent is likely to dump in the future. Petitioners contend that if the Department had intended to allow respondents to obtain revocation after three prior, consecutive years of no dumping followed by an indeterminate period of no shipments, the regulations would have included such a provision. Rather, Petitioners assert that the regulations were revised with the express purpose of ensuring that periods of no shipments would not be included in the Department's decision whether to revoke an order under section 353.25(a). Third, Petitioners contend that Samsung's argument ignores the requirements imposed by the Court in *Freeport Minerals Co.* v. *United States*, 776 F.2d 1029 (Fed. Cir. 1985), and companion cases that require that revocation be based on current data. See *PPG Industries, Inc.* v. *United States*, 702 F. Supp. 914 (1988); *Matsushita Electric Industrial Co.* v. *United States*, 688 F. Supp. 617 (1988) *aff'd*, 861 F.2d 257 (Fed. Cir. 1988). Lastly, Petitioners disagree with Samsung's assertion that there is no deadline for submitting a revocation request since the Department's regulations are directory rather than mandatory. Petitioners assert that Samsung's efforts to compare the situation that exists in this case to other cases involving timing requirements and deadlines are clearly in error. Petitioners argue that the requirement that a respondent must have shipments during the POR to qualify for revocation is not a deadline or timing requirement. Rather, Petitioners claim that it is a substantive requirement of the regulations and the Department must follow its regulations. See *Torrington Company* v. *United States*, 82 F.3d 1039 (Fed. Cir. 1996); *Chang Tieh v. United States*, 840 F. Supp. 141, 149 (1993).

With regard to Samsung's argument that the Department should waive the requirement of the revocation regulations because Samsung was unable to request revocation in the eighth review, Petitioners state that the timing of events and the actions taken by the Department in prior reviews have no impact on whether Samsung can meet the requirements of revocation in this administrative review. In this review, Petitioners assert that Samsung had no shipments. Since the regulations do not permit the Department to base revocation on the absence of shipments, Samsung has failed to meet the requirements for revocation.

Petitioners argue that contrary to Samsung's assertion, under the law that was in effect at the time of the eighth review, the Department was under no obligation to complete administrative reviews in a twelve-month time frame. See *Nissan Motor Corporation in U.S.A.* v. *United States*, 651 F. Supp. 1450, 1455 (1986). Consequently, Petitioners argue that Samsung's contention that the Department is under an obligation to carry the burden of remedying the situation is unfounded.

Additionally, Petitioners claim that nothing prevented Samsung from requesting revocation in the eighth review. Petitioners assert that at the time of the initiation of the eighth review, while the final results of the sixth and seventh reviews were still pending, Samsung had received *de minimis* margins in the fourth and fifth reviews. Furthermore, in the final results of the fifth review, the Department made clear that it was not following the CIT's decision in *Daewoo* since it had not had an opportunity to appeal those cases and was instead following its standard practice for calculating the adjustment for the commodity tax. See *Color Television Receivers from the Republic of Korea; Final Results of Antidumping Duty Administrative Review*, 56 FR 12701 (March 27, 1991). Petitioners argue that based on the results in the fourth and fifth reviews coupled with the knowledge that the Department did not intend to follow the Court's decision in *Daewoo* until it had an opportunity to appeal the decisions to the Federal Circuit, Samsung could have properly certified that it would have no sales at

less than foreign market value in the eighth review and sought revocation based on the Department's practice as it existed in April 1991. Accordingly, Petitioners conclude that Samsung's attempts to lay blame on the Department for its own failure to request revocation in the eighth review must fail.

Petitioners assert that the Department's decision not to grant Samsung's request for revocation is consistent with the World Trade Organization's (WTO's) Antidumping Agreement. Petitioners argue that the Department's requirements for revocation of at least three consecutive years of no dumping, with reliance on current data, and with no likelihood of a resumption of dumping, are compatible with Article 11's direction that an antidumping duty order should remain in force only as necessary to offset injurious dumping and shall be terminated as soon as the member country's authorities determine that the order is no longer warranted in their judgment. Petitioners contend that the Department's withholding of revocation from Samsung would be upheld by any WTO dispute settlement panel convened under Article 17 of the Antidumping Agreement as a permissible interpretation of the Antidumping Agreement.

Lastly, Petitioners argue that Samsung's assertion that no party would be prejudiced by the partial revocation of the order is untrue. Petitioners assert that in the absence of any showing that Samsung has actually altered its pricing practices to stop dumping and that Samsung is not likely to dump in the future, the domestic industry would be seriously injured by revocation of the order. Furthermore, argue Petitioners, Samsung stopped shipping CTVs from Korea because it had begun to ship to the United States from facilities in Mexico and other countries. Petitioners state that the Department is currently investigating whether this constitutes circumvention (see *Color Television Receivers from Korea; Initiation of Anticircumvention Inquiry on Antidumping Duty Order*, 61 FR 1339 (January 19, 1996)), and that the domestic industry would be prejudiced if the Department were to grant revocation in the twelfth review without first determining whether imports entering through Mexico are circumventing the order. According to Petitioners, however, whether Samsung is found to be circumventing the new law is not the only dispositive issue in this case. The absence of shipments does not mean that Samsung would not have dumped if it had been shipping during the most recent periods nor is it any indication that it would not dump in the future if the order was revoked. Accordingly, the Department should continue to deny Samsung's request for revocation in its final results of review.

Department's Position

In this review, Samsung seeks to invoke the revocation procedure provided for in 19 CFR section 353.25(a), absent shipments of subject merchandise to the United States during the period of this administrative review. Under section 353.25(a)(2), the Department may revoke an order in part if (1) a producer ''*sold* the [subject] merchandise at not less than foreign market value for a period of at least three consecutive years;'' (2) it is not likely that the producer will in the future sell the merchandise at less than foreign market value; and (3) if the producer has previously sold the merchandise at less than foreign market value, it agrees to immediate reinstatement of the order if it is found that it sold the merchandise at less than foreign market value in the future (emphasis added). The procedures established for revocation provide for a respondent (1) to request revocation in writing during the third or subsequent anniversary month of the publication of the order, and submit with the request (2) the agreement, as needed, and (3) a certification that respondent ''sold the merchandise at not less than foreign market value'' during the period of the current review. Thus, the plain language of the regulations indicates that revocation must be based upon three years of sales at non-dumped prices; not on the absence of shipments.

Further, in promulgating the 1989 regulations, the Department made clear that revocation under section 353.25(a)(2) cannot be based upon an absence of shipments. As explained in the preamble to the final regulations, the Department specifically eliminated the regulatory language that allowed respondents to obtain revocation under that provision based upon no shipments and noted as follows:

> In a departure from the Department's past practice, this rule does not provide for revocations based on a period of no shipments. It has been the Department's experience that the *absence of shipments is no indication of the absence of price discrimination, which is the basis for revocation under this paragraph*. In determining, however, whether an order should be revoked based on changed circumstances under paragraph (d), the Department may consider among other things periods of no shipments.

Antidumping Duties; Final Rule, 54 FR 12742, 12758; March 28, 1989 (emphasis added).

Therefore, contrary to Samsung's assertion, it is not the Department's practice, nor is it the intent of the regulations that periods of no shipments be used to satisfy the revocation requirements of section 353.25(a)(2) of the regulations.

Further, we disagree with Samsung's argument that the Department's regulations permit revocation requests to be filed without any further restrictions or conditions during any anniversary month beginning with the third anniversary month (*i.e.*, that respondent could request revocation given three years of sales at not less than foreign market value followed by one or more years of no requests for reviews/no shipment reviews) and that this is supported by the CIT's distinction between mandatory and directory statutes.

In the Department's view, the 1989 amendment to the revocation regulation was also implemented to ensure that current data provide the basis for any revocation determination. The regulation requires that a respondent submit with its revocation request in the third or subsequent anniversary month a certification that:

> the person sold the merchandise at not less than foreign market value during the period [under review].

Sections 353.25(b)(1) and 353.22(b) of the Department's regulations.

The requirement that the respondent certify for the current review period, together with the requirement that revocation be based upon three ''consecutive years'' of no dumping establishes a rolling three-year period (the current year and the two preceding years) that constitute the relevant period for revocation purposes. Thus, the Department interprets section 353.25(b) normally to require a producer or a reseller to submit its revocation request during the opportunity month for the administrative review which the respondent believes would establish its eligibility for revocation (the third year in the rolling period). This interpretation reflects the Department's concern that revocation determinations be based upon current data and is consistent with *Bochica/Floral. See also, Freeport Minerals Co.* v. *United States*, 776 F.2d 1029 (Fed. Cir. 1985) and *PPG Industries, Inc.* v. *United States*, 12 CIT 1189, 702 F. Supp. 914 (1988).

With respect to Samsung's contention that *Elemental Sulfur* represents the Department's practice on this issue, we

disagree. In that case, the foreign producer sought and received revocation during a period of no shipments (56 FR 5391). In the Department's view, *Elemental Sulfur* is an exception to the Department's standard practice. It is the only revocation granted in a no-shipments review following the promulgation of the 1989 regulations, as stated above. All other such requests were denied. *See Color Television Receivers, Except for Video Monitors, from Taiwan,* 58 FR 4148 (January 13, 1993); *Animal Glue and Inedible Gelatin from West Germany; Final Results of Antidumping Duty Administrative Review;* 54 FR 50791 (December 11, 1989); and *Carbon Steel Wire Rod from Argentina; Preliminary Results of Antidumping Duty Administrative Review,* 54 FR 27921 (July 3, 1989).

Moreover, the facts in *Elemental Sulfur* were significantly different from the present case. In *Elemental Sulfur,* the foreign producer which sought revocation had sales at not less than foreign market value in the three years immediately preceding the revocation review and made a timely request for revocation in the third consecutive year of sales at not less than foreign market value.

In contrast, Samsung has not had shipments of subject merchandise into the United States for a period of more than five years. In such a case the Department's concern about the lack of current data is more compelling. If the Department were to grant such a request, the revocation determination would be based solely upon data from more than five years ago. Further, unlike the respondent in *Elemental Sulfur* which filed a timely request for revocation in the third consecutive year of sales at less than foreign market value, Samsung has not done so in this case.

Moreover, in the present case, it is unnecessary for the Department to exercise the extraordinary discretion Samsung is requesting in this administrative review. Section 353.25(a) contains detailed criteria for revocation, resulting in limited agency discretion. In contrast, under section 353.25(d) the agency has broad discretion to revoke if it finds changed circumstances sufficient to warrant revocation. The discretion Samsung asks the Department to exercise is available under section 353.25(d) and, in fact, such a proceeding is underway. *See, Color Television Receivers from the Republic of Korea: Initiation of Changed Circumstances Review and Consideration of Revocation of Order (in Part),* 61 FR 32426 (June 24, 1996).

The Department disagrees with Samsung's argument that the Department's failure to complete the sixth and seventh reviews in a timely fashion prevented Samsung from requesting revocation in the eighth review. The issue of Samsung's failure to request revocation in a timely fashion was thoroughly addressed by the Department in the sixth and seventh reviews. *Color Television Receivers from the Republic of Korea; Final Results of Antidumping Duty Administrative Reviews,* 61 FR 4408 (February 6, 1996). The Department incorporates by reference, its position in the sixth and seventh reviews in this review.

With respect to Samsung's contention that the Department has violated Article 11 of the Antidumping Agreement by continuing to impose duties despite the absence of dumping, and by failing to self-initiate a revocation proceeding, we disagree. The Antidumping Agreement recognizes each country's authority and responsibility to establish rules for the implementation of the Agreement. Article 11 of the Antidumping Agreement provides a broad directive concerning the parameters of the determination. Article 11.2 in part states:

> If, as a result of the review under this paragraph, the authorities determine that the anti-dumping duty is no longer warranted, it shall be terminated immediately.

Antidumping Agreement at Article 11.2.

In our view, the provisions of section 353.25 of the Department's regulations, which reflect the Department's longstanding practice, fully implement Article 11.2 of the Antidumping Agreement. The regulation is consistent with the broad discretion provided by the statute and reflected in the Antidumping Agreement.

Accordingly, the Department has determined not to revoke the antidumping duty order with regard to Samsung.

Final Results of Review

Based on our analysis of the comments received, we have determined, as we did in the preliminary results, to maintain Samsung's current cash deposit rate. This rate is zero percent, because the margin assigned to Samsung in the most recent final results of review in which it made shipments was a de minimis rate (0.47 percent).

The following deposit requirements will be effective for all shipments of the subject merchandise entered, or withdrawn from warehouse, for consumption on or after the publication date of these final results of administrative review, as provided by section 751(a)(1) of the Act: (1) The cash deposit rate for Samsung will remain zero percent; (2) for merchandise exported by manufacturers or exporters not covered in this review but covered in a previous review or the original less-than-fair-value (LTFV) investigation, the cash deposit rate will continue to be the rate published in the most recent final results or determination for which the manufacturer or exporter received a company-specific rate; (3) if the exporter is not a firm covered in this review, earlier reviews, or the original investigation, but the manufacturer is, the cash deposit rate will be that established for the manufacturer of the merchandise in these final results of review, earlier reviews, or the original investigation, whichever is the most recent; and (4) if neither the exporter nor manufacturer is a firm covered in this or any previous review or the original investigation, the cash deposit rate will be 13.90 percent, the ''all others'' rate, as established in the original less-than-fair-value investigation (49 FR 18336).

These deposit requirements, when imposed, shall remain in effect until publication of the final results of the next administrative review.

This notice also serves as a final reminder to importers of their responsibility under 19 CFR 353.26 to file a certificate regarding the reimbursement of antidumping duties prior to liquidation of the relevant entries during this review period. Failure to comply with this requirement could result in the Secretary's presumption that reimbursement of antidumping duties occurred and the subsequent assessment of double antidumping duties.

This notice also serves as a reminder to parties subject to administrative protective orders (APOs) of their responsibility concerning the disposition of proprietary information disclosed under APO in accordance with 19 CFR 353.34(d). Timely written notification of return/destruction of APO materials or conversion to judicial protective order is hereby requested. Failure to comply with the regulations and the terms of an APO is a sanctionable violation.

This administrative review and notice are in accordance with section 751(a)(1) of the Act (19 U.S.C. 1675(a)(1)) and 19 CFR 353.22.

Dated: November 14, 1996.

Robert S. LaRussa,

Acting Assistant Secretary for Import Administration.

[FR Doc. 96–29942 Filed 11–21–96; 8:45 am]

BILLING CODE 3510–DS–P

[A–351–820]

Ferrosilicon From Brazil; Final Results of Antidumping Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

ACTION: Notice of Final Results of Antidumping Duty Administrative Review.

SUMMARY: On May 8, 1996, the Department of Commerce (the Department) published the preliminary results of its administrative review of the antidumping duty order on Ferrosilicon from Brazil. The review covers exports of this merchandise to the United States by one manufacturer/exporter, Companhia de Ferro Ligas da Bahia (Ferbasa), for the period August 16, 1993 through February 28, 1995.

We gave interested parties an opportunity to comment on our preliminary results. Based on our analysis of the comments received, we have revised our calculations for these final results.

EFFECTIVE DATE: November 22, 1996.

FOR FURTHER INFORMATION CONTACT: Wendy Frankel, Office of AD/CVD Enforcement, Group II, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW., Washington, DC 20230; telephone: (202) 482–5849.

SUPPLEMENTARY INFORMATION:

Applicable Statute and Regulations

Unless otherwise indicated, all citations to the statute are references to the provisions effective January 1, 1995, the effective date of the amendments to the Tariff Act of 1930 (the Act) by the Uruguay Round Agreements Act (URAA). In addition, unless otherwise indicated, all citations to the Department's regulations are to the current regulations, as amended by the interim regulations published in the Federal Register on May 11, 1995 (60 FR 25130).

Background

On May 8, 1996, the Department (the Department) published in the Federal Register (61 FR 20793) the preliminary results of its administrative review of the antidumping duty order on ferrosilicon from Brazil. The antidumping duty order on ferrosilicon from Brazil was published March 14, 1994 (59 FR 11769). The review covers the period August 16, 1993 through February 28, 1995.

Scope of the Review

The merchandise subject to this review is ferrosilicon, a ferroalloy generally containing, by weight, not less than four percent iron, more than eight percent but not more than 96 percent silicon, not more than 10 percent chromium, not more than 30 percent manganese, not more than three percent phosphorous, less than 2.75 percent magnesium, and not more than 10 percent calcium or any other element.

Ferrosilicon is a ferroalloy produced by combining silicon and iron through smelting in a submerged-arc furnace. Ferrosilicon is used primarily as an alloying agent in the production of steel and cast iron. It is also used in the steel industry as a deoxidizer and a reducing agent, and by cast iron producers as an inoculant.

Ferrosilicon is differentiated by size and by grade. The sizes express the maximum and minimum dimensions of the lumps of ferrosilicon found in a given shipment. Ferrosilicon grades are defined by the percentages by weight of contained silicon and other minor elements. Ferrosilicon is most commonly sold to the iron and steel industries in standard grades of 75 percent and 50 percent ferrosilicon. Calcium silicon, ferrocalcium silicon, and magnesium ferrosilicon are specifically excluded from the scope of this review.

Calcium silicon is an alloy containing, by weight, not more than five percent iron, 60 to 65 percent silicon, and 28 to 32 percent calcium. Ferrocalcium silicon is a ferroalloy containing, by weight, not less than four percent iron, 60 to 65 percent silicon, and more than 10 percent calcium. Magnesium ferrosilicon is a ferroalloy containing, by weight, not less than four percent iron, not more than 55 percent silicon, and not less than 2.75 percent magnesium.

Ferrosilicon is currently classifiable under the following subheadings of the Harmonized Tariff Schedule of the United States (HTSUS): 7202.21.1000, 7202.21.5000, 7202.21.7500, 7202.21.9000, 7202.29.0010, and 7202.29.0050. Although the HTSUS subheadings are provided for convenience and customs purposes, our written description of the scope of this review is dispositive.

Ferrosilicon in the form of slag is included within the scope of this review if it meets, in general, the chemical content definition stated above and is capable of being used as ferrosilicon. Parties that believe their importations of slag do not meet these definitions should contact the Department and request a scope determination.

Analysis of Comments Received

We received case and rebuttal briefs from the petitioners, Aimcor and SKW Metals & Alloys, Inc. and from the respondent, Ferbasa. At the request of the petitioners, we held a hearing on June 26, 1996.

Comment 1: The petitioners argue that Brazil's economy was hyperinflationary during the period of review (POR). According to the petitioners, over the 18½ month POR the inflation rate in Brazil was 3,927 percent which greatly exceeds the Department's 60 percent threshold for determining if an economy is hyperinflationary. Petitioners agree with Ferbasa, however, that during the six-month period (September 1994 through February 1995) for which Ferbasa reported sales and cost data, inflation rates in Brazil were below the hyperinflationary levels. Notwithstanding this fact, petitioners argue that inflation rates in Brazil were between 38.86 percent and 44.78 percent per month during the preceding seven months, all of which are in the POR, and that Ferbasa's reported direct materials costs were distorted by this hyperinflation since the materials are inventoried and valued at the time of purchase, but not used in production until some later time.

Petitioners claim that respondent's own data shows that monthly inventory costs increased dramatically over the inflation rate for this period and thus demonstrates the resultant distortion. To eliminate the distortive effects of hyperinflation on Ferbasa's direct materials costs during the POR, the petitioners argue that for the final results, the Department should follow its established hyperinflationary economy practice of determining monthly costs of production (COP), constructed values (CV) and normal value (NV).

Citing the *Final Determination of Sales at Less Than Fair Value: Silicon Metal from Brazil*, 56 FR 26,979 (June 12, 1991) (*Silicon Metal from Brazil, LTFV)*, the petitioners contend that the Department should follow its established practice and use replacement costs rather than historical costs when evaluating dumping from a hyperinflationary economy.

Ferbasa asserts that in its April 10, 1996 submission it provided substantial evidence to support its contention that

Brazil was not a hyperinflationary economy during the relevant portion of this review period. Citing petitioners' June 10, 1996, case brief (p. 29), Ferbasa notes that petitioners acknowledged that Brazil's economy was not hyperinflationary during the six months for which Ferbasa reported home market sales and cost data. Ferbasa argues that for these reasons the Department should continue to use six-month weighted average costs for the final results of review.

Department's Position: Petitioners seek to invoke the Department's practice in hyperinflationary economies, which calls for the use of replacement costs in calculating the cost of production. This methodology recognizes that in a hyperinflationary economy it is not useful to evaluate operating results and financial position in the local currency without restatement. Money loses purchasing power at such a rate that comparison of amounts from transactions and other events occurring at different times is misleading. In cases where the respondent experiences hyperinflation in the comparison market during the period of review (POR), the Department requires that the respondent report current costs for the calculation of COP and CV. This methodology entails valuing any materials used to produce the subject merchandise at the average purchase price of those materials during the month of consumption (*i.e.,* the normal inventory value of raw materials is replaced by the average purchase price for the month in which the materials were consumed). Labor and overhead costs are reported at the actual monthly amount incurred during the month of shipment. See *Final Determination of Sales at Less Than Fair Value: Silicomanganese from Venezuela,* 59 FR 55,437, 55441 (November 7, 1994); *Final Determination of Sales at Less Than Fair Value: Nitrocellulose from Yugoslavia,* 55 FR 34,946 (August 27, 1990) and *Tubeless Steel Disc Wheels from Brazil* 52 FR 6947 (March 20, 1987).

In the present case, the sales at issue occurred during the last six months of the review period (*i.e.,* September 1, 1994 through February 28, 1995). The Brazilian economy experienced significant inflation from September 1993 through June 1994. However, based on our examination of the annualized rate of inflation for September 1994 through February 1995, we have determined that there was no hyperinflation during this time, as the annualized rate of inflation for this six-month period was less than 20 percent. Petitioners' arguments that raw materials consumed during the segment of the review period where costs are calculated may have been purchased during a period of hyperinflation is speculative and not supported by facts on the record of this case. The home market sales in question occurred fully two months after the period of hyperinflation ended. We concluded that, based upon the company's inventory turnover rate of approximately one month, Ferbasa produced ferrosilicon for these sales at most approximately one month earlier (*i.e.,* at a time when the Brazilian economy was not hyperinflationary). Therefore, because the record supports the conclusion that sales in question were produced in a non-hyperinflationary period, we can reasonably conclude, absent evidence to the contrary, that the costs were not distorted by hyperinflation. Accordingly, consistent with the Department's policy, we have not applied a current cost methodology because hyperinflation did not affect the cost of the sales at issue. See the *Preliminary Results of Antidumping Duty Administrative Review: Gray Portland Cement and Clinker from Mexico,* 61 FR 51676, 51681 (October 3, 1996).

Comment 2: The petitioners contend that Ferbasa failed to follow the Department's explicit instructions to report replacement costs for purposes of calculating COP and CV. The petitioners note that in its original cost response, Ferbasa stated that there were no differences between the costs maintained in Ferbasa's normal cost accounting and financial accounting system and the costs submitted to the Department. The petitioners further note that Ferbasa stated that the costs recorded in its accounting system are historical costs. According to the petitioners, Ferbasa stated that for purposes of reporting costs to the Department, it used a weighted-average monthly cost of inventory (that had not been adjusted for inflation) which the company explained ''is essentially the weighted-average purchase price of each material at the time the material is placed in inventory.'' In other words the petitioners argue, Ferbasa reported historical material costs.

Although Ferbasa stated that it had reported materials costs on a replacement cost basis in its supplemental cost response, petitioners assert that the reported direct materials costs in that response were identical to the costs reported in the original cost response. Finally, petitioners contend that had Ferbasa reported replacement costs, such costs would be expected to fluctuate at approximately the same rate as inflation; however, Ferbasa's reported materials costs did not appear to do this. Petitioners conclude, therefore, that Ferbasa did not report replacement costs.

Ferbasa contends that the monthly materials cost data provided in its COP responses reflect current material input prices for each month. Ferbasa states that the petitioners' contented that Ferbasa's monthly direct materials costs from September 1994 through February 1995 far exceeded the rate of inflation of 10 percent is misleading and deceptive. According to Ferbasa, the petitioners wrongfully based their contention on the total consumption value of direct materials used in the production of ferrosilicon as reported in Exhibit D–14 of Ferbasa's March 27, 1996, supplemental COP response. Ferbasa argues that the total consumption value of each material input reported therein depends on the quantity of the material input used in the production of ferrosilicon and reveals nothing regarding the average price of these materials in each month. Thus, Ferbasa contends that the petitioners' assertion is without basis and should be rejected outright.

Department's Position: The Department has determined not to treat Brazil as a hyperinflationary economy in this review and therefore it is not appropriate to use a replacement cost methodology for purposes of determining material costs. (*See* the Department's position with regard to Comment 1.) Thus, the failure to report replacement costs is moot because the information is not necessary.

With regard to the costs reported by Ferbasa in its questionnaire response, we note that Ferbasa has repeatedly stated that it reported costs directly from its internal books and records; these books and records are kept in a manner that is consistent with Brazilian generally accepted accounting principles (GAAP). It is established Department practice to accept costs taken directly from a respondent's accounting system when that system is in accordance with the foreign country's GAAP and it is clear that the figures reported do not distort the dumping calculations. *See* section 773(f)(1)(A) of the Act and the Statement of Administrative Action (H.R. Doc. No. 316, Vol. I, 103rd Congress, 2nd Sess. (1994)) (SAA), pp. 164–165 *See* also, *Finally Determination of Sales at Less Than Fair Value: Certain Pasta from Italy,* 61 FR 30326, 30354 (June 14, 1996); *Final Determination of Sales at Less Than Fair Value: Fresh Cut Roses From Columbia,* 60 FR 6981 (February

6, 1995) (*Roses, LTFV*); *Final Determination of Sales at Less Than Fair Value: Small Diameter Circular Seamless Pipe from Italy,* 60 FR 31981 (June 19, 1995); *Certain cut-to-Length Carbon Steel Plate from Germany: Final Results of Antidumping Duty Administrative Review,* 61 FR 13834 (March 28, 1996); and *Final Determination of Sales at Less Than Fair Value: Certain Canned Pineapple Fruit Thailand,* 60 FR 29553 (June 5, 1995).

Comment 3: According to the petitioners, Ferbasa repeatedly failed to comply with the Department's explicit and repeated instructions to prepare a worksheet reconciling the reported cost of manufacturing (COM) for ferrosilicon to its internal books and records. The petitioners argue that Ferbasa's failure to provide this reconciliation creates serious impediment to proper analysis of the validity of Ferbasa's reported costs.

Ferbasa contends that the petitioners' allegation results from a basic misunderstanding of Ferbasa's reporting methodology, since, as stated in its March 1, 1996 COP response, Ferbasa affirms that the COM reported to the Department in response to the dumping questionnaire reflects the values in its regular accounting records (*i.e.*, the monthly inventory value and the reported monthly COMs of ferrosilicon are the same).

Department's Position: As we noted earlier, Ferbasa has stated in various earlier submissions that the cost figures reported to the Department directly reflect the costs recorded in its financial statements and thus no reconciliation is necessary since the values are the same. It is established Department practice to accept costs taken directly from a respondent's accounting system when that system is in accordance with the foreign country's GAAP and it is clear that the figures reported do not distort the dumping calculations. *See* the Department's Position with regard to Comment 2.

Comment 4: Citing section 776(a)(2) of the Act, the petitioners argue that the statute requires the Department to use the facts otherwise available ''if an interested party * * * withholds information that has been requested [or] significantly impedes a proceeding.'' Citing *Sparklers from the People's Republic of China; Preliminary Results of Antidumping Duty Administrative Review*, 61 FR 15,464–5 (April 8, 1996), petitioners contend, moreover, that the statute codifies the Department's practice of applying an adverse inference in selecting from the facts otherwise available where a party has ''failed to cooperate by not acting to the best of its ability to comply with a request for information.''

The petitioners contend that Ferbasa failed to comply with the Department's specific information requests and withheld necessary information available to it, thus significantly impeding this proceeding. More specifically, the petitioners contend that Ferbasa failed to provide: Materials replacement costs, a reconciliation of its reported costs to the inventory values in its normal books and records, supporting documentation for the reconciliation, and taxes on electricity. In addition, the petitioners assert that Ferbasa made misleading and conflicting statements regarding the basis of its reported costs. According to the petitioners, either Ferbasa did not report replacement costs, or did not provide the necessary reconciliation. Thus, petitioners conclude, under either scenario, there exists a fundamental deficiency in Ferbasa's response that ''invalidates the reported data and prevents the Department from making a proper dumping margin calculation.'' (Petitioners brief at 15).

For these reasons, argue petitioners, the Department should find Ferbasa to be a noncooperative respondent and should establish a margin based on the total adverse facts available.

Ferbasa contends that the petitioners' assertion that the Department should find Ferbasa a noncooperative respondent and determine a dumping margin for Ferbasa based on the total adverse facts available is without basis and should be rejected outright. Ferbasa contends that it has fully cooperated with the Department by responding to all the instructions in the original and supplemental questionnaires in a timely manner. Finally, Ferbasa notes that its sales and cost of production responses contain detailed information which reconciles to it's financial statements.

Department's Position: As noted in the Department's Position with regard to Comments 2 and 3, we do not agree with the petitioners' assertion that Ferbasa has failed to provide appropriate cost data. Nor do we agree that Ferbasa failed to comply with the Department's requests to a degree that results in a significant impediment to this proceeding. As discussed below, there are several items for which we do not have complete information on the record. Where this has occurred we have used the facts otherwise available to fill these minor gaps as stipulated by section 776(a)(2) of the Act. Because the gaps are not substantial and thus do not affect the integrity of the response to the missing items. In addition, we note that these facts available insertions are non-adverse, as we did not find that Ferbasa ''failed to cooperate by not acting to the best of its ability.'' See, *Final Determination of Sales at Less Than Fair Value: Pasta from Italy*, 61 FR 30326, 30329 (June 14, 1996).

We address the individual items for which we applied facts available in our discussions below in response to the comments raised by the respondent and the petitioners. However, because we used price-to-price comparisons for the preliminary results of review,neither party addressed the issue of profit for purposes of calculating CV. For profit, we used an alternative method under section 773(e)(2)(B)(iii) of the Act, because we had no information that would permit us to use any of the other alternatives under section 773(e)(2). We could not calculate the ''profit cap'' prescribed by section 773(e)(2)(B)(iii) based on sales for consumption in the ''foreign country'' of merchandise that is in the same general category of products as the subject merchandise because we had no such information. Instead, we applied section 773(e)(2)(B)(iii) on the basis of the facts available (section 776(b)(of the Act). The only information available for these final results for Ferbasa was the profit realized by the respondent as shown in the company's 1994 fiscal year audited financial statement.

Comment 5: The petitioners contend that in the preliminary results the Department improperly added the imputed credit expenses that Ferbasa reported in its revised home market sales listing to Ferbasa's home market prices before using those prices in its sales-below-cost comparison test and in determining NV.

Petitioners assert that the Department calculates home market credit expenses solely for the purpose of making a circumstance-of-sale adjustment for differences between home market and U.S. prices relating to terms of payment; no imputed credit expense adjustment to home market price is made for comparison of home market prices to COP.

Petitioners note that, in the preliminary results analysis memorandum, the Department stated that Ferbasa's reported credit costs represent ''upward adjustments to price that Ferbasa made when the payment terms of sale were in excess of 30 days,'' which should be included in the calculation of home market prices. However, petitioners also note that for sales with payment terms in excess of 30 days, Ferbasa charged its customers for late payment terms and included those charges in the reported prices.

Thus, petitioners argue, the Department should not add imputed credit expenses to home market prices for either the calculation of NV or for comparison of home market prices to COP.

Ferbasa contends that the Department incorrectly added an amount for credit expenses to the reported home market prices in its calculation of NV. Ferbasa suggests that the Department correct this error by subtracting the home market credit expense from the reported home market sales price in the calculation of NV.

Department's Position: We agree with petitioners and respondent that the Department inappropriately added credit expenses to home market prices for purposes of comparing home market prices to COP and calculating NV. For the preliminary results of review, we inaccurately concluded that the reported imputed home market credit expenses represented a charge by Ferbasa to its customers on sales with payment terms in excess of 30 days which should be added to home market prices. However, we have reviewed the record and determined that charges to customers with such payment terms were already included in the prices reported by Ferbasa.

We also agree with petitioners that no imputed expense adjustments are made to home market prices for comparison to COP. *See* the Department's March 25, 1994, Policy Bulletin 94.6 Treatment of adjustments and selling expenses in calculating the cost of production (COP) and constructed value (CV). Therefore, for these final results of review we have not added any home market credit expenses to home market sales prices in calculating NV or in comparing home market prices to COP.

Comment 6: The petitioners argue that it is inappropriate for the Department to calculate home market imputed credit expenses for Ferbasa using gross unit prices which are inclusive of credit revenues and ICMS and IPI taxes.

Petitioners state that since Ferbasa does not incur an opportunity cost with regard to late payment charges, such charges should not be included in the basis for the calculation of imputed credit expenses. Rather, the petitioners argue that imputed credit expenses should be calculated by applying the short-term borrowing rate to the period during which credit is extended to the purchaser against a price that is net of late payment charges.

Citing the *Final Determination of Sales at Less Than Fair Value: Calcium Aluminate Cement, Cement Clinker and Flux From France* (*Calcium Aluminate from France, LTFV*), 58 FR 14,13, 14,139, 14,146 (March 25, 1994), petitioners maintain that with regard to taxes, it is the Department's established practice to exclude taxes from the prices used in calculating imputed credit expenses. Thus, for the final results, the petitioners contend that the Department should exclude the amounts Ferbasa charged its customers for granting late payments terms and the amount of ICMS and IPI taxes paid from the home market prices used to calculate home market imputed credit expenses.

Ferbasa argues that in the final results the Department should continue to use the actual home market credit expenses as reported in the questionnaire response. In addition, Ferbasa supports the Department's preliminary calculation of imputed credit expenses, noting that a seller incurs an opportunity cost with regard to the total sales prices of its merchandise.

Department's Position: We agree in part with both petitioners and respondent. Concerning the issue of taxes, we note that there is no statutory or regulatory basis for including these taxes in the calculation of the credit adjustment. *See Calcium Aluminate from France, LTFV*. While there may be an opportunity cost associated with extending credit on the payment of prices inclusive of taxes, that fact alone is not a sufficient basis for the Department to make an adjustment. We note that virtually every expenses associated with sales is paid for at some point after the cost is incurred. Accordingly, for each post-service payment, there is also an opportunity cost. Thus, to allow the type of adjustment suggested by respondent would imply that in the future the Department would be faced with the impossible task of trying to determine the opportunity cost of every freight charge, rebate, and selling expense for each sale reported. This exercise would make our calculations inordinately complicated, placing an unreasonable and onerous burden on both respondents and the Department. *See also, Final Determination of Sales at Less Than Fair Value: Sulfur Dyes, Including Sulfur Vat Dyes, from the United Kingdom*, 58 FR 3253 (January 8, 1993). With regard to late payment charges, we note that Ferbasa has stated that these charges reflect the amount actually paid by the customers as part of the invoice price. The Department calculates imputed credit expenses to capture the opportunity cost associated with not having received payment and not having the merchandise. The fact that the invoice price is increased when the payment terms are in excess of 30 days does not negate the fact of the opportunity cost associated with the transaction.

Accordingly, we have recalculated home market imputed credit expenses by excluding only the ICMS and IPI taxes included in gross home market prices.

Comment 7: The petitioners note that when the Department performs an analysis of whether home markets sales were sold below cost, it compares home market prices and COP on an ''apples-to-apples'' basis. Accordingly, the Department either includes or excludes an item from both the COP and the home market prices used in the comparison. The petitioners contend, however, that the Department's preliminary results did not reflect this practice, because the home market prices used by the Department in the sales-below-cost comparison included ICMS and IPI taxes but the COP was exclusive of these same taxes. The petitioners, therefore, contend that the comparison was not an ''apples-to-apples'' basis.

To correct this error, petitioners assert that the Department should exclude the amount of these taxes from both the home market prices and the COP in the sales-below-cost test.

Department's Position: We agree with petitioners that the Department erroneously compared a tax-inclusive home market price to a tax-exclusive COP for purposes of determining sales below cost. In order to effectuate a fair comparison, it is the Department's practice to compare prices and COP on the same basis. As discussed in the March 25, 1994 policy bulletin 94.6, ''[b]oth the net COP and the net home-market prices should be on the same basis * * * otherwise, the comparison would be distorted.'' Consequently, for these final results of review, we have corrected our calculations and have compared a tax-exclusive COP to tax-exclusive home market prices.

Comment 8: The petitioners contend that in reporting transfer prices for purchases of eucalyptus charcoal from affiliated companies, Ferbasa ignored the Department's instructions to ''report the value of the actual eucalyptus charcoal consumed in production on the basis of actual costs of affiliated producers.'' The petitioners further contend that Ferbasa failed to respond to the Department's instructions to report the value of its iron ore purchased from affiliated producers on the basis of the prices charged for iron ore by unaffiliated suppliers.

The petitioners argue that these instructions are in accordance with Department practice and sections 773(f)(2) and (3) of the statute, which state

that if the transfer price of a major input ''is less than the cost production of such input'' the Department may determine the value of the input ''on the basis of the * * * cost of production.''

Instead, according to the petitioners, Ferbasa calculated two incorrect adjustments to all materials costs, based on ratios relating solely to costs and prices of eucalyptus charcoal and iron ore.

For the final results, the petitioners contend that the Department should calculate monthly weighted-average costs of eucalyptus charcoal based on the COP and volume of eucalyptus charcoal purchases from affiliated suppliers and the price and volume of eucalyptus charcoal purchases from unaffiliated suppliers.

To determine the cost of iron ore consumed by Ferbasa in each month, petitioners contend that the Department should: first, determine the total monthly consumption of iron ore by dividing the reported total value of iron ore used in ferrosilicon production by the weighted-average input price reported by Ferbasa for each month; second, multiply the resultant monthly consumption of iron ore by the weighted-average monthly price paid for iron-ore from unaffiliated suppliers to derive the monthly total cost of iron ore; and third, divide this amount by the production quantity in the month to determine the per-unit cost of iron ore.

Ferbasa contends that the petitioners' comments reflect a basic misunderstanding of the methodology Ferbasa used to calculate its reported eucalyptus charcoal and iron ore costs. Ferbasa states that it has exhaustively explained its calculation methodology in its original and supplemental COP responses. Moreover, Ferbasa argues, the Department found this methodology reasonable and accepted it for its preliminary results. Ferbasa notes, however, that if the Department should decide in the alternative to recalculate the multipliers based on the ''total *volume*'' of charcoal eucalyptus and iron ore purchased from affiliated suppliers, it provided this information in Exhibits D–13 and D–15 of the supplemental COP response.

Department's Position: We agree with petitioners that Ferbasa initially misreported the material costs for eucalyptus charcoal and iron ore by partly relying on affiliated party transfer prices for these inputs that did not represent arms-length prices. We also agree that Ferbasa then inappropriately adjusted all materials costs by using multipliers based on purchases of eucalyptus charcoal and iron ore.

In accordance with sections 773(f)(2) and (3) of the Act, the Department's practice is to first test whether transfer prices between affiliated suppliers represent arm's-length transactions. For major inputs we use the transfer price if it is shown to be at arm's length and not below the cost of production; however, we use the affiliated supplier's cost of producing the input when the amount represented as the transfer price of such input is less than the cost of producing the input. *See Notice of Final Determination of Sales At Less Than Fair Value: Large Newspaper Printing Presses and Components Thereof; Whether Assembled or Unassembled from Japan*, 61 FR 38129, 38162 (July 23, 1996), and *Certain Cold-Rolled and Corrosion-Resistant Carbon Steel Flat Products from Korea: Preliminary Results of Antidumping Duty Administrative Reviews*, 61 FR 51882, 51887 (October 4, 1996).

After reviewing the information submitted by Ferbasa in its original and supplemental COP responses, we have determined that (1) the transfer prices from the affiliated supplier used by Ferbasa in its calculation of reported materials costs for eucalyptus charcoal were below the supplier's cost of producing that major input, and (2) the transfer prices from the affiliated supplier for iron ore were not representative of market prices for that product. Consequently, we have recalculated Ferbasa's reported material costs for eucalyptus charcoal and iron ore.

Ferbasa stated that its prior submissions to the Department contain information sufficient for the Department to recalculate the reported material costs for these inputs, if necessary. We note, however, that although Ferbasa did provide certain data, it did not provide all the necessary information for such a recalculation. With regard to eucalyptus charcoal, Ferbasa provided monthly purchase prices and quantities from unaffiliated suppliers and monthly purchase quantities and COPs for affiliated suppliers. Concerning iron ore, Ferbasa provided monthly purchase prices and quantities from unaffiliated suppliers and monthly purchase quantities from affiliated suppliers. However, Ferbasa did not provide monthly inventory quantities and values for either input. Since we are not calculating materials costs using a replacement cost methodology, we would need the inventory quantities and values in order to properly recalculate the cost of these materials consumed in the production of ferrosilicon during the six-month period of September 1994 through February 1995. Thus, we are not able to calculate the actual cost of these two materials used in production during this six-month period. Therefore, we have used the facts otherwise available to determine the costs for eucalyptus charcoal and iron ore used in the production of the subject merchandise.

As the facts available, we have adjusted Ferbasa's eucalyptus charcoal costs by the monthly ratio of the affiliate's cost of producing this input to the weighted-average purchase price Ferbasa paid to affiliated and unaffiliated suppliers for the input as reported by Ferbasa in Appendix D–5 of its COP response. Similarly, we have adjusted Ferbasa's iron ore costs by the monthly ratio of average monthly purchase price charged by Ferbasa's unaffiliated supplier to the weighted-average purchase price Ferbasa paid to affiliated and unaffiliated suppliers for the input as reported by Ferbasa in Appendix D–15 of its supplemental COP response.

Comment 9: The petitioners contend that in calculating the selling, general and administrative (SG&A) expenses included in COP, the Department used Ferbasa's interim, unaudited and unconsolidated financial statement which covers only the first two months of 1995.

In addition, in determining interest expenses, petitioners contend that the Department divided the sum of Ferbasa's reported net financing expenses for the six-month period for which Ferbasa reported sales and cost data by the sum of the monthly cost of sales for that period. Thus, petitioners argue, by failing to calculate these ratios based on annual numbers, the Department has acted contrary to its established practice. Citing *Silicon Metal from Brazil, LTFV*, at 26,985, petitioners state that ''G&A expenses are period costs which should be based on the annual period in which they were incurred,'' and claim the same is true for interest expenses. Moreover, according to petitioners, in calculating these ratios, Department practice requires use of a consolidated, audited financial statement for the fiscal year that most closely correlates to the POR. Petitioners conclude, therefore, that the Department should calculate the SG&A and interest expense ratios based on Ferbasa's 1994 audited financial statement since that period most closely approximates the six-month period for which Ferbasa provided sales and cost data.

Furthermore, petitioners emphasize that the Department should use the constant currency figures from the financial statement, which have been adjusted to eliminate the distortive

effects of hyperinflation experienced by Brazil during the first half of 1994.

Ferbasa argues that there are two basic flaws in petitioners' proposition that the Department should use the constant currency figures from the 1994 fiscal year (FY) audited financial statement. First, Ferbasa claims that the figures on the audited statement are the expenses of the consolidated company (Ferbasa and its subsidiaries) and second, the selling expense line item includes expenses such as freight charges and commissions for outside parties that are not related to the selling expenses incurred by Ferbasa.

Additionally, Ferbasa contends that in its COP calculations, the Department incorrectly used a two-month SG&A cost ratio provided in Ferbasa's September 21, 1995 questionnaire response. According to Ferbasa, for the final results of review, the Department should use the six-month (September 1994-February 1995) weighted-average SG&A ratio reported in the COP response. This would be consistent with the Department's use of six-month weighted-average COMs and financing expenses and the Department's determination that Brazil was not a hyperinflationary economy during this period.

Department's Position: We agree with petitioners that Department should use the annual consolidated income statement adjusted for inflation to determine the interest expense ratio. However, it is the Department's practice to base G&A expenses on the unconsolidated financial statement of the company. In this case, we have relied on the 1994 fiscal year unconsolidated audited financial statement to calculate G&A expenses, and the consolidated statement to determine the interest expense ratio. The Department's practice is to use the consolidated income statement for finance expenses because debt is fungible and corporations can shift debt and its related expenses toward or away from subsidiaries in order to manage profit. *See Silicon Metal from Brazil: Final Results of Antidumping Duty Administrative Reviews,* 59 FR 42,806 42,807 (August 19, 1994).

Since the value of the Brazilian currency changed significantly for the first half of 1994, costs which were incurred at the end of the year are not comparable to costs incurred at the beginning of the year. Without the application of indexing, the calculation of general expenses for periods of such significant inflation does not produce a meaningful result. To calculate a meaningful general expense amount, it is necessary to restate each month's general expenses in equivalent terms, that is, the currency value at a given point in time, such as the end of the year. This procedure has already been accomplished and reported in the constant currency column in Ferbasa's income statement. As explained in Doing Business in Brazil (Price Waterhouse, 1994), constant currency amounts have been adjusted to price levels current at the balance sheet date. The constant currency column in the financial statement, which reflects an adjustment for the potentially distortive effects of inflation, offers a more accurate measure of Ferbasa's production costs. In an inflationary environment such as Brazil's during a portion of the POR, money loses its purchasing power at such a rate that unadjusted comparisons of transactions that have occurred at different times during the accounting year are misleading. As further described in Doing Business in Brazil, the constant currency financial statement is ''used by corporate management to monitor and compare results of operations and by financial analysts to evaluate the performance of listed corporations.'' Any financial statement which corrects for potential distortions, such as those caused by inflation, are preferable to financial statements which include such distortions.

Further, due to the periodic nature of such costs, we have followed the Department's established practice of calculating G&A and interest expenses using the annual audited income statement for the fiscal year covering the greatest part of the POR. *See Final Determination of Sales at Less Than Fair Value: Oil Country Tubular Goods from Argentina,* 60 FR 33,539, 33,549 (June 28, 1995) and *Final Determination of Sales at Less Than Fair Value: Hot-Rolled Carbon Steel Flat Products, Cold-Rolled Carbons Steel Flat Products, Corrosion-Resistant Carbon Steel Flat Products, and Cut-to-Length Carbon Steel Plate from Canada,* 58 FR 37105, 37133 (July 9, 1993). To calculate G&A and interest expenses for purposes of COP and CV in these final results, we have therefore used the constant currency values from the 1994 audited financial statement covering the greatest part of the period for which we are using price and other cost data.

With regard to the calculation of selling expenses for purposes of CV, in accordance with established Department practice, we have used the sale-specific selling expenses reported by Ferbasa in its response to the Department's sales questionnaire. *See,* Policy Bulletin 94.6, Treatment of adjustments and selling expenses in calculating the cost of production (COP) and (CV).

Comment 10: The petitioners asset that in determining the net interest expenses to be included in COP and CV, it is the Department's established practice to reduce the amount of total interest expenses only by interest income from short-term investments derived from working capital. The petitioners further assert that if a respondent fails to demonstrate that its claimed offset is related solely to short-term income, the Department's practice is to disallow the claimed offset.

Petitioners allege that for this review, Ferbasa failed to demonstrate that its claimed offset was related to short-term interest income. Despite Ferbasa's acknowledgement that two of the six items that comprise its interest income category on the financial statement do not qualify as short-term interest income for purposes of dumping calculations, petitioners argue that Ferbasa failed to make an affirmative demonstration that the remaining four categories do relate solely to short-term interest income.

Thus, the petitioners conclude that the Department should not allow any offset for short-term interest income to the total interest expenses recorded in Ferbasa's financial statement.

Ferbasa opposes the petitioners' recommendation that the Department deny an offset adjustment to claimed interest expenses. In responding to petitioners' argument that it failed to adequately demonstrate that short-term nature of the four categories of interest income for which it claims an adjustment, Ferbasa claims that the four categories of income are related to interest income received from (1) savings or checking accounts, (2) late payments of customer accounts receivables, (3) short-term investment transactions, and (4) monetary correction of gains on receivables. Ferbasa emphasized that these four categories are all of a short-term nature. Accordingly, Ferbasa argues, the Department should continue to grant this adjustment for the final results of review.

Department's Position: The Department generally considers Ferbasa's response with regard to its calculation of interest expense to be in compliance with the statute and with the Department's questionnaire. In its March 27, 1996 supplemental COP response, Ferbasa provided a worksheet demonstrating its calculation of net interest expenses, specifically noting which categories of interest income are not derived from short-term investments and were therefore excluded from its calculation of net interest expenses.

There is no information on the record that would support petitioners' claim that Ferbasa overstated its short-term interest income and consequently understated its interest expense. However, in preparing its reported net interest expenses, Ferbasa used the historical cost figures from the consolidated 1994 fiscal year audited financial statement. As discussed in the Department's Position with regard to Comment 9 above, it is the Department's practice, when calculating general costs on an annual basis for an economy that experienced hyperinflation during that annual period, to rely on values reported on a constant currency basis. Therefore, it was necessary to recalculate Ferbasa's net interest expenses for these final results of review. Because Ferbasa's worksheet did not provide detail concerning short-term vs. long-term interest income based on the constant currency values recorded in its audited financial statements, the Department relied on the facts otherwise available to calculate a net interest expense ratio. As the facts otherwise available the Department (1) determined the ratio of short-term income to total interest income as provided based on the historical cost figures, and (2) applied this ratio to the total interest income value recorded in the constant currency portion of the financial statement to determine the short-term interest income offset to total interest expenses.

Comment 11: The petitioners argue that the Department erred in its calculation of COP by relying on Ferbasa's reported allocation of indirect expenses (consisting of fixed and variable factory overhead) over installed capacity. Petitioners contend that installed capacity is not an appropriate basis for allocating indirect expenses because it is a theoretical parameter that does not reflect the actual operations of a company.

The petitioners contend that Ferbasa reported final numbers already allocated to the production of ferrosilicon but failed to provide a worksheet that would explain how those expenses were allocated. In addition, petitioners suggest that information provided by Ferbasa on the record does not contain sufficient detail to allow the Department to properly allocate these expenses. Therefore, the petitioners conclude that the Department should resort to the facts otherwise available and determine an amount for indirect expenses by multiplying the sum of Ferbasa's reported monthly materials, labor, energy, and utility costs by the variable and fixed overhead ratio provided in the petitioners' sales-below-cost allegation.

Ferbasa contests petitioners' allegations that it did not properly report and allocate its indirect (variable and fixed factory overhead) expenses. Ferbasa claims that it provided itemized costs in its supplemental COP response and that those costs were incurred by the indirect cost centers related to the production of ferrosilicon. Finally, Ferbasa states that it has reported these costs in the same manner as they are allocated in its accounting system (*i.e.*, on the basis of installed capacity) and in accordance with the provisions set forth in section 773(f)(1)(A) of the antidumping statute. In conclusion, Ferbasa argues that the Department should accept its reported allocation of these expenses for the final results of review.

Department's Position: The Department considers Ferbasa's response with regard to the calculation of fixed and variable factory overhead to be in accordance with the Department's questionnaire and the statute. Ferbasa reported these costs in the same manner in which it records them in its financial statement, which it maintains in accordance with Brazilian GAAP. As stated in the Department's Position to Comment 2, it is the Department's established practice to accept costs taken directly from a respondent's accounting system when that system is in accordance with the foreign country's GAAP and it is clear that the figures reported do not distort the dumping calculations. In its March 1, 1996, COP questionnaire response Ferbasa states that the per unit monthly variable and fixed overhead costs were calculated by dividing the total monthly costs by the total monthly quantity produced. Ferbasa further states that the production of ferrosilicon is a continuous process and that the company had no idle assets and incurred no expenses for idle equipment, closures or shutdowns during the POR. See pp. D–20, 25, and 34.

We agree with the petitioners that the Department does not normally accept installed capacity as an allocation factor for costs because it does not necessarily reflect the actual operations of the company. However, based on the information provided by Ferbasa, as discussed above, in this instance installed capacity does in fact reflect the operations of the company during this period. Therefore we have determined that Ferbasa's methodology is an acceptable allocation basis for these costs during this period.

Comment 12: Petitioners contend that in calculating CV the Department must include an amount for ICMS and IPI taxes incurred on material inputs since the statute requires the inclusion of taxes that are not remitted or refunded upon exportation. *See*, section 773(e) of the Act.

The petitioners further contend that although the Department instructed Ferbasa to report the net per-unit amounts Ferbasa paid for all internal taxes imposed on purchases of direct materials used to produce ferrosilicon during the POR, Ferbasa only reported ranges of tax rates for ICMS and IPI taxes. Petitioners also argue that in calculating the monthly per-unit amounts incurred for ICMS and IPI taxes, Ferbasa inappropriately based its calculation on the total value of all raw materials purchased rather than on the value of raw materials consumed in the production of ferrosilicon during the POR. Petitioners conclude that this resulted in Ferbasa's reporting tax amounts that do not correspond to the cost of materials consumed.

Because Ferbasa failed to report the amount of taxes for material consumed, the petitioners urge the Department to resort to the facts otherwise available in the calculation of CV and apply the highest ICMS and IPI tax rates reported by Ferbasa of 17 and 15 percent, respectively.

Ferbasa argues that petitioners' contentions on this issue are without merit since the URAA explicitly amended the antidumping law to remove consumption taxes from NV and eliminate the addition of taxes to U.S. price in order to ensure that no consumption tax is included in either market's price (*i.e.*, to achieve tax neutrality). Specifically, section 773(a)(6)(B) of the Act requires the Department to reduce NV by the amount of indirect taxes imposed on the foreign product or components thereof that have been rebated or not collected, to the extent that such taxes are added to or are in the price of the foreign like product. Ferbasa argues, as such, where CV is used as NV, the Department should not include consumption taxes in the NV.

Ferbasa also responds to petitioners' claim that Ferbasa's reporting methodology for calculating taxes is flawed and should be rejected. Ferbasa contends that it calculated the tax rates based on monthly purchases and then applied that rate to the value of monthly consumption in order to derive the reported monthly taxes associated with the production of ferrosilicon during the POR.

Department's Position: We agree with Ferbasa that it reported ICMS and IPI taxes in a manner that is in accordance with Department practice.

Further, we have determined that the ICMS and IPI taxes must be added to the CV of the product under review. Section 773(e) of the Act requires the deduction from CV of any internal taxes applicable directly to material inputs or their disposition which are remitted or refunded upon exportation of the subject merchandise. The ICMS and IPI taxes were paid on material inputs for the production of ferrosilicon by Ferbasa. In so far as Brazil does not rebate upon export the ICMS and IPI taxes paid on the inputs used in the production of finished ferrosilicon, the cost of those exports entering the United States must include the value-added taxes (VAT) which were paid on the inputs, regardless of when or how taxes are recovered on home market sales. It is important to note that indirect taxes such as those at issue here are properly viewed as being imposed upon and ''borne by'' the product, not the producer. Thus, the fact that a producer may recover the total taxes it paid by virtue of unrelated home market transactions is irrelevant to the question of whether the exported product continues to bear the tax burden. Therefore, the tax amounts must be added to CV to properly reflect the true costs and expenses borne by this product. *See Final Results of Antidumping Duty Administrative Reviews: Silicon Metal Brazil*, 61 FR 46763 (September 5, 1996).

Comment 13: Petitioners state that Ferbasa pays ICMS taxes on its purchases of electricity and that for purposes of calculating CV, such taxes should be included in the reported electricity costs. Petitioners argue that since Ferbasa failed to report these taxes in its submissions, the Department should apply the highest ICMS tax rate (*i.e.*, 17 percent) as the facts otherwise available to calculate an amount of taxes incurred on electricity and incorporate this amount in the calculation of CV.

Department's Position: We agree with petitioners that ICMS taxes paid on electricity for the production of ferrosilicon must also be included in the CV of this product. *See* the *Department's Position* on Comment 12 above. Because Ferbasa did not provide any information with regard to its payment of taxes on electricity for the production of ferrosilicon, we have determined to use the facts available to fill this gap. Ferbasa reported that during the POR it paid ICMS taxes of up to 17 percent on material inputs. However, since Ferbasa did not provide specific data with regard to ICMS taxes paid on electricity, we have used publicly available data to fill the gap. Specifically, we used information contained in Price Waterhouse's publication Doing Business in Brazil, July 1994, which shows that the intrastate ICMS rate applied to electricity was 18 percent. Therefore as the facts otherwise available, we have applied the 18 percent intrastate ICMS tax rate to the electricity costs reported by Ferbasa and included these figures in our calculation of CV.

Comment 14: Petitioners argue that in its calculations for the preliminary results, the Department used an incorrect exchange rate for converting amounts reported in Reais to U.S. dollars.

Department's Position: We agree with petitioners. The Department inadvertently used an inverted exchange rate for converting amounts reported in Reais to U.S. dollars. We have corrected this mistake for the final results of review.

Comment 15: Ferbasa contends that the Department incorrectly used the monthly interest rate reported in Ferbasa's September 21, 1995 submission for the calculation of Ferbasa's imputed home market credit expense. Ferbasa contends that the Department should have used the monthly interest rates reported in Ferbasa's December 1, 1995 supplemental sales response which reflect Ferbasa's actual short-term borrowings during the POR.

Department's Position: We disagree in part with Ferbasa. Although Ferbasa did provide revised monthly interest rates based on its actual short-term borrowings, we note that these rates were not calculated in accordance with accepted Department methodology. Ferbasa calculated the reported rate as a ratio of total monthly interest payments to the number of ''business days,'' rather than total days in a given month. Since this ratio is applied to a calculation formula that accounts for all days in the month, the result would be an overstated home market imputed credit expense.

Therefore, we have continued to use the monthly short-term interest rates provided by Ferbasa in its original questionnaire response, as published in the *Dinheiro Vivo.*

Comment 16: According to Ferbasa, the Department incorrectly recalculated Ferbasa's U.S. credit expense by using a home market interest rate. In addition, Ferbasa alleges that the Department incorrectly reclassified as ''bank fees'' its actual U.S. credit expense and adjusted NV for this amount. To correct these errors, Ferbasa contends that the Department should adjust NV only for the amount of its actual U.S. credit expenses which Ferbasa calculated based on (1) total U.S. sales prices, (2) its rate of U.S. dollar denominated short-term borrowings, and (3) the period of time between date of shipment and date of receipt of payment by the U.S. customer. Ferbasa argues that use of its reported actual short-term U.S. credit expense would be consistent with longstanding Department practice.

Department's Position: We agree with Ferbasa on both points. First, we erroneously misclassified Ferbasa's reported U.S. credit expenses as bank fees and thus double-counted U.S. credit expenses in our calculation of NV. We have corrected this for these final results. Second, we also agree that we incorrectly recalculated Ferbasa's U.S. credit expenses by using a home market interest rate for borrowings in Reais.

As the Department stated in the *Final Determination of Sales at Less than Fair Value: Fresh Cut Roses from Colombia*, 60 FR 6980, 6998 (February 6, 1995), ''in determining the U.S. interest rate, it is the Department's policy that the interest rate used for a particular credit calculation should match the currency in which the sales are denominated.''

After reviewing the information submitted on the record, we have determined that Ferbasa correctly reported its U.S. imputed credit expenses in its original submission, by using its actual cost of short-term borrowing in U.S. dollars during the period. Therefore, for these final results, we have used Ferbasa's reported U.S. credit expenses for input credit costs incurred for U.S. sales.

Comment 17: According to Ferbasa, the URAA explicitly amended the antidumping law to remove consumption taxes from the home market price and eliminate the addition of taxes to U.S. price, in order to ensure that no consumption tax is included in the price in either market (*i.e.*, to achieve tax neutrality). Specifically, section 773(a)(6)(B) of the Act requires the Department to reduce NV by the amount of indirect taxes imposed on the foreign product or components thereof that have been rebated or not collected, to the extent that such taxes are added to or are included in the price of the foreign like product.

Despite the statutory requirement, Ferbasa argues that for the preliminary results of review, the Department failed to deduct from the home market selling price the IPI tax included in the home market gross unit price. Ferbasa concludes that to correct this error for the final results the Department should deduct the amount of the IPI tax (reported in the field ITAX) from the gross unit price in its calculation of NV.

The petitioners argue that the adjustment for taxes referenced by Ferbasa is relevant only in price-to-price comparisons. In so far as Department practice will require significant changes in the margin calculations which will result in a price to CV comparison, the petitioners contend that the issue is moot and need not be considered by the Department.

Department's Position: We agree with petitioners that as a result of corrections and changes to our calculation of COP, our margin calculations have been based on a price to CV comparison. Therefore, the issue of deducting IPI taxes from home market prices need not be addressed in this notice.

Comment 18: Ferbasa argues that the Department, in its calculation of NV, failed to offset the U.S. commissions by an amount of home market indirect selling expenses and inventory carrying costs even though no commissions were paid for home market sales of ferrosilicon, but a commission was paid for the U.S. sale. Citing § 353.56(c) of the Department's regulations, Ferbasa contends that where a commission is paid in one market and not in the other market, the commission should be offset by the sum of the indirect selling expenses and inventory carrying costs incurred in the other market up to the lesser of the commission or the selling expenses/inventory carrying costs. Finally, Ferbasa argues that the Department should correct this oversight for the final results of review by applying its indirect selling expense ratio against gross unit prices less the IPI tax.

Petitioners argue that Ferbasa's contentions regarding the commission offset are incorrect. Petitioners suggest that since Ferbasa stated that its reported indirect selling expenses reconcile to its financial statements and its financial accounting system does not reflect any taxes, home market indirect selling expenses should be calculated using gross unit price reduce by *all* taxes.

Department's Position: We agree with Ferbasa that in the preliminary results margin calculations the Department inadvertently did not make an offsetting adjustment to NV for the commission incurred on the U.S. sale of ferrosilicon. We have corrected this oversight for these final results of review. However, we also agree with petitioners that it appears that Ferbasa calculated its indirect selling expense and inventory carrying cost ratios against a sales value that was exclusive of both IPI and ICMS taxes. Therefore, we have calculated this adjustment by applying the combined indirect selling and inventory carrying cost ratios to home market prices that are net of both of these taxes.

Final Results of Review

As a result of our analysis of the comments received, we determined that the following margins exist for the period August 16, 1993 through February 28, 1995:

Manufacturer/producer/exporter	Margin (percent)
Companhia de Ferro Ligas da Bahia	00.05

The Department shall determine, and the U.S. Customs Service shall assess, antidumping duties on all appropriate entries. Individual differences between U.S. price and NV may vary from the percentages stated above. The Department will issue appraisement instructions directly to the U.S. Customs Service.

Furthermore, the following deposit requirement will be effective for all shipments of subject merchandise from Brazil entered, or withdrawn from warehouse, for consumption on or after the publication date of the final results of this administrative review, as provided by section 751(a)(1) of the Act: (1) The cash deposit rate for the reviewed company will be zero; (2) for merchandise exported by manufacturers or exporters not covered in this review but covered in previous reviews or the original less-than-fair-value (LTFV) investigation, the cash deposit rate will continue to be the rate published in the most recent final results or determination for which the manufacturer or exporter received a company-specific rate; (3) if the exporter is not a firm covered in this review, an earlier review, or the LTFV investigation, but the manufacturer is, the cash deposit rate will be that established for the manufacturer of the merchandise in the final results of this review, earlier review or the LTFV investigation, whichever is the most recent; and, (4) the cash deposit rate for all other manufacturers or exporters will be 35.95 percent, the ''all others'' rate established in the antidumping duty order (59 FR 11769, March 14, 1994).

These cash deposit requirements, when imposed, shall remain in effect until publication of the final results of the next administrative review.

This notice also serves as a final reminder to importers of their responsibility under 19 CFR 353.26 to file a certificate regarding the reimbursement of antidumping duties prior to liquidation of the relevant entries during this review period. Failure to comply with this requirement could result in the Secretary's presumption that reimbursement of antidumping duties occurred and the subsequent assessment of double antidumping duties.

This notice also serves as the only reminder to parties subject to administrative protective order (APO) of their responsibility concerning the disposition of proprietary information disclosed under APO in accordance with 19 CFR 353.34(d). Timely written notification of return/destruction of APO materials or conversion to judicial protective order is hereby requested. Failure to comply with the regulations and terms of the APO is a sanctionable violation.

This administrative review and this notice are in accordance with section 751(a)(1) of the Act (19 U.S.C. 1675(a)(1)) and 19 CFR 353.22.

Dated: November 4, 1996.

Robert S. LaRussa,

Acting Assistant Secretary for Import Administration.

[FR Doc. 96–29936 Filed 11–21–96; 8:45 am]

BILLING CODE 3510–DS–M

[A–580–825]

Certain Oil Country Tubular Goods Other Than Drill Pipe From Korea; Notice of Termination of Antidumping Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

ACTION: Notice of Termination of Antidumping Duty Administrative Review.

EFFECTIVE DATE: November 22, 1996.

SUMMARY: On September 17, 1996, the Department of Commerce (''the Department'') published in the Federal Register (61 FR 48882) a notice announcing the initiation of an administrative review of the antidumping duty order on certain oil country tubular goods other than drill pipe from Korea, covering the period February 2, 1995, through July 31, 1996. This review has now been terminated as a result of the withdrawal of the request for administrative review by the interested party.

FOR FURTHER INFORMATION CONTACT: Jacqueline Wimbush, Group III, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW, Washington, D.C. 20230; telephone (202) 482–1394.

SUPPLEMENTARY INFORMATION:

Background

On August 30, 1996, SeAH Steel Corporation (''SeAH''), a manufacturer of merchandise subject to this order, requested that the Department conduct an administrative review of the antidumping duty order of SeAH from Korea, pursuant to section 19 CFR 353.22(a) (1994) of the Department's regulations. The period of review is February 2, 1995 through July 31, 1996. On September 17, 1996, the Department published in the Federal Register (61 FR 48882) a notice announcing the initiation of an administrative review of the antidumping duty order on certain oil country tubular goods other than drill pipe from Korea, covering the period February 2, 1995 through July 31, 1996.

Termination of Review

On October 21, 1996, we received a timely request for withdrawal of the request for administrative review from SeAH. Because there were no other requests for administrative review from any other interested party, in accordance with § 353.22(a)(5) of the Department's regulations, we have terminated this administrative review.

This notice is published in accordance with section 751 of the Tariff Act of 1930, as amended (19 U.S.C. 1675) and 19 CFR 353.22.

Dated: November 15, 1996.

Joseph A. Spetrini,

Deputy Assistant Secretary, Enforcement Group III.

[FR Doc. 96–29941 Filed 11–21–96; 8:45 am]

BILLING CODE 3510–DS–P

[A–485–602]

Tapered Roller Bearings and Parts Thereof, Finished or Unfinished, From the Republic of Romania; Amendment of Final Results of Antidumping Duty Administrative Review

AGENCY: International Trade Administration, Import Administration, Department of Commerce.

ACTION: Notice of amendment of final results of antidumping duty administrative review.

SUMMARY: On October 2, 1996, the Department of Commerce (the Department) published the final results of its administrative review of the antidumping duty order on tapered roller bearings and parts thereof, finished or unfinished, (TRBs) from Romania. The review covered eight companies and the period June 1, 1994 through May 31, 1995. Based on the correction of ministerial errors made in the margin calculation in those final results, we are publishing this amendment to the final results in accordance with 19 CFR 353.28(c).

EFFECTIVE DATE: November 22, 1996.

FOR FURTHER INFORMATION CONTACT: Karin Price or Maureen Flannery, AD/CVD Enforcement, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, N.W., Washington D.C. 20230; telephone (202) 482–4733.

Applicable Statute

Unless otherwise indicated, all citations to the statute are references to the provisions effective January 1, 1995, the effective date of the amendments made to the Tariff Act of 1930 (the Act) by the Uruguay Round Agreements Act. In addition, unless otherwise indicated, all citations to the Department's regulations are to the current regulations, as amended by the interim regulations published in the Federal Register on May 11, 1995 (60 FR 25130).

Background

On October 2, 1996, the Department published in the Federal Register (61 FR 51427) the final results of its administrative review of the antidumping duty order on TRBs from Romania (52 FR 23320, June 19, 1987). On October 7, 1996, we received a timely allegation from respondent, Tehnoimportexport, S.A. (TIE), that the Department made ministerial errors in the final results. The petitioner, The Timken Company, has not responded to these allegations.

In its final results, the Department used information from a publicly available summarized version of selling, general, and administrative (SG&A) expenses from two Thai bearing companies used in the 1988–1990 administrative review of antifriction bearings from Romania. TIE alleges that the Department failed to exclude from the surrogate value for SG&A expenses the Thai sales business tax incurred only on home-market sales; failed to exclude from the surrogate SG&A rate freight costs incurred on one type of sale; and used an improper formula to weight average the SG&A expenses between the two types of sales made by the Thai companies. We agree with TIE that we made ministerial errors with regard to the Thai business tax and the freight costs, and have amended our final results for these ministerial errors. However, we disagree with TIE that the other alleged error is ministerial, and have not amended our final results for such claimed error. For further discussion, *see Decision Memorandum to Joseph A. Spetrini, Deputy Assistant Secretary, Enforcement Group III,* dated November 1, 1996, ''Decision Memorandum Regarding the Ministerial Error Allegation in the 1994–1995 Administrative Review of Tapered Roller Bearings and Parts Thereof, Finished or Unfinished, from Romania,'' which is on file in the Central Records Unit (room B–099 of the Main Commerce Building).

Amended Final Results of Review

As a result of our correction of the ministerial errors, we have determined the margin to be:

Manufacturer/ exporter	Time period	Margin (percent)
Romania Rate	6/1/94–5/31/95	7.67

The Department will instruct the Customs Service to assess antidumping duties on all appropriate entries. The Department will issue appraisement instructions directly to the Customs Service.

Furthermore, the following deposit requirements will be effective upon publication of this notice of amended final results for all shipments of TRBs from Romania entered, or withdrawn from warehouse, for consumption on or after the publication date, as provided for by section 751(a)(2)(C) of the Act: (1) the cash deposit rate for TIE and all other exporters will be 7.67 percent; and (2) for non-Romanian exporters of subject merchandise from Romania, the cash deposit rate will be the rate applicable to the Romanian supplier of that exporter. These deposit requirements shall remain in effect until publication of the final results of the next administrative review.

This notice also serves as a final reminder to importers of their responsibility under 19 CFR 353.26 to file a certificate regarding the reimbursement of antidumping duties prior to liquidation of the relevant entries during this review period. Failure to comply with this requirement could result in the Secretary's presumption that reimbursement of antidumping duties occurred and the subsequent assessment of double antidumping duties.

This notice also serves as a reminder to parties subject to administrative protective order (APO) of their responsibility concerning the disposition of proprietary information disclosed under APO in accordance with 19 CFR 353.34(d)(1). Timely

written notification of the return/destruction of APO materials or conversion to judicial protective order is hereby requested. Failure to comply with the regulations and terms of an APO is a sanctionable violation.

This administrative review and notice are in accordance with section 751(a)(1) of the Act (19 U.S.C. 1675(a)(1)) and 19 CFR 353.28(c).

Dated: November 14, 1996.

Robert S. LaRussa,

Acting Assistant Secretary for Import Administration.

[FR Doc. 96–29940 Filed 11–21–96; 8:45 am]

BILLING CODE 3510–DS–P

Applications for Duty-Free Entry of Scientific Instruments

Pursuant to Section 6(c) of the Educational, Scientific and Cultural Materials Importation Act of 1966 (Pub. L. 89–651; 80 Stat. 897; 15 CFR part 301), we invite comments on the question of whether instruments of equivalent scientific value, for the purposes for which the instruments shown below are intended to be used, are being manufactured in the United States.

Comments must comply with 15 CFR 301.5(a) (3) and (4) of the regulations and be filed within 20 days with the Statutory Import Programs Staff, U.S. Department of Commerce, Washington, D.C. 20230. Applications may be examined between 8:30 a.m. and 5:00 p.m. in Room 4211, U.S. Department of Commerce, 14th Street and Constitution Avenue, N.W., Washington, D.C.

Docket Number: 96-113. Applicant: The College of New Jersey, Hillwood Lakes, CN–4700, Trenton, NJ 08650. Instrument: Electron Microscope, Model H–7000–S. Manufacturer: Hitachi Instruments, Japan. Intended Use: The instrument will be used to examine the following at the ultrastructural level: (a) the gills and a recently discovered gland in the blue crab, (b) the kidneys, gills and intestines of clams and oysters and (c) the chromoplasts of algae. Research will be conducted to determine: (a) the function of the newly discovered gland and how it influences the function of the gill at various salinities, (b) how the clam depurates heavy metals from its body through the various organs believed to be involved in excretion and (c) the process by which chloroplasts in the algae become replaced (or turned into) other types of chromoplasts. In addition, the instrument will be used for educational purposes in several undergraduate courses. Application accepted by Commissioner of Customs: October 31, 1996.

Docket Number: 96–114. Applicant: Centers for Disease Control and Prevention, NCEH, DEHLS, Mailstop F–18, 4770 Buford Highway, NE, Atlanta, GA 30341–3724. Instrument: ICP Mass Spectrometer, Model MAT ELEMENT. Manufacturer: Finnigan MAT, Germany. Intended Use: The instrument will be used for analysis of radionuclides in a reference population in the U.S. and determination of radionuclides in persons with known or suspected exposure to these elements. High sample throughput (40–50 specimens per day) will be required, placing demands on the capacity of this instrument for automation. Application accepted by Commissioner of Customs: October 31, 1996.

Docket Number: 96–115. Applicant: Horn Point Environmental Laboratory, 2020 Horn Point Road, P.O. Box 775, Cambridge, MD 21613. Instrument: Fluorometer. Manufacturer: Heinz Walz, GmbH, Germany. Intended Use: The instrument will be used to investigate photosynthesis in microscopic algae (phytoplankton) as they exist in nature (specifically in the Chesapeake Bay) and in culture. An essential requirement of the research is that measurements be made on field samples directly without previous manipulation to boost the signal strength, such as filtration or other steps to concentrate the organisms. In addition, the instrument will be used in a MEES–699 course on Methods in Photosynthetic Regulation—PAM Fluorometry to train students on the use of the instrument in photosynthetic research of phytoplankton and higher plants. Application accepted by Commissioner of Customs: November 6, 1996.

Frank W. Creel,

Director, Statutory Import Programs Staff.

[FR Doc. 96–29938 Filed 11–21–96; 8:45 am]

BILLING CODE 3510–DS–P

Northwestern University Medical School; Notice of Decision on Application for Duty-Free Entry of Scientific Instrument

This is a decision pursuant to Section 6(c) of the Educational, Scientific, and Cultural Materials Importation Act of 1966 (Pub. L. 89–651, 80 Stat. 897; 15 CFR part 301). Related records can be viewed between 8:30 a.m. and 5:00 p.m. in Room 4211, U.S. Department of Commerce, 14th and Constitution Avenue, N.W., Washington, D.C.

Docket Number: 96–097. Applicant: Northwestern University Medical School, Chicago, IL 60611. Instrument: Electron Microscope, Model JEM–1220. Manufacturer: JEOL Ltd., Japan. Intended Use: See notice at 61 FR 51276, October 1, 1996. Order Date: June 3, 1996.

Comments: None received. Decision: Approved. No instrument of equivalent scientific value to the foreign instrument, for such purposes as this instrument is intended to be used, was being manufactured in the United States at the time the instrument was ordered. Reasons: The foreign instrument is a conventional transmission electron microscope (CTEM) and is intended for research or scientific educational uses requiring a CTEM. We know of no CTEM, or any other instrument suited to these purposes, which was being manufactured in the United States at the time of order of the instrument.

Frank W. Creel,

Director, Statutory Import Programs Staff.

[FR Doc. 96–29939 Filed 11–21–96; 8:45 am]

BILLING CODE 3510–DS–P

The University of North Carolina; Notice of Decision on Application for Duty-Free Entry of Scientific Instrument

This decision is made pursuant to Section 6(c) of the Educational, Scientific, and Cultural Materials Importation Act of 1966 (Pub. L. 89–651, 80 Stat. 897; 15 CFR part 301). Related records can be viewed between 8:30 A.M. and 5:00 P.M. in Room 4211, U.S. Department of Commerce, 14th and Constitution Avenue, N.W., Washington, D.C.

Docket Number: 96–095. Applicant: The University of North Carolina at Chapel Hill, Chapel Hill, NC 27599–3290. Instrument: Stopped-Flow Spectrophotometer, Model SF–61DX2. Manufacturer: Hi-Tech Ltd., United Kingdom. Intended Use: See notice at 61 FR 51276, October 1, 1996.

Comments: None received. Decision: Approved. No instrument of equivalent scientific value to the foreign instrument, for such purposes as it is intended to be used, is being manufactured in the United States. Reasons: The foreign instrument provides: (1) sequential multi-mixing of three reagents under computer control, (2) a diode array detector with an anti-bleaching shutter and (3) a flow circuit consisting of a fused silica block to minimize artifacts associated with tubing and leakage. These capabilities are pertinent to the applicant's intended purposes and we know of no other instrument or apparatus of equivalent scientific value to the foreign

instrument which is being manufactured in the United States.

Frank W. Creel,

Director, Statutory Import Programs Staff.

[FR Doc. 96–29944 Filed 11–21–96; 8:45 am]

BILLING CODE 3510–DS–P

Export Trade Certificate of Review

ACTION: Notice of application.

SUMMARY: The Office of Export Trading Company Affairs (''OETCA''), International Trade Administration, Department of Commerce, has received an application for an Export Trade Certificate of Review. This notice summarizes the conduct for which certification is sought and requests comments relevant to whether the Certificate should be issued. Applicant has requested expedited review.

FOR FURTHER INFORMATION CONTACT: W. Dawn Busby, Director, Office of Export Trading Company Affairs, International Trade Administration, (202) 482–5131. This is not a toll-free number.

SUPPLEMENTARY INFORMATION: Title III of the Export Trading Company Act of 1982 (15 U.S.C. 4001–21) authorizes the Secretary of Commerce to issue Export Trade Certificates of Review. A Certificate of Review protects the holder and the members identified in the Certificate from state and federal government antitrust actions and from private, treble damage antitrust actions for the export conduct specified in the Certificate and carried out in compliance with its terms and conditions. Section 302(b)(1) of the Act and 15 CFR 325.6(a) require the Secretary to publish a notice in the Federal Register identifying the applicant and summarizing its proposed export conduct.

Request for Public Comments

Interested parties may submit written comments relevant to the determination whether a Certificate should be issued. An original and five (5) copies should be submitted no later than 20 days after the date of this notice to: Office of Export Trading Company Affairs, International Trade Administration, Department of Commerce, Room 1800H, Washington, D.C. 20230. Information submitted by any person is exempt from disclosure under the Freedom of Information Act (5 U.S.C. 552). Comments should refer to this application as ''Export Trade Certificate of Review, application number 96–00007.'' A summary of the application follows.

Summary of the Application

Applicant: Committee for the Fair Allocation of Rice Quotas (''CFARQ''), 3050 K Street, N.W., Suite 400, Washington, D.C. 20007.

Contact: Laurence J. Lasoff, Attorney, Telephone: (202) 342–8400.

Application No.: 96–00007.

Date Deemed Submitted: November 8, 1996.

Members (in addition to applicant): Cargill Incorporated, Greenville, Mississippi; Louis Dreyfus Corporation, Wilton, Connecticut; and Riviana Foods, Inc., Houston, Texas.

CFARQ seeks a Certificate to cover the following specific Export Trade, Export Markets, and Export Trade Activities and Methods of Operations.

Export Trade

Products

Semi-milled and wholly milled rice, whether or not polished or glazed (Harmonized Tariff Schedule 1006.30) (referred to as ''milled rice'') and husked (brown) rice (Harmonized Tariff Schedule 1006.20).

Export Markets

For purposes of administering the European Union's tariff rate quota: The countries of the European Union.

For purposes of Export Trade Activity and Method of Operation: All parts of the world except the United States (the fifty states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the Trust Territory of the Pacific Islands).

Export Trade Activities and Methods of Operation

1. The Committee will administer a system for allocating the U.S. share of the European Union (''EU'') tariff rate quotas (''TRQs'') for milled rice and brown rice (roughly 38,000 tons of milled rice and 8,000 tons of brown rice) agreed to as compensation to the United States for the enlargement of the EU to include Austria, Finland, and Sweden, as follows:

a. The Committee will operate a quota tender system in which certificates of quotas will be offered on open tender to the highest bidder 30 days prior to the release of each quota tranche, as defined by the EU.

b. The administration of the quota tender system will be carried out by an independent economic consultant, who will be retained by the Committee for purposes of administering the tender program.

c. Thirty days prior to the beginning of each tranche of tariff rate quota, the Committee, through its consultant, will offer separate sub-parcels of quota amounting to 100 tons each. Anyone, whether a member of the Committee or not, will be eligible to bid on each sub-parcel, upon posting a five percent bid bond.

d. The Committee will issue a written request to bid on each available sub-parcel, as well as an official form on which to place the bid. Potential bidders will have five working days to respond to the bid request. All bid information will be returned to the consultant within five working days. At the close of the five day period, the consultant will award certificates of quotas to the highest bidder on each sub-parcel upon payment of monies bid. Additionally, the certificates will be re-tradeable.

e. In the event that identical bids are submitted on a particular sub-parcel, the consultant will split the parcel among the relevant bidders.

2. The Committee will oversee the redistribution of proceeds arising out of the administration of the quota tender system as follows:

a. The Committee will not decide on the distribution of proceeds arising out of a particular quota year until the passage of at least one year after the conclusion of the quota year in question.

b. Once the proceeds from a particular quota year become eligible for distribution, the Committee will decide on the amount and method of distribution based on a four-fifths vote of the member companies.

c. In considering the method of redistribution the Committee may take into account a number of factors including: (1) the share of the European market held by the individual members during the period; (2) the share of the world market held by the individual members during the period; (3) extraordinary factors that may have affected individual members during the period; and (4) such other factors as the Committee deems appropriate.

3. The Committee and/or its Members may use funds generated through the quota tender process to conduct market development activities if the Committee so chooses. The Committee and/or its Members may exchange or discuss information necessary for the carrying out of such programs.

4. The Committee and/or its Members may:

a. Provide for an administrative structure to implement the foregoing tariff rate quota system, relating to the U.S.-EU Compensation Agreement and EU regulations, including the hiring of

an independent economic consultant to administer the quota tender system;

b. Exchange and discuss information regarding the structure and method for administering the foregoing tariff rate quota system, relating to the U.S.=EU Compensation Agreement and EU regulations;

c. Discuss the type of information needed regarding past transactions and exports that are necessary for administering the foregoing tariff rate quota system relating to the U.S.–EU regulations and for effectuating any redistribution of proceeds arising out of the administration of the system.

Abbreviated Amendment Procedures

New Committee members may be incorporated in the Certificate through an abbreviated amendment procedure. An abbreviated amendment shall consist of a written notification to the Secretary of Commerce and the Attorney General identifying the Committee members that desire to become members under the Certificate pursuant to the abbreviated amendment procedure and certifying for each such member so identified its sale of individual products in its prior fiscal year. Notice of the members so identified shall be published in the Federal Register. However, the Committee may withdraw one or more individual members from the application for the abbreviated amendment. If 30 days or more following publication in the Federal Register, the Secretary of Commerce, with the concurrence of the Attorney General, determines that the incorporation in the Certificate of these members through the abbreviated amendment procedure is consistent with the standards of the Act, the Secretary of Commerce shall amend the Certificate to incorporate such members, effective as of the date on which the application for amendment is deemed submitted. If the Secretary of Commerce does not within 60 days of publication in the Federal Register so amend the Certificate, such amendment must be sought through the non-abbreviated amendment procedure.

Terms and Conditions of Certificate

1. Except as expressly authorized in Export Trade Activity and Methods of Operation 4(C), in engaging in Export Trade Activities and Methods of Operation, neither the Committee nor any Member shall intentionally disclose, directly or indirectly, to any other Member (including parent companies, subsidiaries, or other entities related to any Member not named as a Member) any information regarding its or any other Member's costs, production, inventories, domestic prices, domestic sales, capacity to produce Products for domestic sale, domestic orders, terms of domestic marketing or sale, or U.S. business plans, strategies, or methods, unless (1) such information is already generally available to the trade or public; or (2) the information disclosed is a necessary term or condition (e.g., price, time required to fill an order, etc.) of an actual or potential bona fide export sale and the disclosure is limited to the prospective purchaser.

2. The Committee and its Members will comply with requests made by the Secretary of Commerce on behalf of the Secretary or the Attorney General for information or documents relevant to conduct under the Certificate. The Secretary of Commerce will request such information or documents when either the Attorney General or the Secretary of Commerce believes that the information or documents are required to determine that the Export Trade, Export Trade Activities and Methods of Operation of a person protected by this Certificate of Review continue to comply with the standards of section 303(a) of the Act.

Definitions

''Member'' means a member of the Committee who has been certified as a ''Member'' within the meaning of Section 325.1(1) of the Regulations. Members must sign the Operating Agreement of the Committee in order to participate in the certified activities. Any U.S. company, that is actively engaged in rice milling or that has exported U.S. rice in the preceding or current calendar year and that wishes to participate in the activities covered by this certificate, may join the Committee's membership by executing the Operating Agreement and paying a membership fee of $3,000 per calendar year. Any Committee member that is not a listed Member may join the Committee's export trade certificate of review by requesting that the Committee file for an amended certificate. A Member may withdraw from coverage under this certificate at any time by giving written notice to the Committee, a copy of which the Committee will promptly transmit to the Secretary of Commerce and the Attorney General.

Dated: November 18, 1996.

W. Dawn Busby,

Director, Office of Export Trading Company Affairs.

[FR Doc. 96–29865 Filed 11–21–96; 8:45 am]

BILLING CODE 3510–DR–F

North American Free-Trade Agreement (NAFTA), Article 1904 Binational Panel Reviews; Request for Panel Review

AGENCY: NAFTA Secretariat, United States Section, International Trade Administration, Department of Commerce.

ACTION: Notice of Completion of the Panel Review.

SUMMARY: On October 28, 1996 the Binational Panel completed its review of the Final Determination in the antidumping duty administrative review made by the International Trade Administration respecting Gray Portland Cement Clinker from Mexico, Secretariat File No. USA–95–1904–02.

FOR FURTHER INFORMATION CONTACT: James R. Holbein, United States Secretary, NAFTA Secretariat, Suite 2061, 14th and Constitution Avenue, Washington, D.C. 20230, (202) 482–5438.

SUPPLEMENTARY INFORMATION: On September 13, 1996 the Binational Panel issued its decision affirming the Final Determination in this matter and instructed the Secretariat to issue a Notice of Final Panel Action. The Notice of Final Panel Action was issued on September 25, 1996. No Request for an Extraordinary challenge was filed within 30 days of the issuance of the Notice of Final Panel Action. Therefore, on the basis of the Panel decision and Rule 80 of the *NAFTA Article 1904 Panel Rules*, the Panel Review was completed and the panelists were discharged from their duties effective October 28, 1996.

Dated: October 29, 1996.

James R. Holbein,

U.S. Secretary, NAFTA Secretariat.

[FR Doc. 96–29846 Filed 11–21–96; 8:45 am]

BILLING CODE 3510–GT–M

National Oceanic and Atmospheric Administration

[I.D. 110896B]

Endangered Species; Permits

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Notice of receipt of application for a research permit (P610A).

SUMMARY: Notice is hereby given that Steven A. Serfling of Mote Marine Laboratory & Mote Aquaculture (P610A) has applied in due form for a scientific research permit to take listed shortnose sturgeon.

DATES: Written comments or requests for a public hearing on this application must be received on or before December 23, 1996.

ADDRESSES: The application and related documents are available for review by appointment in the following offices:

Office of Protected Resources, F/PR3, NMFS, 1315 East-West Hwy., Room 13307, Silver Spring, MD 20910–3226 (301–713–1401); and

Director, Southeast Region, NMFS, NOAA, 9721 Executive Center Drive, St. Petersburg, FL 33702–2432 (813–893–3141).

Written comments, or requests for a public hearing on this application should be submitted to the Chief, Endangered Species Division, Office of Protected Resources.

SUPPLEMENTARY INFORMATION: Steven A. Serfling, Mote Marine Laboratory & Mote Aquaculture (P610A), requests a research permit under the authority of the Endangered Species Act of 1973 (ESA) (16 U.S.C. 1531–1543) and NMFS regulations governing listed fish and wildlife permits (50 CFR parts 217–227).

The applicant requests a five-year permit to hold and breed hatchery raised, listed shortnosed sturgeon at Mote Marine Laboratory in Florida to determine effects of high temperatures, low oxygen and salinity on their survival and growth. In addition, attempts will be made to locate listed shortnosed sturgeon in the St. Johns and St. Marys rivers in Florida. If any sturgeon are found, tissue samples will be collected for toxic compound analysis.

Those individuals requesting a hearing should set out the specific reasons why a hearing on this particular application would be appropriate (see **ADDRESSES**). The holding of such hearing is at the discretion of the Assistant Administrator for Fisheries, NOAA. All statements and opinions contained in this application summary are those of the applicant and do not necessarily reflect the views of NMFS.

Dated: November 8, 1996.

Robert C. Ziobro,

Acting Chief, Endangered Species Division, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. 96–29916 Filed 11–21–96; 8:45 am]

BILLING CODE 3510–22–F

COMMITTEE FOR THE IMPLEMENTATION OF TEXTILE AGREEMENTS

Announcement of Import Restraint Limits for Certain Cotton, Wool and Man-Made Fiber Textile Products Produced or Manufactured in the Federative Republic of Brazil

November 18, 1996.

AGENCY: Committee for the Implementation of Textile Agreements (CITA).

ACTION: Issuing a directive to the Commissioner of Customs establishing limits.

EFFECTIVE DATE: January 1, 1997.

FOR FURTHER INFORMATION CONTACT: Jennifer Aldrich, International Trade Specialist, Office of Textiles and Apparel, U.S. Department of Commerce, (202) 482–4212. For information on the quota status of these limits, refer to the Quota Status Reports posted on the bulletin boards of each Customs port or call (202) 927–5850. For information on embargoes and quota re-openings, call (202) 482–3715.

SUPPLEMENTARY INFORMATION:

Authority: Executive Order 11651 of March 3, 1972, as amended; section 204 of the Agricultural Act of 1956, as amended (7 U.S.C. 1854); Uruguay Round Agreements Act.

The import restraint limits for textile products, produced or manufactured in Brazil and exported during the period January 1, 1997 through December 31, 1997 are based on limits notified to the Textiles Monitoring Body pursuant to the Uruguay Round Agreements Act and the Uruguay Round Agreement on Textiles and Clothing (ATC).

In the letter published below, the Chairman of CITA directs the Commissioner of Customs to establish the 1997 limits.

A description of the textile and apparel categories in terms of HTS numbers is available in the CORRELATION: Textile and Apparel Categories with the Harmonized Tariff Schedule of the United States (see Federal Register notice 60 FR 65299, published on December 19, 1995). Information regarding the 1997 CORRELATION will be published in the Federal Register at a later date.

The letter to the Commissioner of Customs and the actions taken pursuant to it are not designed to implement all of the provisions of the Uruguay Round Agreements Act and the ATC, but are designed to assist only in the implementation of certain of their provisions.

Troy H. Cribb,

Chairman, Committee for the Implementation of Textile Agreements.

Committee for the Implementation of Textile Agreements

November 18, 1996.

Commissioner of Customs,

Department of the Treasury, Washington, DC 20229.

Dear Commissioner: Pursuant to section 204 of the Agricultural Act of 1956, as amended (7 U.S.C. 1854), the Uruguay Round Agreements Act and the Uruguay Round Agreement on Textiles and Clothing (ATC); and in accordance with the provisions of Executive Order 11651 of March 3, 1972, as amended, you are directed to prohibit, effective on January 1, 1997, entry into the United States for consumption and withdrawal from warehouse for consumption of cotton, wool and man-made fiber textile products in the following categories, produced or manufactured in Brazil and exported during the twelve-month period beginning on January 1, 1997 and extending through December 31, 1997, in excess of the following levels of restraint:

Category	Twelve-month restraint limit
Aggregate Limit	
200–239, 300–369, 400–469 and 600–670, as a group.	464,917,189 square meters equivalent.
Sublevels within the aggregate	
218	5,723,243 square meters.
219	20,894,921 square meters.
225	10,015,676 square meters.
300/301	7,762,034 kilograms.
313	48,065,078 square meters.
314	7,869,461 square meters.
315	23,608,382 square meters.
317/326	21,462,164 square meters.
334/335	154,008 dozen.
336	85,562 dozen.
338/339/638/639	1,540,113 dozen.
342/642	453,477 dozen.
347/348	1,112,304 dozen.
350	172,564 dozen.
361	1,163,640 numbers.
363	24,834,888 numbers.
369–D [1]	554,682 kilograms.
410/624	11,446,488 square meters of which not more than 2,657,962 square meters shall be in Category 410.
433	18,451 dozen.
445/446	72,280 dozen.

Category	Twelve-month restraint limit
604	543,342 kilograms of which not more than 415,270 kilograms shall be in Category 604–A [2].
607	5,045,324 kilograms.
647/648	513,372 dozen.
669–P [3]	1,848,942 kilograms.

[1] Category 369–D: only HTS numbers 6302.60.0010, 6302.91.0005 and 6302.91.0045.
[2] Category 604–A: only HTS number 5509.32.0000.
[3] Category 669–P: only HTS numbers 6305.32.0010, 6305.32.0020, 6305.33.0010, 6305.33.0020 and 6305.39.0000.

Imports charged to these category limits for the period January 1, 1996 through December 31, 1996 shall be charged against those levels of restraint to the extent of any unfilled balances. In the event the limits established for that period have been exhausted by previous entries, such goods shall be subject to the levels set forth in this directive.

The limits set forth above are subject to adjustment in the future pursuant to the provisions of the Uruguay Round Agreements Act, the ATC and any administrative arrangements notified to the Textiles Monitoring Body.

In carrying out the above directions, the Commissioner of Customs should construe entry into the United States for consumption to include entry for consumption into the Commonwealth of Puerto Rico.

The Committee for the Implementation of Textile Agreements has determined that these actions fall within the foreign affairs exception of the rulemaking provisions of 5 U.S.C. 553(a)(1).

Sincerely,

Troy H. Cribb,

Chairman, Committee for the Implementation of Textile Agreements.

[FR Doc. 96–29902 Filed 11–21–96; 8:45 am]

BILLING CODE 3510–DR–F

COMMODITY FUTURES TRADING COMMISSION

Chicago Mercantile Exchange: Applications for Designation in Futures and Futures Option Contracts on the 91-Day Mexican Treasury Bill (CETES)

AGENCY: Commodity Futures Trading Commission.

ACTION: Notice of availability of the terms and conditions of proposed commodity futures and option contracts.

SUMMARY: The Chicago Mercantile Exchange (CME or Exchange) has applied for designation as a contract market in the 91-Day Mexican Treasury Bill (CETES) futures contract and options on that futures contract.

The Acting Director of the Division of Economic Analysis (Division) of the Commission, acting pursuant to the authority delegated by Commission Regulation 140.96, has determined that publication of the proposals for comment is in the public interest, will assist the Commission in considering the views of interested persons, and is consistent with the purposes of the Commodity Exchange Act.

DATES: Comments must be received on or before December 23, 1996.

ADDRESSES: Interested persons should submit their views and comments to Jean A. Webb, Secretary, Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street NW, Washington, DC 20581. In addition, comments may be sent by facsimile transmission to facsimile number (202) 418–5521, or by electronic mail to secretary@cftc.gov. Reference should be made to the CME 91-day Mexican Treasury Bill contracts.

FOR FURTHER INFORMATION CONTACT: Please contact Stephen Sherrod of the Division of Economic Analysis, Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street, Washington, DC, 20581, telephone 202–418–5277. Facsimile number: (202) 418–5527. Electronic mail: ssherrod@cftc.gov

SUPPLEMENTARY INFORMATION: Copies of the terms and conditions will be available for inspection at the Office of the Secretariat, Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street Washington, D.C. 20581. Copies of the terms and conditions can be obtained through the Office of the Secretariat by mail at the above address or by phone at (202) 418–5100.

Other materials submitted by the CME in support of the applications for contract market designation may be available upon request pursuant to the Freedom of Information Act (5 U.S.C. 552) and the Commission's regulations thereunder (17 C.F.R. Part 145 (1987)), except to the extent they are entitled to confidential treatment as set forth in 17 C.F.R. 145.5 and 145.9. Requests for copies of such materials should be made to the FOI, Privacy and Sunshine Act Compliance Staff of the Office of the Secretariat at the Commission's headquarters in accordance with 17 C.F.R. 145.7 and 145.8.

Any person interested in submitting written data, views, or arguments on the proposed terms and conditions, or with respect to other materials submitted by the CME, should send such comments to Jean A. Webb, Secretary, Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street, NW, Washington, DC 20581 by the specified date.

Dated: November 18, 1996.

Blake Imel,

Acting Director.

[FR Doc. 96–29833 Filed 11–21–96; 8:45 am]

BILLING CODE 6351–01–P

Coffee, Sugar & Cocoa Exchange: Applications for Designation in Futures and Futures Option Contracts on BFP (Basic Formula Price) Milk

AGENCY: Commodity Futures Trading Commission.

ACTION: Notice of availability of the terms and conditions of proposed commodity futures and option contracts.

SUMMARY: The Coffee, Sugar & Cocoa Exchange (CSCE or Exchange) has applied for designation as a contract market in futures and a futures option on BFP milk. The proposed contracts will be in addition to the CSCE's existing physical delivery milk futures contract and its associated option contract. The Acting Director of the Division of Economic Analysis (Division) of the Commission, acting pursuant to the authority delegated by Commission Regulation 140.96, has determined that publication of the proposals for comment is in the public interest, will assist the Commission in considering the views of interested persons, and is consistent with the purposes of the Commodity Exchange Act.

DATES: Comments must be received on or before December 23, 1996.

ADDRESSES: Interested persons should submit their views and comments to Jean A. Webb, Secretary, Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street NW, Washington, DC 20581. In addition, comments may be sent by facsimile transmission to facsimile number (202) 418–5521, or by electronic mail to secretary@cftc.gov. Reference should be made to the BFP milk futures and the option.

FOR FURTHER INFORMATION CONTACT: Please contact Frederick Linse of the Division of Economic Analysis, Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street, Washington, DC, 20581, telephone 202–418–5273. Facsimile number: (202) 418–5527. Electronic mail: flinse@cftc.gov

SUPPLEMENTARY INFORMATION: Copies of the terms and conditions will be available for inspection at the Office of

the Secretariat, Commodity Futures Trading Commission, Three Lafayette Centre, 21st Street Washington, D.C. 20581. Copies of the terms and conditions can be obtained through the Office of the Secretariat by mail at the above address or by phone at (202) 418–5100.

Other materials submitted by the CSCE in support of the applications for contract market designation may be available upon request pursuant to the Freedom of Information Act (5 U.S.C. 552) and the Commission's regulations thereunder (17 CFR Part 145 (1987)), except to the extent they are entitled to confidential treatment as set forth in 17 CFR 145.5 and 145.9. Requests for copies of such materials should be made to the FOI, Privacy and Sunshine Act Compliance Staff of the Office of the Secretariat at the Commission's headquarters in accordance with 17 CFR 145.7 and 145.8.

Any person interested in submitting written data, views, or arguments on the proposed terms and conditions, or with respect to other materials submitted by the CSCE, should send such comments to Jean A. Webb, Secretary, Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street, NW, Washington, DC 20581 by the specified date.

Dated: November 18, 1996.

Blake Imel,

Acting Director.

[FR Doc. 96–29834 Filed 11–21–96; 8:45 am]

BILLING CODE 6351–01–P

DEPARTMENT OF DEFENSE

Public Information Collection Requirement Submitted to the Office of Management and Budget (OMB) for Review

ACTION: Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

Title and OMB Control Number: DoD FARS, Part 217, Special Contracting Methods, and related clauses in Subpart 252.217 OMB Control No. 0704–0214.

Type of Request: Extension.

Number of Respondents: 43,300.

Responses Per Respondent: 1.57.

Annual Responses: 67,800.

Average Burden Per Response: 9.5 hours.

Annual Burden Hours: 641,175.

Needs and Uses: This collection of information addresses the policies and procedures for the acquisition of supplies and services by special contracting methods. The information collected hereby, will be used to identify sources of supply, as well as to determine if contractors are adequately insured, and to evaluate reimbursement requests, requests to change place of performance, and proposals for over and above work on existing contracts.

Affected Public: Business or other for-profit; not-for-profit institutions.

Frequency: On occasion.

Respondent's Obligation: Required to obtain or retain benefits.

OMB Desk Officer: Mr. Peter Weiss.

Written comments and recommendations on the proposed information collection should be sent to Mr. Weiss at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.

DOD Clearance Officer: Mr. William Pearce.

Written requests for copies of the information collection proposal should be sent to Mr. Pearce, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202–4302.

Dated: November 15, 1996.

L. M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 96–29919 Filed 11–21–96; 8:45 am]

BILLING CODE 5000–04–M

Public Information Collection Requirement Submitted to the Office of Management and Budget (OMB) for Review

ACTION: Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

Title: Associated Forms; and OMB Control Number: DoD FARS, Part 245, Government Property, and Related Clauses in Parts 252 and 253; DD Forms 1149, 1149C, 1342, 1419, 1637, 1639, 1640, and 1662; OMB Control No. 0704–0246.

Type of Request: Extension.

Number of Respondents: 14,890.

Responses Per Respondent: 2.9.

Annual Responses: 43,617.

Average Burden Per Response: 72 minutes.

Annual Burden Hours: 52,690 hours.

Needs and Uses: This collection of information addresses the requirements related to providing Government property to contractors; contractor use and management of Government property; and the reporting, redistribution, and disposal of contractor inventory. The information collected hereby, will be used by contractors, property administrators, and contracting officers to maintain Government-furnished property records.

Affected Public: Business or other for-profit; not-for-profit institutions.

Frequency: On occasion.

Respondent's Obligation: Required to obtain or retain benefits.

OMB Desk Officer: Mr. Peter Weiss.

Written comments and recommendations on the proposed information collection should be sent to Mr. Weiss at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.

DOD Clearance Officer: Mr. William Pearce.

Written requests for copies of the information collection proposal should be sent to Mr. Pearce, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202–4302.

Dated: November 15, 1996.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 96–29920 Filed 11–21–96; 8:45 am]

BILLING CODE 5000–04–M

Public Information Collection Requirement Submitted to the Office of Management and Budget (OMB) for Review

ACTION: Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

Title; Associated Forms; and OMB Control Number: Appointment of Chaplains for the Military Services; DD Forms 2088 and 2741; OMB Control No. 0704–0190

Type of Request: Reinstatement.

Number of Respondents: 717.

Response per Respondent: 1.

Annual Responses: 717.

Average Burden per Response: 1.19 hours.

Annual Burden Hours: 851 hours.

Needs and Uses: This collection of information addresses the requirements related to the appointment of chaplains to the military services. The information collected hereby, will ensure that religious organizations seeking to endorse chaplains are indeed eligible to do so, and that applicants so endorsed

are professionally qualified for appointment as a military chaplain. Additionally, it will provide information used in determining eligibility for promotion of appointees to the military chaplain services.

Affected Public: Not-for-profit institutions.

Frequency: On occasion and Triennially.

Respondent's Obligation: Voluntary.

OMB Desk Officer: Mr. Edward C. Springer.

Written comments and recommendations on the proposed information collection should be sent to Mr. Springer at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC 20503.

DOD Clearance Officer: Mr. William Pearce.

Written requests for copies of the information collection proposal should be sent to Mr. Pearce, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202–4302.

Dated: November 15, 1996.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 96–29921 Filed 11–21–96; 8:45 am]

BILLING CODE 5000–04–M

Department of the Army

Army Science Board Notice of Closed Meeting

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), announcement is made of the following Committee Meeting:

NAME OF COMMITTEE: Army Science Board (ASB).

DATE OF MEETING: 25 & 26 November 1996.

TIME OF MEETING: 0900–1600 (both days).

PLACE: Pentagon—Washington, DC.

AGENDA: The Army Science Board (ASB) Ad Hoc Study on ''The Impact of Information Warfare on Army Command, Control, Communications, Computers and Intelligence (C4I) Systems'' will have a two day report writing session. These meetings will be closed to the public in accordance with Section 552b(c) of title 5, U.S.C., specifically subparagraph (4) thereof, and Title 5, U.S.C., Appendix 2, subsection 10(d). The proprietary matters to be discussed are so inextricably intertwined so as to preclude opening any portion of these meetings. For further information, please contact Michelle Diaz at (703) 695–0781.

Michelle P. Diaz,

Program Support Specialist, Army Science Board.

[FR Doc. 96–29923 Filed 11–21–96; 8:45 am]

BILLING CODE 3710–08–M

Department of the Navy

Notice of Availability of the Department of Navy Final Environmental Impact Statement for a Container System for the Management of Naval Spent Nuclear Fuel

SUMMARY: The Department of the Navy (Navy) is giving notice of the availability of the Final Environmental Impact Statement (EIS) for a Container System for the Management of Naval Spent Nuclear Fuel.

The Final EIS was prepared in accordance with the requirements of the National Environmental Policy Act of 1969 (NEPA); Council on Environmental Quality regulations implementing NEPA, 40 CFR Parts 1500–1508; and Chief of Naval Operations Environmental and Natural Resources Program Manual, OPNAV Instruction 5090.1B. The Final EIS addresses the need, alternatives, and environmental impacts of manufacturing containers; loading containers, and handling and storage of naval spent nuclear fuel at the Department of Energy's Idaho National Engineering Laboratory (INEL); transportation of naval spent nuclear fuel loaded containers to a notional repository or a centralized interim storage site; and the storage, handling, and transportation of certain radioactive waste associated with naval spent nuclear fuel management. The Department of Energy is participating as a cooperating agency and adopted this Final EIS (DOE/EIS–0251) on October 9, 1996.

Upon completion of general distribution of the document, DOE will file the Final EIS with the Environmental Protection Agency, which will then publish this Notice of Availability in the Federal Register. The Final EIS will also be available to the public in DOE reading rooms and designated information locations which are identified in the Availability of Copies section of this notice. The Navy plans to issue a Record of Decision on the Final EIS by December 31, 1996.

ADDRESSES: Requests for copies of the Final EIS and for further information on the Final EIS should be directed to: Mr. William Knoll of the Naval Propulsion Program of the Department of the Navy, Code NAVSEA 08U, 2531 Jefferson Davis Highway, Arlington, Virginia 22242–5160, Telephone: 703–602–8229. Copies of the Final EIS may be obtained by following instructions given below in the **AVAILABILITY OF COPIES** section.

Background

The Navy issued a Draft EIS for public comment and published a Notice of Availability in the Federal Register on May 14, 1996 (61 CFR 24293). Thereafter, the Navy held six public hearings in three locations in the States of Idaho and Utah, in order to obtain public comments on the Draft EIS. The comment period was originally scheduled for 45 days, but a 15-day extension was granted based on a request from the State of Nevada. Public comments were received by mail, telephone, and facsimile. Comments on the DEIS were received from a broad spectrum of private citizens, local, state, and federal officials. Native American Tribes and public interest groups also provided comments. Comments are reprinted in the Final EIS in Chapter 11, which is new in its entirety. The response to each comment is provided following the text of the comment.

Public comments on the Draft EIS were assessed and considered both individually and collectively by the Navy and DOE. Some comments resulted in modifications to the EIS. Changes to the EIS are annotated by sidebars in the margins. For other comments, the Navy explained why a change to the EIS was not warranted. Most responses to such comments communicated government policy, indicated that the comment was beyond the scope of the EIS, explained the relationship of this EIS to other related NEPA documents, referred commenters to information in the EIS, answered technical questions, or further explained technical issues.

The Final EIS, like the Draft EIS, addresses the potential environmental impacts associated with the need and alternatives for selecting a container system for the management of naval spent nuclear fuel on a national level. The Final EIS also addresses potential environmental impacts related to manufacturing containers; loading containers, handling and storage of naval spent nuclear fuel at the Idaho National Engineering Laboratory (INEL); transportation of naval spent nuclear fuel to a notional repository or centralized interim storage site; and the storage, handling, and transportation of low-level radioactive waste, referred to as special case waste, associated with naval spent nuclear fuel management.

The six container system alternatives considered are:

(1) No-Action Alterative—Use of existing technology to handle, store, and subsequently transport naval spent nuclear fuel to a geologic repository or a centralized interim storage site using the Navy M–140 transportation cask. Prior to shipment to a repository or centralized interim storage site, naval spent nuclear fuel would be managed at INEL in water pools or dry containers, then loaded into M–140 transportation casks. At the repository, the naval spent fuel would be unloaded from the M–140 transportation casks and placed in a geologic repository's surface facilities for loading into disposal containers. Following unloading, the M–140 transportation casks would be returned to INEL for reuse.

(2) Multi-Purpose Canister Alternative—Use of large multi-purpose canisters for storage, transportation, and disposal of naval spent nuclear fuel, without repackaging or further handling of individual spent nuclear fuel assemblies. In addition to the sealed metal canisters, specialized casks or overpacks would be required for different stages of the process, such as on-site transfer, dry storage, transportation to a geologic repository or a centralized interim storage site, and disposal.

(3) Current Technology/ Supplemented by High Capacity Rail Alternative—Use of existing M–140 transportation casks, but with redesigned internal structures to accommodate a larger amount of naval spent nuclear fuel per cask, thus reducing the total number of shipments required.

(4) Transportable Storage Cask Alternative—Use of an existing, commercially available cask for storage at INEL and shipment of naval spent nuclear fuel to a geologic repository or centralized interim storage site. At a repository, the naval spent fuel would be unloaded from the casks and placed in a geologic repository's surface facilities for loading into disposal containers. The unloaded transportable storage casks could be returned to INEL for further storage and transport.

(5) Dual-Purpose Canister Alternative—Use of an existing, commercially available canister and overpack system for storage at INEL and shipment of naval spent nuclear fuel to a geologic repository or centralized interim storage site. At a repository, the naval spent fuel would be unloaded from the canisters and placed in a geologic repository's surface facilities for loading into disposal containers.

(6) Small Multi-Purpose Canister Alternative—Use of smaller multi-purpose canisters, rather than large multi-purpose canisters. The small multi-purpose canisters would be similar in design, operations, and function to the large multi-purpose canisters, but would offer a lower weight and size alternative for transportation and handling at a geologic repository or centralized interim storage site.

In addition, the environmental evaluations in this Final EIS include several actions which are related to the container system choice: manufacturing the container system; handling and transportation associated with the container system; modifications at INEL to support loading naval spent nuclear fuel into containers for dry storage; the location of the dry storage at INEL; and the storage, handling, and transportation of special case waste associated with naval spent nuclear fuel. The Draft EIS did not contain a preferred alternative and concluded that the environmental impacts were small and comparable among all alternatives. The identification of a preferred alternative in the Final EIS takes into consideration the following factors: (1) public comments; (2) protection of human health and the environment; (3) cost; (4) technical feasibility; (5) operational efficiency; (6) regulatory impacts; and (7) storage or disposal criteria which may be established for a notional repository or centralized interim storage site outside the State of Idaho.

The Navy's preferred alternative for a container system for the management of naval spent nuclear fuel is the Dual-Purpose Canister Alternative. A system allowing the naval spent fuel assemblies to be loaded into a canister with a welded closure, which can be placed into separate shielded storage overpacks and transportation overpacks, would allow the Navy to take advantage of savings in costs, occupational exposure, handling, complexity, and environmental impacts associated with handling and waste generation in comparison to cask-based designs which require additional handling of individual fuel assemblies.

While a multi-purpose canister system has the potential to produce even greater savings in these areas, the disposal container design and waste acceptance requirements for a geologic repository have not yet been established. When these standards are established, they could result in a need to open canisters originally intended for disposal for purposes such as inspection or changes in the contents. The future requirements might even require the individual fuel assemblies to be transferred to some different container for disposal. This means that multi-purpose canister systems do not provide any definite functional advantages over the dual-purpose canister system at this time. On the other hand, it is possible that the canisters for dual-purpose canister systems may prove suitable for disposal in a geologic repository once the standards are determined.

Dates

A 45 day comment period following issue of the Draft EIS would have ended on July 3, 1996; however, the comment period was extended to July 18, 1996 based on a request from the State of Nevada. The Record of Decision is expected to be issued by December 31, 1996.

Availability of Copies of the Final EIS

Copies of the Final EIS are being distributed to Federal, State, and local officials and agencies; and to organizations and individuals known to be interested in the EIS. Additional copies may be obtained by contacting Mr. Knoll at the above address (see **ADDRESSES**). Copies of the Final EIS will be available for public review at the locations listed below. Copies of selected reference materials and public hearing transcripts are available in Reading Rooms and Other Information Locations listed below. Copies of the reference material may also be obtained upon request.

The Final EIS is about 700 pages in length. Separately bound copies of the 19-page Executive Summary are available for review for those who do not wish to have the entire Final EIS. When requesting copies of the Final EIS, please indicate whether you wish to receive only the Executive Summary, or the entire Final EIS.

Location of Reading Rooms

—Public Reading Room for U. S. DOE Headquarters; 1000 Independence Avenue, SW; 1E–190 Forrestal Building; Washington, DC
—Public Reading Room for U .S. DOE—Idaho Operations Office; 1776 Science Center Drive; Idaho Falls, ID
—Public Reading Room for U. S. DOE—Nevada Operations Office; 3004 South Highland Drive; Las Vegas, NV
—Flagstaff Public Library; 300 West Aspen Street; Flagstaff, AZ
—Sacramento Library; Central Office; 828 I Street; Sacramento
—Denver Public Library; 1357 Broadway; Denver, CO
—Boise Public Library; 715 South Capital Boulevard; Boise, ID
—Shoshone-Bannock Library; Bannock and Pima Streets; HRDC Building; Ft. Hall, ID
—Idaho Falls Public Library; 457 Broadway; Idaho Falls, ID

—Pocatello Public Library; 912 East Clark Street; Pocatello, ID
—Albuquerque Bernalillo County Library; 501 Copper NW; Albuquerque, NM
—Deschutes County Library; 507 NW Wall Street; Bend, OR
—Salt Lake City Public Library; 209 East 500 South; Salt Lake City, UT
—Laramie County Library; 2800 Central Avenue; Cheyenne, WY

Other Information Locations

—Lost River Community Library; 126 South Front Street, Box 170; Arco, ID
—Idaho State Library; 325 West State Street; Boise, ID
—City of Burley, Public Library; 1300 Miller Avenue; Burley, ID
—Coeur d'Alene Public Library; 201 Harrison Avenue; Coeur d'Alene, ID
—City of Emmett, Public Library; 275 South Hayes; Emmett, ID
—City of Gooding Public Library; 306 5th Avenue West; Gooding, ID
—Consolidated Free Library; 8385 North Government Way; Hayden Branch; Hayden Lake, ID
—City of Homedale, Public Library; 125 West Owyhee; Homedale, ID
—Ketchum Public Library; 415 Spruce Avenue North; Ketchum, ID
—Las Vegas Public Library; 833 Las Vegas Boulevard North; Las Vegas, NV
—Moscow Public Library; 100 South Jefferson; Moscow, ID
—University of Idaho Library; Rayburn Street Moscow, ID
—Ola District Library; 11475 Ola School Road; Ola, ID
—Clearwater Memorial Library; 402 Michigan Avenue; Orofino, ID
—Idaho State University Library, Documents Department; 741 South 7th Avenue; Pocatello, ID
—Salmon Public Library; 204 Main Street; Salmon, ID
—Shoshone Public Library; 211 South Rail Street; Shoshone, ID
—Twin Falls Public Library; 434 Second Street East; Twin Falls, ID
—Caliente Public Library, 120 Depot Avenue; Caliente, NV
—Carson City Public Library; 900 North Roop Street; Carson City, NV
—Elko Public Library; 720 Court Street; Elko, NV
—Lincoln County Public Library; Alamo Branch; First West Street; Alamo, NV
—Lincoln County Public Library; Pioche (Main Branch); Number 1 Main Street; Pioche, NV
—Pahrump Public Library; 2101 East Calvado Boulevard; Pahrump, NV
—Smokey Valley Library District; Hadley Circle; Round Mountain, NV
—Tonopah Public Library; 171 Central; Tonopah, NV
—Brigham City Library; 20 North Main Street; Brigham City, UT
—Cedar City Library; 136 West Center; Cedar City, UT
—Delta City Library; 76 North 200 West; Delta, UT
—Logan City Library; 255 North Main; Logan, UT
—Marriott Library; University of Utah; Salt Lake City, UT

Dated: November 18, 1996.

F.L. Bowman,

Admiral, USN, Director, Naval Nuclear Propulsion Program.

[FR Doc. 96–29935 Filed 11–21–96; 8:45 am]

BILLING CODE 3810–FF–P

DEPARTMENT OF ENERGY

Environmental Management Site-Specific Advisory Board, Department of Energy, Los Alamos National Laboratory

AGENCY: Department of Energy.

ACTION: Notice of open meeting.

SUMMARY: Pursuant to the provisions of the Federal Advisory Committee Act (Public Law 92–463, 86 Stat. 770) notice is hereby given of the following Advisory Committee meeting: Environmental Management Site-Specific Advisory Board (EM SSAB), Los Alamos National Laboratory.

DATES: Tuesday, November 26, 1996: 6:30 pm–9:30 pm, 7:00 pm to 7:30 pm (public comment session).

ADDRESSES: The Northern New Mexico Community College, 1002 North Onate Street, Espanola, New Mexico 87501, 505–988–3400.

FOR FURTHER INFORMATION CONTACT: Ms. Ann DuBois, Los Alamos National Laboratory Citizens' Advisory Board Support, Northern New Mexico Community College, 1002 Onate Street, Espanola, NM 87352, (800) 753–8970, or (505) 753–8970, or (505) 262–1800.

SUPPLEMENTARY INFORMATION:

Purpose of the Board: The purpose of the Advisory Board is to make recommendations to DOE and its regulators in the areas of environmental restoration, waste management, and related activities.

Tentative Agenda: Tuesday, November 26, 1996

6:30 PM—Call to Order and Welcome
7:00 PM—Public Comment
7:30 PM—Old Business
—Approval of Bylaws
—Priority Issues for Work Plan
—Proposed Statement of Work
—Presentation on Cultural Inclusion in our Decisionmaking
9:30 PM—Adjourn

Public Participation: The meeting is open to the public. Written statements may be filed with the Committee either before or after the meeting. Individuals who wish to make oral statements pertaining to agenda items should contact Ms. Ann DuBois, at (800) 753–8970. Requests must be received 5 days prior to the meeting and reasonable provision will be made to include the presentation in the agenda. The Designated Federal Official is empowered to conduct the meeting in a fashion that will facilitate the orderly conduct of business. This notice is being published less than 15 days in advance of the meeting due to programmatic issues that needed to be resolved.

Minutes: The minutes of this meeting will be available for public review and copying at the Freedom of Information Public Reading Room, 1E–190, Forrestal Building, 1000 Independence Avenue, SW, Washington, DC 20585, between 9:00 a.m. and 4 p.m., Monday–Friday, except Federal holidays. Minutes will also be available by writing to Herman Le-Doux, Department of Energy, Los Alamos Area Office, 528 35th Street, Los Alamos, NM 87185–5400.

Issued at Washington, DC, on November 19, 1996.

Rachel M. Samuel,

Acting Deputy Advisory Committee Management Officer.

[FR Doc. 96–29889 Filed 11–21–96; 8:45 am]

BILLING CODE 6450–01–P

Environmental Management Site-Specific Advisory Board, Hanford Site

AGENCY: Department of Energy.

ACTION: Notice of open meeting.

SUMMARY: Pursuant to the provisions of the Federal Advisory Committee Act (Pub. L. 92–463, 86 Stat. 770) notice is hereby given of the following Advisory Committee meeting: Environmental Management Site-Specific Advisory Board (EM SSAB), Hanford Site.

DATES: Thursday, December 5, 1996: 8:30 a.m.–5:00 p.m.

ADDRESSES: Red Lion Lloyd Center, 1000 NE Multnomah, Portland, Oregon.

FOR FURTHER INFORMATION CONTACT: Jon Yerxa, Public Participation Coordinator, Department of Energy Richland Operations Office, P.O. Box 550, Richland, WA, 99352.

SUPPLEMENTARY INFORMATION:

Purpose of the Board: The purpose of the Board is to make recommendations to DOE and its regulators in the areas of environmental restoration, waste management, and related activities.

Tentative Agenda:

December Meeting Topics

The Hanford Advisory Board will receive information on and discuss issues related to: the Columbia River Comprehensive Impact Statement, Historic Preservation, Reactors on the River, FY 1999 DOE Budget Process and Timeline, Project Hanford Management Contract, Institutional Controls, and Tri-Party Agreement Negotiations on Spent Fuel. The Board will also receive updates from various Subcommittees, including updates on: Tank Waste Remediation System, 200 Area Soils Remediation Strategy, the FFTF Option for Tritium Production, and the National Equity Dialogue.

Public Participation: The meeting is open to the public. Written statements may be filed with the Committee either before or after the meeting. Individuals who wish to make oral statements pertaining to agenda items should contact Jon Yerxa's office at the address or telephone number listed above. Requests must be received 5 days prior to the meeting and reasonable provision will be made to include the presentation in the agenda. The Designated Federal Official is empowered to conduct the meeting in a fashion that will facilitate the orderly conduct of business. Each individual wishing to make public comment will be provided a maximum of 5 minutes to present their comments.

Minutes: The minutes of this meeting will be available for public review and copying at the Freedom of Information Public Reading Room, 1E–190, Forrestal Building, 1000 Independence Avenue, SW, Washington, DC 20585 between 9:00 a.m. and 4 p.m., Monday–Friday, except Federal holidays. Minutes will also be available by writing to Jon Yerxa, Department of Energy Richland Operations Office, P.O. Box 550, Richland, WA 99352, or by calling him at (509)–376–9628.

Issued at Washington, DC on November 19, 1996.

Rachel M. Samuel,

Acting Deputy Advisory Committee Management Officer.

[FR Doc. 96–29890 Filed 11–21–96; 8:45 am]

BILLING CODE 6450–01–P

Federal Energy Regulatory Commission

[Docket No. CP97–71–000]

ANR Pipeline Company; Notice of Application

November 18, 1996.

Take notice that on October 25, 1996, ANR Pipeline Company (ANR), 500 Renaissance Center, Detroit, Michigan 48243, filed in Docket No. CP97–71–000 an application pursuant to Section 7(c) of the Natural Gas Act and Subpart A of Part 157 of the Commission's regulations for a certificate of public convenience and necessity for authorization to construct and operate new pipeline facilities to be located both offshore and onshore Louisiana. ANR proposed to construct: (a) Approximately 37 miles of 30-inch mainline loop, from a point in Eugene Island Block 63 to ANR's existing Patterson compressor station located in St. Mary Parish, Louisiana; (b) approximately 0.25 miles of 36-inch replacement pipe and two additional separators within the Patterson compressor station yard; and (c) approximately 0.2 miles of 30-inch loop between Eugene Island Block 188 platforms ''A'' and ''B'', all as more fully set forth in the application, which is on file with the Commission and open to public inspection.

ANR states that the proposed facilities are designed to increase ANR's transmission capacity by up to 461 Mmcf per day to facilitate the transportation by ANR of the anticipated gas production from the shallow and deepwater producing regions in offshore Louisiana. ANR avers that its existing offshore pipeline network can already accommodate much of the anticipated new gas production and, with its expansion project, accommodate virtually all of the capacity requirements of many of the proposed new offshore pipeline projects with the least installation of new facilities, at the lowest cost. ANR requests that the cost of these new facilities be treated on a rolled-in basis in ANR's next rate case.

ANR states it intends to conduct an open season and to make the proposed expansion capacity available on a non-discriminatory basis to any shipper that has executed a transportation service agreement with ANR.

ANR estimates a construction cost of approximately $51.2 million, which it will finance from internally general funds.

The Commission's staff will defer establishing a schedule for an environmental assessment, pending the submission of complete environmental information necessary to evaluate ANR's application.

Any person desiring to be heard or to make any protest with reference to said application should on or before December 9, 1996, file with the Federal Energy Regulatory Commission, Washington, D.C. 20426, a motion to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211) and the Regulations under the Natural Gas Act (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken, but will not serve to make the protestants parties to the proceedings. Any person wishing to become a party to a proceeding or to participate as a party in accordance with the Commission's Rules.

Take further notice that, pursuant to the authority contained in and subject to the jurisdiction conferred upon the Federal Energy Regulatory Commission by Sections 7 and 15 of the Natural Gas Act and the Commission's Rules of Practice and Procedure, a hearing will be held without further notice before the Commission or its designee on this application if no motion to intervene is filed within the time required herein, and if the Commission on its own review of the matter finds that a grant of the certificate is required by the public convenience and necessity. If a motion for leave to intervene is timely filed, or if the Commission on its own motion believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provided for, unless otherwise advised, it will be unnecessary for ANR to appear or be represented at the hearing.

Lois D. Cashell,

Secretary.

[FR Doc. 96–29854 Filed 11–21–96; 8:45 am]

BILLING CODE 6717–01–M

[Docket No. CP97–87–000]

ANR Pipeline Company; Notice of Request Under Blanket Authorization

November 18, 1996.

Take notice that on November 7, 1996, ANR Pipeline Company (ANR), 500 Renaissance Center, Detroit, Michigan 48243, filed a prior notice request with the Commission in Docket No. CP97–87–000 pursuant to Section 157.205 of the Commission's Regulations under the Natural Gas Act (NGA) for authorization to construct and operate a 2-inch turbine meter at its Donnellson meter station and to abandon its Cal Spray meter station, both in Lee County, Iowa, under ANR's blanket certificate issued in Docket No. CP82–480–000 pursuant to Section 7 of the NGA, all as more fully set forth in the request which is open to the public for inspection.

ANR proposes to construct a 2-inch turbine meter at the Donnellson meter

station in Lee County and to operate the facility under Section 7 of the NGA. ANR states that the proposed turbine meter at the Donnellson meter station would enable ANR to accommodate greater winter flow rates than the existing 2-inch positive displacement meter can currently handle. ANR delivers natural gas to MidAmerican Energy Company (MidAmerican) at this meter station. ANR further states that the proposed annual quantities of natural gas that would be delivered at the Donnellson meter station would not affect the installation of the proposed 2-inch turbine meter. ANR estimates that it would cost $28,200 to construct the proposed 2-inch turbine meter.

ANR also proposes to abandon its Cal Spray meter station [1] (located on the Donnellson meter station site) which consists of two 6-inch orifice meters. ANR states that it no longer needs these facilities, because MidAmerican no longer serves Chevron Chemical Company's (Chevron) anhydrous ammonia plant at this location. Following Chevron's closing of the anhydrous ammonia plant, MidAmerican eliminated its tie-in with ANR at the Cal Spray meter station.

Any person or the Commission's staff may, within 45 days after the Commission has issued this notice, file pursuant to Rule 214 of the Commission's Procedural Rules (18 CFR 385.214) a motion to intervene or notice of intervention and pursuant to Section 157.205 of the Regulations under the NGA (18 CFR 157.205) a protest to the request. If no protest is filed within the allowed time, the proposed activity shall be deemed to be authorized effective the day after the time allowed for filing a protest. If a protest is filed and not withdrawn within 30 days after the time allowed for filing a protest, the instant request shall be treated as an application for authorization pursuant to Section 7 of the NGA.

Lois D. Cashell,

Secretary.

[FR Doc. 96–29855 Filed 11–21–96; 8:45 am]

BILLING CODE 6717–01–M

[1] 24 FPC 177 (1960).

[Docket No. ER96–2919–000]

Lykes-Duke/Louis Dreyfus, Ltd.; Notice of Issuance of Order

November 18, 1996.

Lykes-Duke/Louis Dreyfus, Ltd. (Lykes-Duke) filed an application for authorization to sell power at market-based rates, and for certain waivers and authorizations. In particular, Lykes-Duke requested that the Commission grant blanket approval under 18 CFR Part 34 of all future issuances of securities and assumptions of liabilities by Lykes-Duke. On November 1, 1996, the Commission issued an Order Accepting For Filing Proposed Market-Based Rates (Order), in the above-docketed proceeding.

The Commission's November 1, 1996 Order granted the request for blanket approval under Part 34, subject to the conditions found in Ordering Paragraphs (C), (D), and (F):

(C) Within 30 days of the date of this order, any person desiring to be heard or to protest the Commission's blanket approval of issuances of securities or assumptions of liabilities by Lykes-Duke should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure, 18 CFR 385.211 and 385.214.

(D) Absent a request to be heard within the period set forth in Ordering Paragraph (C) above, Lykes-Duke is hereby authorized, pursuant to section 204 of the FPA, to issue securities and assume obligations or liabilities as guarantor, endorser, surety or otherwise in respect of any security of another person; provided that such issue or assumption is for some lawful object within the corporate purposes of Lykes-Duke, compatible with the public interest, and reasonably necessary or appropriate for such purposes.

(F) The Commission reserves the right to modify this order and to require a further showing that neither public nor private interests will be adversely affected by continued Commission approval of Lykes-Duke's issuances of securities or assumptions of liabilities * * *.

Notice is hereby given that the deadline for filing motions to intervent or protests, as set forth above, is December 2, 1996.

Copies of the full text of the Order are available from the Commission's Public Reference Branch, 888 First Street, N.E., Washington, D.C. 20426.

Lois D. Cashell,

Secretary.

[FR Doc. 96–29868 Filed 11–21–96; 8:45 am]

BILLING CODE 6717–01–M

[Docket No. ER96–2892–000]

NGTS Energy Services; Notice of Issuance of Order

November 18, 1996.

NGTS Energy Services (NGTS) submitted for filing a rate schedule under which NGTS will engage in wholesale electric power and energy transactions as a marketer. NGTS also requested waiver of various Commission regulations. In particular, NGTS requested that the Commission grant blanket approval under 18 CFR Part 34 of all future issuances of securities and assumptions of liability by NGTS.

On November 1, 1996, pursuant to delegated authority, the Director, Division of Applications, Office of Electric Power Regulation, granted requests for blanket approval under Part 34, subject to the following:

Within thirty days of the date of the order, any person desiring to be heard or to protest the blanket approval of issuances of securities or assumptions of liability by NGTS should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214).

Absent a request for hearing within this period, NGTS is authorized to issue securities and assume obligations or liabilities as a guarantor, endorser, surety, or otherwise in respect of any security of another person; provided that such issuance or assumption is for some lawful object within the corporate purposes of the applicant, and compatible with the public interest, and is reasonably necessary or appropriate for such purposes.

The Commission reserves the right to require a further showing that neither public nor private interests will be adversely affected by continued approval of NGTS's issuances of securities or assumptions of liability.

Notice is hereby given that the deadline for filing motions to intervene or protests, as set forth above, is December 2, 1996. Copies of the full text of the order are available from the Commission's Public Reference Branch, 888 First Street, N.E. Washington, D.C. 20426.

Lois D. Cashell,

Secretary.

[FR Doc. 96–29858 Filed 11–21–96; 8:45 am]

BILLING CODE 6717–01–M

[Docket No. ER96–2957–000 and ER96–2958–000]

Northrop Grumman Corporation and Grumman Aerospace Corporation; Notice of Issuance of Order

November 19, 1996.

Northrop Grumman Corporation (Northrop Grumman) and its subsidiary

Grumman Aerospace Corporation (Grumman) filed a joint application for authorization to sell power at market-based rates, and for certain waivers and authorizations. In particular, Northrop Grumman and Grumman requested that the Commission grant blanket approval under 18 CFR Part 34 of all future issuances of securities and assumptions of liabilities by Northrop Grumman and Grumman. On November 13, 1996, the Commission issued an Order Conditionally Accepting For Filing Proposed Market-Based Rates And Denying Requests For Rejection And Hearing (Order), in the above-docketed proceedings.

The Commission's November 13, 1996 Order granted the request for blanket approval under Part 34, subject to the conditions found in Ordering Paragraphs (E), (F), and (H):

(E) Within 30 days of the date of this order, any person desiring to be heard or to protest the Commission's blanket approval of issuances of securities or assumptions of liabilities by Northrop Grumman or Grumman should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure, 18 CFR 385.211 and 385.214.

(F) Absent a request to be heard within the period set forth in Ordering Paragraph (E) above, Northrop Grumman and Grumman are hereby authorized, pursuant to section 204 of the FPA, to issue securities and assume obligations and liabilities as guarantor, endorser, surety or otherwise in respect of any security of another person; provided that such issue or assumption is for some lawful object within the corporate purposes of Northrop Grumman or Grumman, respectively, compatible with the public interest, and reasonably necessary or appropriate for such purposes.

(H) The Commission reserves the right to modify this order to require a further showing that neither public nor private interests will be adversely affected by continued Commission approval of Northrop Grumman's or Grumman's issuances of securities or assumptions of liabilities. * * *

Notice is hereby given that the deadline for filing motions to intervene or protests, as set forth above, is December 13, 1996.

Copies of the full text of the Order are available from the Commission's Public Reference Branch, 888 First Street, N.E., Washington, D.C. 20426.

Lois D. Cashell,

Secretary.

[FR Doc. 96–29885 Filed 11–21–96; 8:45 am]

BILLING CODE 6717–01–M

[Docket No. ER96–3090–000]

ONEOK Power Marketing Company; Notice of Issuance of Order

November 19, 1996.

ONEOK Power Marketing Company (ONEOK) submitted for filing a rate schedule under which ONEOK will engage in wholesale electric power and energy transactions as a marketer. ONEOK also requested waiver of various Commission regulations. In particular, ONEOK requested that the Commission grant blanket approval under 18 CFR Part 34 of all future issuances of securities and assumptions of liability by ONEOK.

On November 4, 1996, pursuant to delegated authority, the Director, Division of Applications, Office of Electric Power Regulation, granted requests for blanket approval under Part 34, subject to the following:

Within thirty days of the date of the order, any person desiring to be heard or to protest the blanket approval of issuances of securities or assumptions of liability by ONEOK should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214).

Absent a request for hearing within this period, ONEOK is authorized to issue securities and assume obligations or liabilities as a guarantor, endorser, surety, or otherwise in respect of any security of another person; provided that such issuance or assumption is for some lawful object within the corporate purposes of the applicant, and compatible with the public interest, and is reasonably necessary or appropriate for such purposes.

The Commission reserves the right to require a further showing that neither public nor private interests will be adversely affected by continued approval of ONEOK's issuances of securities or assumptions of liability.

Notice is hereby given that the deadline for filing motions to intervene or protests, as set forth above, is December 4, 1996. Copies of the full text of the order are available from the Commission's Public Reference Branch, 888 First Street, N.E. Washington, D.C. 20426.

Lois D. Cashell,

Secretary.

[FR Doc. 96–29883 Filed 11–21–96; 8:45 am]

BILLING CODE 6717–01–M

[Docket No. ER97–320–000]

Pacific Gas and Electric Company; Notice of Filing

November 18, 1996.

Take notice that on November 1, 1996, Pacific Gas and Electric Company (PG&E) tendered for filing an amendment (Second Amendment) to the Control Area and Transmission Service Agreement (Agreement) between PG&E and Destec Power Services, Inc. (DPS) which was filed previously with the Commission on December 6, 1994, in FERC Docket No. ER95–262–000.

The purpose of the Second Amendment is to adopt new contract language which reflects settlement of various terms which were previous issues between the Parties.

Copies of the filing were served upon DPS and California Public Utilities Commission.

Any person desiring to be heard or to protest said filing should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 18 CFR 385.214). All such motions or protests should be filed on or before November 29, 1996. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection.

Lois D. Cashell,

Secretary.

[FR Doc. 96–29857 Filed 11–21–96; 8:45 am]

BILLING CODE 6717–01–M

[Docket No. CP97–91–000]

Tennessee Gas Pipeline Company; Notice of Request Under Blanket Authorization

November 18, 1996.

Take notice that on November 12, 1996, Tennessee Gas Pipeline Company (Tennessee), Post Office Box 2511, Houston, Texas 77252, filed a request with the Commission in Docket No.

CP97–91–000, pursuant to Sections 157.205, and 157.212 of the Commission's Regulations under the Natural Gas Act (NGA) for authorization to install a new delivery point for Hughes Natural Gas, Inc. (Hughes) authorized in blanket certificate issued in Docket No. CP82–413–000, all as more fully set forth in the request on file with the Commission and open public inspection.

Tennessee proposes to install, own, operate and maintain a 2-inch tie-in assembly with check valve on its existing right-of-way, located on Tennessee's system in Montgomery County, Texas. Tennessee states that they would inspect installation of the interconnect piping, meter facilities, pressure regulation and strainer facilities, the Hughes has agreed to install. Tennessee further states that they would operate the meter facilities and that Hughes would own, operate and maintain the interconnect piping, pressure regulation and strainer facilities. Hughes would also own and maintain the meter facilities to be located on a site, provided by Hughes, adjacent to and along Tennessee's existing right-of-way. Hughes has agreed to reimburse Tennessee for the estimated cost of the project which is $7,100.

Any person or the Commission's staff may, within 45 days after the Commission has issued this notice, file pursuant to Rule 214 of the Commission's Procedural Rules (18 CFR 385.214) a motion to intervene or notice of intervention and pursuant to Section 157.205 of the Regulations under the NGA (18 CFR 157.205) a protest to the request. If no protest is filed within the allowed time, the proposed activity shall be deemed to be authorized effective the day after the time allowed for filing a protest. If a protest is filed and not withdrawn within 30 days after the time allowed for filing a protest, the instant request shall be treated as an application for authorization pursuant to Section 7 of the NGA.

Lois D. Cashell,

Secretary.

[FR Doc. 96–29856 Filed 11–21–96; 8:45 am]

BILLING CODE 6717–01–M

[Docket No. ER96–2635–000]

Tosco Power Inc.; Notice of Issuance of Order

November 19, 1996.

Tosco Power Inc. (Tosco) submitted for filing a rate schedule under which Tosco will engage in wholesale electric power and energy transactions as a marketer. Tosco also requested waiver of various Commission regulations. In particular, Tosco requested that the Commission grant blanket approval under 18 CFR Part 34 of all future issuances of securities and assumptions of liability by Tosco.

On September 12, 1996, pursuant to delegated authority, the Director, Division of Applications, Office of Electric Power Regulation, granted requests for blanket approval under Part 34, subject to the following:

Within thirty days of the date of the order, any person desiring to be heard or to protest the blanket approval of issuances of securities or assumptions of liability by Tosco should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 385.214).

Absent a request for hearing within this period, Tosco is authorized to issue securities and assume obligations or liabilities as a guarantor, endorser, surety, or otherwise in respect of any security of another person; provided that such issuance or assumption is for some lawful object within the corporate purposes of the applicant, and compatible with the public interest, and is reasonably necessary or appropriate for such purposes.

The Commission reserves the right to require a further showing that neither public nor private interests will be adversely affected by continued approval of Tosco's issuance of securities or assumptions of liability.

Notice is hereby given that the deadline for filing motions to intervene or protests, as set forth above, is December 3, 1996. Copies of the full text of the order are available from the Commission's Public Reference Branch, 888 First Street, N.E. Washington, D.C. 20426.

Lois D. Cashell,

Secretary.

[FR Doc. 96–29884 Filed 11–21–96; 8:45 am]

BILLING CODE 6717–01–M

[Docket No. ER95–1474–001, et al.]

Wisconsin Electric Power Company, et al.; Electric Rate and Corporate Regulation Filings

November 15, 1996.

Take notice that the following filings have been made with the Commission:

1. Wisconsin Electric Power Company

[Docket No. ER95–1474–001]

Take notice that on September 23, 1996, Wisconsin Electric Power Company tendered for filing its compliance filing in the above-referenced docket.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

2. Public Service Company of Colorado

[Docket No. ER96–2582–000]

Take notice that on November 12, 1996, Public Service Company of Colorado (Public Service) tendered for filing the First Amendment to its Amended Power Purchase Agreement between Public Service and UtiliCorp United. Inc. (West-Plains Energy). The purpose of the First Amendment is 1) to revise the Stranded Cost provision in accordance with language required by Order No. 888 in response to concerns raised by the Division of Applications in a deficiency letter issued on September 27, 1996, and 2) to correct a typographical error in Exhibit A. Public Service in its filing has also provided additional information requested by the Division of Applications in the deficiency letter.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

3. Yadkin, Inc.

[Docket No. ER96–2603–001]

Take notice that on October 15, 1996, Yadkin, Inc. (Yadkin) filed Revised Sheet No. 5 to its FERC Electric Tariff, Original Vol. No. 2 (Tariff No. 2). Tariff No. 2 was accepted for filing in a letter order dated September 30, 1996 in Docket No. ER96–2603–000, which letter order directed Yadkin to make certain changes to the Tariff. The revised tariff sheet contains these changes.

Yadkin states that this filing was served on the North Carolina Public Utilities Commission upon each person who is designated on the official service list compiled by the Secretary of the Commission in this proceeding.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

4. Northeast Utilities Service Company

[Docket No. ER96–2666–001]

Take notice that on November 6, 1996 Northeast Utilities Service Company tendered for filing a compliance filing in the above-referenced docket.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

5. Montaup Electric Company

[Docket No. ER96–2817–001]

Take notice that on November 4, 1996, Montaup Electric Company tendered for filing an executed revised Service Agreement for the sale of power and energy to Duke/Louis Dreyfus Energy Services L.L.C. under its FERC Electric Tariff Original Volume No. 4.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

6. UtiliCorp United Inc.

[Docket No. ER96–2873–000]

Take notice that on November 1, 1996, UtiliCorp United Inc. tendered for filing on behalf of its operating division, WestPlains Energy-Kansas, an amended and restated Service Agreement under its Power Sales Tariff, FERC Electric Tariff Original Volume No. 12, with PacifiCorp Power Marketing. The Service Agreement provides for the sale of capacity and energy by WestPlains Energy-Kansas to PacifiCorp Power Marketing pursuant to the tariff, and for the sale of capacity and energy by PacifiCorp Power Marketing to WestPlains Energy-Kansas pursuant to PacifiCorp Power Marketing's Rate Schedule No. 1.

UtiliCorp also has tendered for filing a Certificate of Concurrence by PacifiCorp Power Marketing.

UtiliCorp requests waiver of the Commission's regulations to permit the Service Agreement to become effective in accordance with its terms.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

7. UtiliCorp United Inc.

[Docket No. ER96–2874–000]

Take notice that on November 1, 1996, UtiliCorp United Inc. tendered for filing on behalf of its operating division, Missouri Public Service, an amended and restated Service Agreement under its Power Sales Tariff, FERC Electric Tariff Original Volume No. 12, with PacifiCorp Power Marketing. The Service Agreement provides for the sale of capacity and energy by Missouri Public Service to PacifiCorp Power Marketing pursuant to the tariff, and for the sale of capacity and energy by PacifiCorp Power Marketing to Missouri Public Service pursuant to PacifiCorp Power Marketing's Rate Schedule No. 1.

UtiliCorp also has tendered for filing a Certificate of Concurrence by PacifiCorp Power Marketing.

UtiliCorp requests waiver of the Commission's regulations to permit the Service Agreement to become effective in accordance with its terms.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

8. Columbus Southern Power Company

[Docket No. ER97–34–000]

Take notice that Columbus Southern Power Company on November 4, 1996, tendered for filing an amendment to its original filing in the above-referenced docket.

A copy of the filing was served upon the Public Utilities Commission of Ohio and all parties of record.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

9. Manner Technologies, L.L.C.

[Docket No. ER97–135–000]

Take notice that on November 5, 1996, Manner Technologies, L.L.C. tendered for filing an amendment in the above-referenced docket.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

10. Southern Companies Services, Inc.

[Docket No. ER97–239–000]

Take notice that on October 29, 1996, Southern Companies Services, Inc. acting as agent for Alabama Power Company, Georgia Power Company, Gulf Power Company, Mississippi Power Company and Savannah Electric and Power Company tendered for filing the quarterly report of short-term transactions under Southern Companies' Market-Based Rate Power Sales Tariff (FERC Electric Tariff, Original Volume No. 4).

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

11. Atlantic City Electric Company

[Docket No. ER97–243–000]

Take notice that on October 28, 1996, Atlantic City Electric Company (AE) tendered for filing a summary of transactions made by AE during the 3rd quarter of calendar year 1996 pursuant to its market-based rate power service tariff, made effective by the Commission on April 29, 1996 in Docket No. ER96–640–000.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

12. UGI Utilities, Inc.

[Docket No. ER97–245–000]

Take notice that on October 28, 1996, UGI Utilities, Inc. tendered for filing a Notice of Succession advising the Commission that UGI Corporation changed its name to UGI Utilities, Inc.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

13. Southern Company Services

[Docket No. ER97–246–000]

Take notice that on October 28, 1996, Southern Company Services, Inc., as agent for Alabama Power Company, Georgia Power Company, Gulf Power Company, Mississippi Power Company, and Savannah Electric and Power Company (the Operating Companies), tendered for filing letter agreements and amendments to Unit Power Sales Agreements between the Operating Companies and Florida Power Corporation and City of Tallahassee, Florida, respectively, respecting changes to the methods and procedures for calculating the cost of capital for use in developing capacity charges.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

14. Niagara Mohawk Power Corporation

[Docket No. ER97–346–000]

Take notice that on November 7, 1996, Niagara Mohawk Power Corporation (NMPC), tendered for filing with the Federal Energy Regulatory Commission its agreement with the Power Authority of the State of New York (the Authority) for the Authority's sale to NMPC of Economic Development Power (EDP) and NMPC's EDP tariff leaves as approved by the New York State Public Service Commission. Take notice that on November 7, 1996, NMPC supplemented its initial filing to replace the superseded version of the EDP agreement that had been mistakenly filed with the correct version of the agreement.

NMPC continues to request an effective date of October 24, 1996. NMPC has requested waiver of the notice requirements for good cause shown.

NMPC has served copies of the filing upon the New York State Public Service, the New York Power Authority and counsel for multiple intervenors.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

15. Portland General Electric Company

[Docket No. ER97–384–000]

Take notice that on November 6, 1996, Portland General Electric Company (PGE), tendered for filing a contract with the Bonneville Power Authority to upgrade specific local transmission facilities.

Copies of this filing were caused to be served upon the Bonneville Power

Authority and the Oregon Public Utility Commission.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

16. Jersey Central Power & Light Company, Metropolitan Edison Company, Pennsylvania Electric Company

[Docket No. ER97–385–000]

Take notice that on November 6, 1996, GPU Service, Inc. (GPU), on behalf of Jersey Central Power & Light Company, Metropolitan Edison Company and Pennsylvania Electric Company (GPU Energy), filed an executed Service Agreement between GPU and Ohio Edison Company (OEC), dated October 31, 1996. This Service Agreement specifies that OEC has agreed to the rates, terms and conditions of GPU Energy's Operating Capacity and/or Energy Sales Tariff (Sales Tariff) designated as FERC Electric Tariff, Original Volume No. 1. The Sales Tariff was accepted by the Commission by letter order issued on February 10, 1995, in *Jersey Central Power & Light Co., Metropolitan Edison Co. and Pennsylvania Electric Co.*, Docket No. ER95–276–000 and allows GPU and OEC to enter into separately scheduled transactions under which GPU Energy will make available for sale, surplus operating capacity and/or energy at negotiated rates that are no higher than GPU Energy's cost of service.

GPU requests a waiver of the Commission's notice requirements for good cause shown and an effective date of October 31, 1996, for the Service Agreement.

GPU has served copies of the filing on regulatory agencies in New Jersey and Pennsylvania.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

17. Idaho Power Company

[Docket No. ER97–386–000]

Take notice that on November 6, 1996, Idaho Power Company (IPC), tendered for filing with the Federal Energy Regulatory Commission a Service Agreement under Idaho Power Company FERC Electric Tariff, Second Revised, Volume No. 1 between Franklin County PUD and Idaho Power Company.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

18. PECO Energy Company

[Docket No. ER97–387–000]

Take notice that on November 6, 1996, PECO Energy Company (PECO), filed a Service Agreement dated October 29, 1996 with Wisconsin Electric Power Company (WEPCO) under PECO's FERC Electric Tariff Original Volume No. 5 (Tariff). The Service Agreement adds WEPCO as a customer under the Tariff.

PECO requests an effective date of October 29, 1996, for the Service Agreement.

PECO states that copies of this filing have been supplied to WEPCO and to the Pennsylvania Public Utility Commission.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

19. MidAmerican Energy Company

[Docket No. ER97–388–000]

Take notice that on November 6, 1996, MidAmerican Energy Company (MidAmerican), 106 East Second Street, Davenport, Iowa 52801, tendered for filing proposed changes in its Rate Schedule FERC No. 66. Such change is comprised of a revised Exhibit A to Transmission Service Contract No. 3–07–60–P0217 entered into by MidAmerican's predecessor, Iowa Public Service Company, with The United States of America.

MidAmerican states that the revised exhibit changes the delivery and measurement voltages at three points of delivery under the contract.

MidAmerican proposes an effective date of July 26, 1996, for the rate schedule change and states that good cause exists for this waiver because the change does not increase any rate charged under the rate schedule, increases the delivery and measurement voltage for the service provided under the contract and the customer has agreed to this effective date as evidenced by its signature to the exhibit.

Copies of the filing were served upon representatives of the customer under the contract, the Iowa Utilities Board, the Illinois Commerce Commission and the South Dakota Public Utilities Commission.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

20. Pacific Gas and Electric Company

[Docket No. ER97–389–000]

Take notice that on November 1, 1996, Pacific Gas and Electric Company (PG&E), tendered for filing: 1) an amendment dated March 7, 1995 to the ''Settlement Agreement Concerning FERC Docket No. E–7777–000, et al., between Pacific Gas and Electric Company and the City of Santa Clara'' PG&E Rate Schedule No. 127 (Settlement Agreement); and 2) a Notice of Termination of that rate schedule.

Copies of this filing have been served upon Santa Clara and the California Public Utilities Commission.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

21. Kentucky Utilities Company

[Docket No. ER97–390–000]

Take notice that on November 6, 1996, Kentucky Utilities Company (KU), tendered for filing non-firm transmission service agreements with Florida Power & Light Company and Williams Energy Services Company under its Transmission Services (TS) Tariff.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

22. Baltimore Gas and Electric Company

[Docket No. ER97–391–000]

Take notice that on November 5, 1996, Baltimore Gas and Electric Company (BGE) filed various Service Agreements with Virginia Electric and Power Company, Citizens Lehman Power Sales, Morgan Stanley Capital Group Inc., Dupont Power Marketing, Inc. and Western Power Services, Inc. under BGE's Transmission Service Tariff (Tariff). Under the tendered Service Agreement, BGE agrees to provide services to customers listed above under the provisions of the tariff. BGE requests an effective date of November 11, 1996, for the Service Agreements.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

23. Boston Edison Company

[Docket No. ER97–392–000]

Take notice that on November 7, 1996, Boston Edison Company (Boston Edison), tendered for filing a Service Agreement under Original Volume No. 8, FERC Order 888 Tariff (Tariff) for Electric Clearinghouse, Inc. (Clearinghouse). Boston Edison requests that the Service Agreement become effective as of October 15, 1996.

Edison states that it has served a copy of this filing on Clearinghouse and the Massachusetts Department of Public Utilities.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

24. Boston Edison Company

[Docket No. ER97–393–000]

Take notice that on November 7, 1996, Boston Edison Company (Boston Edison), tendered for filing a Service

Agreement under Original Volume No. 8, FERC Order 888 Tariff (Tariff) for The Chicopee Electric Light Department (Chicopee). Boston Edison requests that the Service Agreement become effective as of October 15, 1996.

Edison states that it has served a copy of this filing on Chicopee and the Massachusetts Department of Public Utilities.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

25. Boston Edison Company

[Docket No. ER97–394–000]

Take notice that on November 7, 1996, Boston Edison Company (Boston Edison), tendered for filing a Service Agreement under Original Volume No. 8, FERC Order 888 Tariff (Tariff) for Bangor Hydro-Electric Company (Bangor). Boston Edison requests that the Service Agreement become effective as of October 15, 1996.

Edison states that it has served a copy of this filing on Bangor and the Massachusetts Department of Public Utilities.

Comment date: December 2, 1996, in accordance with Standard Paragraph E at the end of this notice.

26. Boston Edison Company

[Docket No. ER97–395–000]

Take notice that on November 7, 1996, Boston Edison Company (Boston Edison), tendered for filing a Service Agreement under Original Volume No. 8, FERC Order 888 Tariff (Tariff) for Rainbow Energy Marketing Corporation (Rainbow). Boston Edison requests that the Service Agreement become effective as of October 15, 1996.

Edison states that it has served a copy of this filing on Rainbow and the Massachusetts Department of Public Utilities.

Comment date: December 2, 1996, in accordance with Standard Paragraph E at the end of this notice.

27. Southern Indiana Gas and Electric Company

[Docket No. ER97–397–000]

Take notice that on November 7, 1996, Southern Indiana Gas and Electric Company (SIGECO), tendered for filing two (2) service agreements for market based rate power sales under its Market Based Rate Tariff with the following entities:

1. Aquila Power Corporation
2. Dayton Power and Light Company

Copies of the filing were served upon each of the parties to the Service Agreements.

Comment date: December 2, 1996, in accordance with Standard Paragraph E at the end of this notice.

28. Southern Indiana Gas and Electric Company

[Docket No. ER97–398–000]

Take notice that on November 7, 1996, Southern Indiana Gas and Electric Company (SIGECO), tendered for filing two (2) service agreements for non-firm transmission service under Part II of its Transmission Services Tariff with the following entities:

1. Aquila Power Corporation

2. Dayton Power and Light Company

Copies of the filing were served upon each of the parties to the service agreements.

Comment date: December 2, 1996, in accordance with Standard Paragraph E at the end of this notice.

29. MP Energy, Inc.

[Docket No. ER97–399–000]

Take notice that on November 7, 1996, MP Energy, Inc. (MP Energy), tendered for filing pursuant to section 205, 18 CFR 385.205, a petition for waivers and blanket approvals under various regulations of the Commission and for an order accepting its FERC Electric Rate Schedule No. 1.

MP Energy intends to engage in electric power and energy transactions as a marketer and a broker. In transactions where MP Energy sells electric energy it proposes to make such sales on rates, terms, and conditions to be mutually agreed to with the purchasing party. MP Energy is not in the business of generating, transmitting, or distributing electric power.

Comment date: December 2, 1996, in accordance with Standard Paragraph E at the end of this notice.

30. Consolidated Edison Company of New York, Inc.

[Docket No. ER97–400–000]

Take notice that on November 7, 1996, Consolidated Edison Company of New York, Inc. (Con Edison), tendered for filing a service agreement to provide non-firm transmission service pursuant to its Open Access Transmission Tariff to Englehard Power Marketing, Inc. (EPM).

Con Edison states that a copy of this filing has been served by mail upon EPM.

Comment date: December 2, 1996, in accordance with Standard Paragraph E at the end of this notice.

31. Consolidated Edison Company of New York, Inc.

[Docket No. ER97–401–000]

Take notice that on November 7, 1996, Consolidated Edison Company of New York, Inc. (Con Edison), tendered for filing a service agreement to provide non-firm transmission service pursuant to its Open Access Transmission Tariff to Morgan Stanley Capital Group, Inc. (MSCG).

Con Edison states that a copy of this filing has been served by mail upon MSCG.

Comment date: December 2, 1996, in accordance with Standard Paragraph E at the end of this notice.

32. Consolidated Edison Company of New York, Inc.

[Docket No. ER97–402–000]

Take notice that on November 7, 1996, Consolidated Edison Company of New York, Inc. (Con Edison), tendered for filing a service agreement to provide non-firm transmission service pursuant to its Open Access Transmission Tariff to Long Island Lighting Company (LILCO).

Con Edison states that a copy of this filing has been served by mail upon LILCO.

Comment date: December 2, 1996, in accordance with Standard Paragraph E at the end of this notice.

33. Consolidated Edison Company of New York, Inc.

[Docket No. ER97–403–000]

Take notice that on November 7, 1996, Consolidated Edison Company of New York, Inc. (Con Edison), tendered for filing a service agreement to provide non-firm transmission service pursuant to its Open Access Transmission Tariff to AIG Trading Corporation (AIG).

Con Edison states that a copy of this filing has been served by mail upon AIG.

Comment date: December 2, 1996, in accordance with Standard Paragraph E at the end of this notice.

34. Detroit Edison Company

[Docket No. ES97–9–000]

Take notice that on November 12, 1996, Detroit Edison Company (Detroit Edison) filed an application, under § 204 of the Federal Power Act, seeking authorization to issue short-term debt and assume and guarantee obligations, in an aggregate principal amount of not more than $400 million outstanding at any one time, pursuant to a Loan Agreement, a Nuclear Fuel Heat Purchase Contract and two Credit Agreements with Renaissance Energy Company.

Detroit Edison also requests an exemption from the Commission's competitive bidding requirements.

Comment date: December 10, 1996, in accordance with Standard Paragraph E at the end of this notice.

35. Northern States Power Company (Minnesota), Northern States Power Company (Wisconsin)

[Docket No. OA97–25–000]

Take notice that on October 11, 1996, Northern States Power Company (Minnesota) (NSP–MN) and Northern States Power Company (Wisconsin) (NSP–WI) (jointly hereinafter NSP) submitted for filing its Open Access Transmission Tariff. NSP states that the terms and conditions of service included in NSP's Transmission Tariff conform to the terms and conditions of service contained in the pro forma tariff included in Order No. 888. NSP has already established all rates and charges for such service pursuant to a settlement agreement which was approved by the Commission on February 14, 1996, in Docket No. ER94–1090–000 and ER94–1113–000.

NSP respectfully requests an effective date of October 11, 1996.

Comment date: November 29, 1996, in accordance with Standard Paragraph E at the end of this notice.

Standard Paragraph:

E. Any person desiring to be heard or to protest said filing should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 18 CFR 385.214). All such motions or protests should be filed on or before the comment date. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection.

Lois D. Cashell,

Secretary.

[FR Doc. 96–29859 Filed 11–21–96; 8:45 am]

BILLING CODE 6717–01–P

[Project No. 11374–001 Iowa]

Butler County Conservation Board; Notice of Availability of Final Environmental Assessment

November 18, 1996.

In accordance with the National Environmental Policy Act of 1969 and the Federal Energy Regulatory Commission's (Commission's) Regulations, 18 CFR Part 380 (Order No. 486, 52 FR 47897), the Office of Hydropower Licensing has reviewed the application for exemption from licensing for the proposed Greene Milldam Hydroelectric Project, located on the Shell Rock River, Butler County, Iowa, and has prepared a Final Environmental Assessment (FEA) for the project. In the FEA, the Commission's staff has analyzed the potential environmental impacts of the existing project and has concluded that approval of the project, with appropriate mitigation measures, would not constitute a major federal action significantly affecting the quality of the human environment.

Copies of the FEA are available for review in the Public Reference Branch, Room 2–A, of the Commission's offices at 888 First Street, NE., Washington, DC 20426.

Lois D. Cashell,

Secretary.

[FR Doc. 96–29882 Filed 11–27–96; 8:45 am]

BILLING CODE 6717–01–M

Sunshine Act Meeting

November 19, 1996.

THE FOLLOWING NOTICE OF MEETING IS PUBLISHED PURSUANT TO SECTION 3(A) OF THE GOVERNMENT IN THE SUNSHINE ACT (PUB. L. NO. 94–409), 5 U.S.C. 552B:

AGENCY HOLDING MEETING: FEDERAL ENERGY REGULATORY COMMISSION.

DATE AND TIME: NOVEMBER 26, 1996, 10:00 A.M.

PLACE: ROOM 2C, 888 FIRST STREET, N.E., WASHINGTON, D.C. 20426.

STATUS: OPEN.

MATTERS TO BE CONSIDERED: AGENDA.

* NOTE—ITEMS LISTED ON THE AGENDA MAY BE DELETED WITHOUT FURTHER NOTICE.

CONTACT PERSON FOR MORE INFORMATION: LOIS D. CASHELL, SECRETARY, TELEPHONE (202) 208–0400. FOR A RECORDING LISTING ITEMS STRICKEN FROM OR ADDED TO THE MEETING, CALL (202) 208–1627.

THIS IS A LIST OF MATTERS TO BE CONSIDERED BY THE COMMISSION. IT DOES NOT INCLUDE A LISTING OF ALL PAPERS RELEVANT TO THE ITEMS ON THE AGENDA; HOWEVER, ALL PUBLIC DOCUMENTS MAY BE EXAMINED IN THE REFERENCE AND INFORMATION CENTER.

CONSENT AGENDA—HYDRO 663RD MEETING—NOVEMBER 26, 1996, REGULAR MEETING (10:00 A.M.)

CAH–1.
DOCKET# HB08–94A–75, 001, VIRGINIA ELECTRIC AND POWER COMPANY
OTHER#S HB08–94A–76, 001, VIRGINIA ELECTRIC AND POWER COMPANY
HB08–95A–75, 001, VIRGINIA ELECTRIC AND POWER COMPANY
HB08–95A–76, 001, VIRGINIA ELECTRIC AND POWER COMPANY

CAH–2.
DOCKET# P–2105, 039, PACIFIC GAS AND ELECTRIC COMPANY

CAH–3.
OMITTED

CAH–4.
DOCKET# P–1494, 123, GRAND RIVER DAM AUTHORITY

CONSENT AGENDA—ELECTRIC

CAE–1.
DOCKET# ER96–2789, 000, PUGET SOUND POWER & LIGHT COMPANY

CAE–2.
DOCKET# ER96–2964, 000, ENSERCO ENERGY, INC.

CAE–3.
DOCKET# ER96–3157, 000, NIAGARA MOHAWK POWER CORPORATION

CAE–4.
DOCKET# ER97–7, 000, THE WASHINGTON WATER POWER C COMPANY

CAE–5.
DOCKET# ER96–3146, 000, WEST PENN POWER COMPANY

CAE–6.
OMITTED

CAE–7.
OMITTED

CAE–8.
DOCKET# OA96–5, 000, MIDWEST ENERGY, INC.
OTHER#S OA96–24, 000, BANGOR HYDRO–ELECTRIC COMPANY
OA96–35, 000, MAINE PUBLIC SERVICE COMPANY
OA96–60, 000, BLACK HILLS POWER & LIGHT COMPANY
OA96–72, 000, ST. JOSEPH LIGHT & POWER COMPANY
OA96–157, 000, UNITED ILLUMINATING COMPANY
OA96–215, 000, CENTRAL ILLINOIS PUBLIC SERVICE COMPANY
OA96–222, 000, NORTHWEST PUBLIC SERVICE COMPANY
OA96–224, 000, CITIZENS UTILITIES COMPANY

CAE–9.
DOCKET# EC96–13, 000, IES UTILITIES, INC., INTERSTATE POWER COMPANY AND WISCONSIN POWER & LIGHT COMPANY, ET AL.
OTHER#S ER96–1236, 000, IES UTILITIES, INC., INTERSTATE POWER COMPANY AND WISCONSIN POWER & LIGHT COMPANY, ET AL.

ER96–2560, 000, IES UTILITIES, INC., INTERSTATE POWER COMPANY AND WISCONSIN POWER & LIGHT COMPANY, ET AL.
OA96–133, 000, INTERSTATE ENERGY CORPORATION

CAE–10.
DOCKET# OA96–25, 001, BLACK CREEK HYDRO, INC.
OTHER#S OA96–58, 001, GRAHAM COUNTY ELECTRIC COOPERATIVE, INC.
OA96–65, 001, BARRON ELECTRIC COOPERATIVE
OA96–71, 001, MADISON GAS AND ELECTRIC COMPANY
OA96–81, 001, INDIANAPOLIS POWER AND LIGHT COMPANY
OA96–160, 001, NEW ENGLAND ELECTRIC TRANSMISSION CORPORATION, ET AL.
OA96–173, 001, EDISON SAULT ELECTRIC COMPANY
OA96–216, 001, CITIZENS UTILITIES COMPANY
OA96–217, 001, CONSOLIDATED WATER POWER COMPANY

CAE–11.
DOCKET# EL96–60, 000, RIO GRANDE ELECTRIC COOPERATIVE, INC. V. CENTRAL POWER AND LIGHT COMPANY

CAE–12.
DOCKET# EL96–75, 000, ENCOGEN ONE PARTNERS LTD.

CONSENT AGENDA—GAS AND OIL

CAG–1.
DOCKET# RP97–34, 000, EAST TENNESSEE NATURAL GAS COMPANY
OTHER#S RP97–34, 001, EAST TENNESSEE NATURAL GAS COMPANY

CAG–2.
DOCKET# RP97–47, 000, ANR PIPELINE COMPANY

CAG–3.
OMITTED

CAG–4.
DOCKET# RP97–50, 000, TEXAS EASTERN TRANSMISSION CORPORATION

CAG–5.
DOCKET# RP97–52, 000, COLUMBIA GULF TRANSMISSION CORPORATION

CAG–6.
DOCKET# RP97–53, 000, STEUBEN GAS STORAGE COMPANY

CAG–7.
OMITTED

CAG–8.
OMITTED

CAG–9.
DOCKET# RP97–71, 000, TRANSCONTINENTAL GAS PIPE LINE CORPORATION

CAG–10.
DOCKET# RP97–72, 000, ANR PIPELINE COMPANY

CAG–11.
DOCKET# RP96–200, 013, NORAM GAS TRANSMISSION COMPANY

CAG–12.
DOCKET# RP97–41, 000, TRANSWESTERN PIPELINE COMPANY

CAG–13.
DOCKET# RP97–43, 000, KOCH GATEWAY PIPELINE COMPANY

CAG–14.
OMITTED

CAG–15.
DOCKET# RP97–57, 000, NORAM GAS TRANSMISSION COMPANY

CAG–16.
DOCKET# PR96–13, 000, NORTHERN ILLINOIS GAS COMPANY

CAG–17.
DOCKET# RP96–211, 005, TRANSCONTINENTAL GAS PIPE LINE CORPORATION

CAG–18.
DOCKET# RP96–347, 001, NORTHERN NATURAL GAS COMPANY

CAG–19.
DOCKET# RP96–190, 004, COLORADO INTERSTATE GAS COMPANY
OTHER#S RP96–190, 005, COLORADO INTERSTATE GAS COMPANY

CAG–20.
DOCKET# RP97–44, 000, PACIFIC GAS TRANSMISSION COMPANY

CAG–21.
DOCKET# RP97–69, 000, NORTHWEST PIPELINE CORPORATION

CAG–22.
DOCKET# RP96–366, 001, FLORIDA GAS TRANSMISSION COMPANY
OTHER#S FA94–15, 002, FLORIDA GAS TRANSMISSION COMPANY

CAG–23.
DOCKET# RP96–351, 002, ARKANSAS WESTERN PIPELINE COMPANY

CAG–24.
DOCKET# RP96–218, 004, TEXAS EASTERN TRANSMISSION CORPORATION

CAG–25.
DOCKET# RP96–173, 003, WILLIAMS NATURAL GAS COMPANY
OTHER#S RP89–183, 066, WILLIAMS NATURAL GAS COMPANY

CAG–26.
DOCKET# RP96–181, 003, TRUNKLINE GAS COMPANY

CAG–27.
DOCKET# RP96–362, 002, ANR PIPELINE COMPANY

CAG–28.
DOCKET# RP96–259, 001, PANHANDLE EASTERN PIPE LINE COMPANY

CAG–29.
DOCKET# RP96–224, 002, PANHANDLE EASTERN PIPE LINE COMPANY

CAG–30.
DOCKET# RP96–247, 001, MIDWESTERN GAS TRANSMISSION COMPANY

CAG–31.
DOCKET# RP96–331, 003, NATIONAL FUEL GAS SUPPLY CORPORATION

CAG–32.
DOCKET# IS94–10, 007, AMERADA HESS PIPELINE CORPORATION
OTHER#S IS94–11, 007, ARCO TRANSPORTATION ALASKA, INC.
IS94–12, 007, BP PIPELINES (ALASKA) INC.
IS94–13, 006, MOBIL ALASKA PIPELINE COMPANY
IS94–14, 007, EXXON PIPELINE COMPANY
IS94–15, 007, MOBIL ALASKA PIPELINE COMPANY
IS94–16, 007, PHILLIPS ALASKA PIPELINE CORPORATION
IS94–17, 007, UNOCAL PIPELINE COMPANY
IS94–31, 007, UNOCAL PIPELINE COMPANY
IS94–34, 006, ARCO TRANSPORTATION ALASKA, INC.
IS94–38, 007, PHILLIPS ALASKA PIPELINE CORPORATION
OR94–2, 000, TRANS ALASKA PIPELINE SYSTEM

CAG–33.
OMITTED

CAG–34.
DOCKET# RP96–312, 003, TENNESSEE GAS PIPELINE COMPANY

CAG–35.
DOCKET# RP94–328, 002, K N INTERSTATE GAS TRANSMISSION COMPANY
OTHER#S RP95–81, 001, K N INTERSTATE GAS TRANSMISSION COMPANY

CAG–36.
DOCKET# RP96–359, 003, TRANSCONTINENTAL GAS PIPE LINE CORPORATION

CAG–37.
DOCKET# RP96–234, 000, ANR PIPELINE COMPANY

CAG–38.
DOCKET# IS96–10, 000, MILNE POINT PIPE LINE COMPANY
OTHER#S IS96–8, 001, MILNE POINT PIPE LINE COMPANY

CAG–39.
DOCKET# CP90–1391, 006, ARCADIAN CORPORATION V. SOUTHERN NATURAL GAS COMPANY

CAG–40.
DOCKET# CP96–16, 001, TRANSCONTINENTAL GAS PIPE LINE CORPORATION
OTHER#S CP96–16, 000, TRANSCONTINENTAL GAS PIPE LINE CORPORATION

CAG–41.
DOCKET# CP96–52, 001, PINE NEEDLE LNG COMPANY, LLC
OTHER#S CP96–52, 000, PINE NEEDLE LNG COMPANY, LLC
CP96–134, 000, TRANSCONTINENTAL GAS PIPE LINE CORPORATION
CP96–134, 001, TRANSCONTINENTAL GAS PIPE LINE CORPORATION

CAG–42.
DOCKET# CP96–185, 000, ANR PIPELINE COMPANY
OTHER#S CP96–188, 000, GPM GAS CORPORATION

CAG–43.
DOCKET# CP96–583, 000, MIDCON TEXAS PIPELINE CORPORATION

HYDRO AGENDA

H–1.
DOCKET# RM95–16, 000, REGULATIONS FOR THE LICENSING OF HYDROELECTRIC PROJECTS
NOTICE OF PROPOSED RULEMAKING.

ELECTRIC AGENDA

E–1.
DOCKET# EC96–19, 000, PACIFIC GAS & ELECTRIC COMPANY, SAN DIEGO GAS

& ELECTRIC COMPANY AND SOUTHERN CALIFORNIA EDISON COMPANY
OTHER#S ER96–1663, 000, PACIFIC GAS & ELECTRIC COMPANY, SAN DIEGO GAS & ELECTRIC COMPANY AND SOUTHERN CALIFORNIA EDISON COMPANY
ORDER ON APPLICATION RELATED TO CALIFORNIA RESTRUCTURING.

OIL AND GAS AGENDA

I.
PIPELINE RATE MATTERS
PR–1.
RESERVED
II.
PIPELINE CERTIFICATE MATTERS
PC–1.
RESERVED

Lois D. Cashell,

Secretary.

[FR Doc. 96–30010 Filed 11–20–96; 11:05 am]

BILLING CODE 6717–01–P

ENVIRONMENTAL PROTECTION AGENCY

[ER–FRL–5475–1]

Environmental Impact Statements; Notice of Availability

Responsible Agency: Office of Federal Activities, General Information (202) 564–7167 or (202) 564–7153.

Weekly receipt of Environmental Impact Statements Filed November 11, 1996 Through November 15, 1996 Pursuant to 40 CFR 1506.9.

EIS No. 960532, FINAL EIS, FHW, PA, Erie East Side Access Study, Transportation Improvement, PA–4034, Section A40, COE Section 404 Permit, Erie County, PA, Due: December 23, 1996, Contact: Manuel A. Mark (717) 782–3461.

EIS No. 960533, FINAL SUPPLEMENT, FHW, TX, TX–161 Construction, Updated Information on I–20 to TX–183, Funding, Coast Guard Section 10 Permit and Possible COE Section 404 Permit, Cities of Grand Prairie and Irving, Dallas County, TX, Due: December 23, 1996, Contact: Peter A. Lombard (817) 978–3646.

EIS No. 960534, FINAL EIS, NPS, WA, Elwha River Ecosystem Restoration Implemention Project, Olympic National Park, Clallam County, WA, Due: December 23, 1996, Contact: Brian Winter (360) 452–0302.

EIS No. 960535, FINAL EIS, FRC, WA, Condit Hydroelectric Project (FERC No. 2342–005), Relicensing, White Salmon River, Klickitat and Skamania Counties, WA, Due: December 23, 1996, Contact: John Blair (202) 219–2845.

EIS No. 960536, DRAFT EIS, FTA, MD, Glen Burnie Light Rail Extension, Transportation Improvement, between Cromwell Station Stop to the Glen Burnie Town Center, Central Light Rail Line (CLRL), Funding, Anne Arundel and Baltimore Counties, MD, Due: January 10, 1997, Contact: Alfred Lebeau (215) 656–6900.

EIS No. 960537, FINAL EIS, FHW, CA, Arden Garden Connector Project, Arden Way in North Sacramento to Garden Highway in South Natomas across the Natomas East Main Drainage Canal, Funding, Sacramento County, CA, Due: December 23, 1996, Contact: John R. Schultz (916) 498–5041.

EIS No. 960538, FINAL EIS, USN, Naval Spent Nuclear Fuel Container System Management, Loading, Handling and Dry Storage, Transportation and Storage, Handling and Transportation of certain Associated Radioactive Waste, Implementation, United States, Due: December 23, 1996, Contact: William Knoll (703) 602–8229.

EIS No. 960539, FINAL EIS, DOE, Adoption—Naval Spent Nuclear Fuel Container System Management, Loading, Handling and Dry Storage, Transportation and Storage, Handling and Transportation of certain Associated Radioactive Waste, Implementation, United States, Due: December 23, 1996, Contact: William Knoll (703) 602–8229. The US Department of Energy (DOE), has adopted the US Department of the Navy's FEIS #960538, filed with the Environmental Protection Agency on 11–15–96. DOE is a cooperating agency on this project. Recirculation of the document is not necessary under Section 1506.3(c) of the Council on Environmental Quality Regulations.

EIS No. 960540, DRAFT EIS, COE, IA, Channel Maintenance Management Plan, Implementation, 9-Foot Navigation Channel Project, Upper Mississippi River, Guttenberg, IA, Due: January 21, 1997, Contact: Robert Whiting (612) 290–5264.

EIS No. 960541, FINAL EIS, BIA, NM, Jemez Mountains Electric Cooperative, Construction, Operation and Maintain, El Rancho Substation, Sante Fe County, NM, Due: December 23, 1996, Contact: Curtis Canard (505) 766–3374.

Amended Notices

EIS No. 960359, DRAFT EIS, BLM, ID, Challis Land and Resource Management Plan, Implementation, Upper Columbus—Salmon Clearwater Districts, Salmon River, Lemhi and Custer Counties, ID, Due: January 06, 1997, Contact: Kathe Rhodes (208) 756–5440.
Published FR 08–09–96—Review Period Extended.

EIS No. 960403, DRAFT EIS, NPS, MA, Cape Cod National Seashore General Management Plan, Implementation, Barnstable County, MA, Due: November 30, 1996, Contact: Maria Burks (508) 349–3785.
Published FR—09–06–96—Review Period Extended.

EIS No. 960459, DRAFT EIS, FAA, MO, Lambert-St. Louis International Airport (Lambert) Improvements, Construction and Operation, Airport Layout Plan Approval, City of St. Louis, St. Louis County, MO , Due: December 18, 1996, Contact: Ms. Moira Keane (816) 426–4731.
Published FR—10–04–96—Review Period extended.

EIS No. 960482, DRAFT EIS, NPS, WA, Lake Crescent Management Plan, Implementation, Olympic National Park, WA , Due: February 03, 1997, Contact: Joe Dunstan (206) 220–4273.
Published FR—10–18–96—Review Period Extended.

EIS No. 960503, DRAFT EIS, FTA, TX, North Central Corridor Light Rail Transit (LRT) Extension, Transportation Improvements, Funding, NPDES Permit and COE Section 404 Permit, Dallas and Collin Counties, TX , Due: December 09, 1996, Contact: Jesse Balleza (817) 860–9663.
Published FR—10–25–96 Correction to Telephone Number.

EIS No. 960519, DRAFT EIS, UAF, CA, NM, Airborne Laser (ABL) Phase Program Definition and Risk Reduction Phase, Proposed Locations: Home Base Edwards Air Force Base; Diagnostic Test Range—White Sands Missile Range, NM; and Expanded Area Test Range—Western Range (Vandenberg Air Force Base and Point Mugu Naval Air Warfare Center Weapons Division), CA and NM, Due: January 10, 1997, Contact: Major Kark Freeks (703) 695–8942.
Published FR—11–08–96—Correction to EIS Titled and Due Dated.

EIS No. 960523, FINAL EIS, COE, FL, Coast of Florida Erosion and Storm Effects Study Region III, Construction, Operation and Maintenance, Shore Protection Project, Palm Beach, Broward and Dade Counties, FL, Due: December 16, 1996, Contact: Michael Dupes (904) 232–1689.
Published FR—11–15–96—Due Date Correction.

EIS No. 960524, FINAL EIS, AFS, CA, Snowy Trail Off-Highway Vehicle Re-Route, Smith Fork Parcel of Los Padres National Forest, Approval and

Implementation, Mount Pinos Ranger District, Ventura County, CA, Due: December 16, 1996, Contact: Mark Bethke (805) 245–3731.
Published FR—11–15–96—Due Date Correction.
EIS No. 960529, FINAL EIS, FRC, WA, Cushman Hydroelectric Project (FERC No. 460), Relicensing, North Fork Skokomish River, Mason County, WA, Due: December 16, 1996, Contact: John Blair (202) 219–2845.
Published FR—11–15–96 Due Date Correction.
EIS No. 960531, FINAL EIS, DOE, TN, GA, TX, SC, MO, Programmatic EIS-Stockpile Stewardship and Management Project, Reduced Nuclear Weapons Stockpile in the Absence of Undergound Testing, Eight Sites: Oak Ridge Reservation (ORR), Savannah River Site (SRS), Kansas City Plant (KCP) Pantex Plant, Los Alamos Nat'l Lab., Lawrence Livermore Nat'l Lab., Sandia Nat'l and Nevada Test, Due: December 16, 1996, Contact: Alfred W. Feldt (202) 586–5449.
Published FR—11–15–96—Due Date Correction.

Dated: November 19, 1996.

William D. Dickerson,

Director, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. 96–29917 Filed 11–21–96; 8:45 am]

BILLING CODE 6560–50–P

[ER–FRL–5475–2]

Environmental Impact Statements and Regulations; Availability of EPA Comments

Availability of EPA comments prepared October 28, 1996 Through November 1, 1996 pursuant to the Environmental Review Process (ERP), under Section 309 of the Clean Air Act and Section 102(2)(c) of the National Environmental Policy Act as amended. Requests for copies of EPA comments can be directed to the Office of Federal Activities at (202) 564–7167. An explanation of the ratings assigned to draft environmental impact statements (EISs) was published in FR dated April 5, 1996 (61 FR 15251).

Draft EISs

ERP No. D–AFS–G65065–AR Rating LO, Renewal of the Shortleaf Pine/Bluestem Grass Ecosystem and Recovery of the Red-cockaded Woodpecker, Amendment No. 22 to the Ouachita National Forest Land and Resource Management Plan, Scott and Polk Counties, AR.

Summary: EPA had no objection to the selection of the preferred alternative described in the draft EIS.

ERP No. D–COE–E30038–FL Rating EC2, Coast of Florida Erosion and Storm Effects Study Region III, Construction, Operation and Maintenance, Shore Protection Project, Palm Beach, Broward and Dade Counties, FL.

Summary: EPA expressed some environmental concerns regarding the long-term consequences of how these actions will affect the ecology of the Florida shoreline.

ERP No. D–COE–K36117–CA Rating EC2, Kaweah River Basin Investigation Feasibility Study, Flood Protection of Terminus Dam, Increase Storage Space in Lake Kaweah for Irrigation of Water Supply, Construction, Modification and Operation, San Joaquin Valley, Tulare and King Counties, CA.

Summary: EPA expressed environmental concern with proposed mitigation and recommended selection of the Locally Preferred Plan (LPP) alternative which would address these adverse impacts while meeting project purposes. EPA also expressed concern with the potential adverse impact to riparian and oak woodland/savannah habitat.

ERP No. D–COE–K39044–CA Rating EC2, Norco Bluffs Bank Stabilization Measures, Implementation, Riverside County Flood Control and Water Conservation District, National Economic Development, Santa Ana River, City of Norco, Riverside County, CA.

Summary: EPA expressed environmental concerns over potential impacts associated with herbicides, consistency with applicable water quality protection requirements.

ERP No. D–DOE–C06012–NY Rating EO2, West Valley Demonstration Project for Completion and Western New York Nuclear Service Center Closure or Long-Term Management, Appalachian Plateau, City of Buffalo, NY.

Summary: EPA had environmental objections to this project because of the limited information concerning site contamination, clean-up levels, waste disposal, ground and surface water radiation risk assessment, and institutional controls. Additional information is requested in the final EIS to address these items. A follow up meeting has also been requested.

Final EISs

ERP No. F–BLM–J65198–WY, Green River Resource Area Land and Resource Management Plan, Implementation, Rock Springs District, Sweetwater, Fremont, Uinta, Sublette and Lincoln Counties, WY.

Summary: EPA expressed no comments or concerns.

ERP No. F–COE–E01002–NC, Texasgulf Open Pit Mine Continuation, Construction and Operation, Permit Approval, Pamlico River, Aurora, Beaufort County, NC.

Summary: EPA supported mining configuration Alternatives D, E–1, and E–2 because these minimize impacts on wetlands of special concern. The up-front mitigation being provided is satisfactory pending resolution of some technical wetland issues. EPA would object to Alternatives a, B {the applicant's choice}, and C, as these would destroy most of the wetlands of special concern.

ERP No. F–COE–E32193–00, Savannah Harbor Navigation Project, Operation and Maintenance, Long Term Management Strategy Study, Chatham County, GA and Jasper County, SC.

Summary: Because operational changes to the Savannah Harbor are so comprehensive. EPA continued to have some concerns regarding the long-term consequences of how all of the proposed elements of the management plan will be coordinated and subsequently function.

ERP No. F–COE–G36146–LA, Amite River and Tributaries Flood Control Project, Implementation, East Baton Rouge Parish Watershed, Florida Parishes, LA.

Summary: EPA had no objections to the selection of the preferred alternative.

ERP No. F–FRC–L05213–WA, Rocky Reach Hydroelectric Project (FERC No. 2145) Operating License Amendment Issuance to Increase Lake Entiat Reservoir, Chelan and Douglas Counties, WA.

Summary: EPA concurs with the Final EIS's conclusion that amending the license for the Rocky Reach project under the applicant's proposal and the FERC staff's two alternatives would not adequately protect Mid-Columbia River salmon stocks. EPA supports FERC's selection of the no-action alternative as the preferred alternative.

ERP No. FB–COE–E36013–MS, Mississippi River and Tributaries Flood Control Plan, Big Sunflower River Maintenance Project, Yazoo Basin, Sunflower, Washington, Humphreys, Sharkey and Yazoo Counties, MS.

Summary: EPA expressed concern over the environmental consequences associated with channelizing over one hundred miles of streams in the Big Sunflower watershed. EPA also suggested that a non-structural approach may provide needed flood protection with minimal environmental impacts.

Dated: November 19, 1996.

William D. Dickerson,

Director, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. 96–29918 Filed 11–21–96; 8:45 am]

BILLING CODE 6560–50–P

[FRL–5654–5]

Community-Based Environmental Protection Committee of the National Advisory Council for Environmental Policy and Technology; Public Meeting

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of public meeting.

SUMMARY: Under the Federal Advisory Committee Act, Public Law 92–463, EPA gives notice of a two-day meeting of the Community-Based Environmental Protection Committee of the National Advisory Council for Environmental Policy and Technology (NACEPT). NACEPT provides advice and recommendations to the Administrator of EPA on a broad range of environmental policy issues, and the Community-Based Environmental Protection Committee was formed to identify opportunities for harmonizing environmental policy, economic activity, and ecosystem management.

The meeting is being held to discuss recommendations the Committee plans to submit to EPA. Scheduling constraints preclude oral comments from the public during the meeting. Written comments can be submitted by mail, and will be transmitted to Committee members for consideration.

DATES: The public meeting will be held on Tuesday, December 17, 1996, and Wednesday, December 18, 1996, at the Dupont Plaza Hotel, 1500 New Hampshire Avenue, N.W., Washington, D.C. On Tuesday, December 17, the Committee will meet from 9:00 a.m. to 5:00 p.m., and on Wednesday, December 18, the Committee will meet from 9:00 a.m. to 4:00 p.m.

ADDRESSES: Written comments should be sent to: Deborah Ross, Office of Cooperative Environmental Management, U.S. EPA (1601F), 401 M Street SW., Washington, D.C. 20460.

FOR FURTHER INFORMATION CONTACT: Deborah Ross, Designated Federal Officer, Direct line (202) 260–9752, Secretary's line (202) 260–9744.

Dated: November 7, 1996.

Deborah Ross,

Designated Federal Officer.

[FR Doc. 96–29927 Filed 11–21–96; 8:45 am]

BILLING CODE 6560–50–M

[FRL–5654–2]

Science Advisory Board Notification of Public Advisory Open Committee Meeting

Pursuant to the Federal Advisory Committee Act, Public Law 92–463, notice is hereby given that the Ecological Risk Subcommittee of the Science Advisory Board's (SAB) Integrated Risk Project will meet on December 10–12, 1996, at the Bourbon Orleans Hotel, 717 Orleans Street, New Orleans, LA, 70116, telephone (504) 523–2222. The meeting is open to the public and will begin at 8:30 a.m. on December 10 and at 8:00 a.m. on December 11 and 12. Due to limited space, seating at the meeting will be on a first-come basis.

The main purpose of the meeting is to: (1) complete discussion of a methodology for identifying and ranking ecological risks as part of the SAB's Integrated Risk Project; and (2) meet with representatives of the IRP Human Exposure and Health Subcommittee to discuss integration of methodologies for ranking human health and ecological risks.

Background on the Integrated Risk Project: In a letter dated October 25, 1995, to Dr. Matanoski, Chair of the SAB Executive Committee, Deputy Administrator Fred Hansen charged the SAB to: (1) develop an updated ranking of the relative risk of different environmental problems based upon explicit scientific criteria; (2) provide an assessment of techniques and criteria that could be used to descriminate among emerging environmental risks and identify those that merit serious, near-term Agency attention; (3) assess the potential for risk reduction and propose alternative technical risk reduction strategies for the environmental problems identified; and (4) identify the uncertainties and data quality issues associated with the relative rankings. Since that time, five SAB panels, working at the direction of an ad hoc Steering Committee established by the Executive Committee, have been discussing methods for: (1) Assessing relative risks; (2) selecting suites of risk reduction options; and (3) conducting economic analysis of various risk management options. A final report is expected in early summer of 1997.

Single copies of *Reducing Risk* can be obtained by contacting the SAB's Committee Evaluation and Support Staff (1400), 401 M Street, SW, Washington, DC 20460, telephone (202) 260–8414, or fax (202) 260–1889. Members of the public desiring additional information about the meeting, including an agenda, should contact Ms. Constance Valentine, Staff Secretary, Science Advisory Board (1400F), US EPA, 401 M Street, SW, Washington DC 20460, by telephone at (202) 260–8414, fax at (202) 260–7118, or via The INTERNET at: Valentine.Connie@EPAMAIL.EPA.GOV.

Providing Oral or Written Comments: Anyone wishing to make an oral presentation at the meeting should contact Stephanie Sanzone, Designated Federal Official for the Subcommittee, no later than 4:00 p.m., December 2, 1996, at (202) 260–6557 or via the Internet at Sanzone.Stephanie@epamail.epa.gov. The request should identify the name of the individual who will make the presentation and an outline of the issues to be addressed. At least 35 copies of any written comments to the Committee are to be given to Ms. Sanzone no later than the time of the presentation for distribution to the Committee and the interested public. The Science Advisory Board expects that public statements presented at its meetings will not be repetitive of previously submitted oral or written statements. Each individual or group making an oral presentation will be limited to a total time of five minutes.

Dated: November 14, 1996.

Donald G. Barnes,

Staff Director, Science Advisory Board.

[FR Doc. 96–29871 Filed 11–21–96; 8:45 am]

BILLING CODE 6560–50–P

[PF–674; FRL–5574–2]

Pesticide Tolerance Petition; Notice of Filing

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of filing.

SUMMARY: This notice is a summary of a pesticide petition proposing the establishment of a regulation for residues of spinosad in or on cotton.

DATES: Comments, identified by the docket number [PF-674], must be received on or before December 23, 1996.

ADDRESSES: By mail, submit written comments to: Public Response and Program Resources Branch, Field Operations Division (7506C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. In person, bring comments to: Rm. 1132, Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA 22202.

Comments and data may also be submitted electronically by sending

electronic mail (E-mail) to: opp-docket@epamail.epa.gov. Electronic comments must be submitted as an ASCII file avoiding the use of special characters and any form of encryption. Comments and data will also be accepted on disks in WordPerfect in 5.1 file format or ASCII file formate. All comments and data on this notice of filing may be filed online at many Federal Depository Libraries. In person, bring comments to Rm. 1132, CM #2, 1921 Jefferson Davis Highway, Arlington, VA 22202.

Information submitted as comments concerning this document may be claimed confidential by marking any part or all of that information as Confidential Business Information (CBI). CBI should not be submitted through e-mail. Information marked as CBI will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. A copy of the comment that does not contain CBI must be submitted for inclusion in the public record. Information not marked confidential may be disclosed publicly by EPA without prior notice. All written comments will be available for public inspection in Rm. 1132 at the address given above, from 8 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays.

FOR FURTHER INFORMATION CONTACT: George LaRocca (PM 13), Rm. 204, Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA 22202, (703) 305-6100, e-mail: larocca.george@epamail.epa.gov.

SUPPLEMENTARY INFORMATION: EPA has received a pesticide petition (PP 6F4735) from DowElanco 9330 Zionsville Road, Indianapolis, IN 46268-1054 proposing pursuant to section 408(d) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. section 346a(d), to amend 40 CFR part 180 by establishing a tolerance for residues of the insecticide spinosad in or on the raw agricultural commodity cottonseed at 0.02 ppm. Spinosad is a fermentation derived tetracyclic macrolide product produced by the actinomycete, *Saccharopolyspora spinosa* and consists of two structurally related compounds, namely spinosyn A and spinosyn D which provide the insect control activity for this new product. The two spinosyns only differ from each other in the substitution of a hydrogen by a methyl group and have structures consisting of a basic amine group, two sugars, and a larger complex hydrophobic ring. This new active ingredient that has been accepted by EPA as a reduced risk product is being proposed for registration as a broad spectrum worm control product on cotton. The proposed analytical method is based on high performance liquid chromatography (HPLC) with ultraviolet (UV) detection.

Pursuant to section 408(d)(2)(A)(i) of the FFDCA, as amended, DowElanco has submitted the following summary of information, data, and arguments in support of their pesticide petition. This summary was prepared by DowElanco and EPA has not fully evaluated the merits of the petition. EPA edited the summary to clarify that the conclusions and arguments were the petitioner's and not necessarily EPA's and to remove certain extraneous material.

I. Petition Summary

A. Residue Chemistry

The metabolism of spinosad in plants (cotton) and animals (goats and poultry) is adequately understood for the purposes of this tolerance. A rotational crop study showed no carryover of measurable spinosad related residues in representative test crops. Residues in the magnitude of residue study were non-detectable in or on cottonseed. Residues of spinosad did not concentrate in process fractions in samples treated at a 6X application rate. There is a practical method (HPLC with UV detection) for detecting (0.004 ppm) and measuring (0.01 ppm) levels of spinosad in or on food with a limit of detection that allows monitoring of food with residues at or above the levels set for this tolerance. The method has had a successful method tryout in EPA's laboratories.

B. Toxicological Profile

1. *Acute toxicity*. Spinosad has low acute toxicity. The rat oral LD50 is 3738 mg/kg for males and >5000 mg/kg for females, whereas the mouse oral LD50 is >5000 mg/kg. The rabbit dermal LD50 is >5000 mg/kg and the rat inhalation LC50 is >5.18 mg/l air. In addition, spinosad is not a skin sensitizer in guinea pigs and does not produce significant dermal or ocular irritation in rabbits. End use formulations of spinosad that are water-based suspension concentrates have similar low acute toxicity profiles.

2. *Genotoxicity*. Short-term assays for genotoxicity consisting of a bacterial reverse mutation assay (Ames test), an *in vitro* assay for cytogenetic damage using the Chinese hamster ovary cells, an *in vitro* mammalian gene mutation assay using mouse lymphoma cells, an *in vitro* assay for DNA damage and repair in rat hepatocytes, and an *in vivo* cytogenetic assay in the mouse bone marrow (micronucleus test) have been conducted with spinosad. These studies show a lack of genotoxicity.

3. *Reproductive and developmental toxicity*. Spinosad caused decreased body weights in maternal rats given 200 mg/kg/day by gavage (highest dose tested). This was not accompanied by either embryo toxicity, fetal toxicity, or teratogenicity. The NOELs for maternal and fetal effects in rats were 50 and 200 mg/kg/day, respectively. A teratology study in rabbits showed that spinosad caused decreased body weight gain and a few abortions in maternal rabbits given 50 mg/kg/day (highest dose tested). Maternal toxicity was not accompanied by either embryo toxicity, fetal toxicity, or teratogenicity. The NOELs for maternal and fetal effects in rabbits were 10 and 50 mg/kg/day, respectively. The NOEL found for maternal and pup effects in a rat reproduction study was 10 mg/kg/day. Neonatal effects at 100 mg/kg/day (highest dose tested in the rat reproduction study) were attributed to maternal toxicity.

4. *Subchronic toxicity*. Spinosad was evaluated in 13-week dietary studies and showed NOELs of 4.9 mg/kg/day in dogs, 6 mg/kg/day in mice, and 8.6 mg/kg/day in rats. No dermal irritation or systemic toxicity occurred in a 21-day repeated dose dermal toxicity study in rabbits given 1000 mg/kg/day.

5. *Chronic toxicity*. Based on chronic testing with spinosad in the dog and the rat, a reference dose (RfD) of 0.025 mg/kg/day is proposed for spinosad. The RfD has incorporated a 100-fold safety factor to the NOELs found in these two chronic tests. The NOELs shown in the dog chronic study were 2.68 and 2.72 mg/kg/day, respectively for male and female dogs. The NOELs shown in the rat chronic study were 2.4 and 3.0 mg/kg/day, respectively for male and female rats.

6. *Carcinogenicity*. Using the Guidelines for Carcinogen Risk Assessment published September 24, 1986 (51 FR 33992), it is proposed that spinosad be classified as Group E for carcinogenicity (no evidence of carcinogenicity) based on the results of carcinogenicity studies in two species. There was no evidence of carcinogenicity in an 18-month mouse feeding study and a 24-month rat feeding study at all dosages tested. The NOELs shown in the mouse oncogenicity study were 11.4 and 13.8 mg/kg/day, respectively for male and female mice. The NOELs shown in the rat chronic/oncogenicity study were 2.4 and 3.0 mg/kg/day, respectively for male and female rats. A maximum tolerated dose was achieved at the top dosage level tested in both of these

studies based on excessive mortality. Thus, the doses tested are adequate for identifying a cancer risk. Accordingly, DowElanco concludes that a cancer risk assessment should not be necessary.

7. *Neurotoxicity*. Spinosad did not cause neurotoxicity in rats in acute, subchronic, or chronic toxicity studies.

8. *Endocrine effects*. There is no evidence to suggest that spinosad has an effect on any endocrine system.

9. *Animal metabolism*. There were no major differences in the bioavailability, routes or rates of excretion, or metabolism of spinosyn A and spinosyn D following oral administration in rats. In addition, the routes and rates of excretion were not affected by repeated administration.

10. *Metabolite toxicity*. The residue of concern for tolerance setting purposes is the parent material (spinosyn A and spinosyn D). Thus, DowElanco concludes there is no need to address metabolite toxicity.

C. Aggregate Exposure

1. *Dietary exposure*. For purposes of assessing the potential dietary exposure from use of spinosad on cotton, a conservative estimate of aggregate exposure is determined by TMRC assuming that 100% of the cotton crop has a residue of spinosad at the tolerance level of .02 ppm. The potential dietary exposure is obtained by multiplying the tolerance residue level on cottonseed (0.02 ppm) by the consumption data which estimates the amount of cottonseed products consumed by various population subgroups. Cottonseed is fed to animals; thus exposure to residues in cottonseed might result if such residues are transferred to meat, milk, poultry, or eggs. However, based on the results of animal metabolism studies in goat and poultry and the level of spinosad residues expected in animal feeds (<0.02 ppm), DowElanco concludes that there is no reasonable expectation that measurable residues of spinosad will occur in meat, milk, poultry or eggs under the terms of the proposed use of spinosad on cotton. There are no other established U.S. tolerances for spinosad and no other registered uses for spinosad on food or feed crops in the United States. The use of a tolerance level and 100% of crop treated clearly results in an overestimate of human exposure and a safety determination for the use of spinosad on cotton that is based on a conservative exposure assessment. Another potential source of dietary exposure are residues in drinking water. Based on the available environmental studies conducted with spinosad wherein it's properties show little or no mobility in soil DowElanco concludes, there is no anticipated exposure to residues of spinosad in drinking water. In addition, there is no established Maximum Concentration Level for residues of spinosad in drinking water.

2. *Non-dietary exposure*. There are no other uses currently registered for spinosad. The proposed use on cotton involves application of spinosad to crops grown in an agriculture environment. Thus, the potential for non-occupational exposure to the general population is not expected to be significant.

D. Cumulative Effects

The potential for cumulative effects of spinosad and other substances that have a common mechanism of toxicity is also considered. In terms of insect control, spinosad causes excitation of the insect nervous system, leading to involuntary muscle contractions, prostration with tremors, and finally paralysis. These effects are consistent with the activation of nicotinic acetylcholine receptors by a mechanism that is clearly novel and unique among known insecticidal compounds. Spinosad also has effects on the GABA receptor function that may contribute further to its insecticidal activity. Based on results found in tests with various mammalian species, spinosad appears to have a mechanism of toxicity like that of many amphiphilic cationic compounds. There is no reliable information to indicate that toxic effects produced by spinosad would be cumulative with those of any other pesticide chemical. Thus DowElanco believes it is appropriate to consider only the potential risks of spinosad in an aggregate exposure assessment.

E. Safety Determinations

1. *U.S. population in general*. Using the conservative exposure assumptions and the proposed RfD described above, the aggregate exposure to spinosad use on cotton will utilize 0.004% of the RfD for the U.S. population. EPA generally has no concern for exposures below 100% of the RfD because the RfD represents the level at or below which daily aggregate dietary exposure over a lifetime will not pose appreciable risks to human health. Thus, DowElanco concludes that there is reasonable certainty that no harm will result from aggregate exposure to spinosad residues (<0.02 ppm) on cottonseed.

2. *Infants and children*. In assessing the potential for additional sensitivity of infants and children to residues of spinosad, data from developmental toxicity studies in rats and rabbits and a 2-generation reproduction study in the rat are considered. The developmental toxicity studies are designed to evaluate adverse effects on the developing organism resulting from pesticide exposure during prenatal development. Reproduction studies provide information relating to effects from exposure to the pesticide on the reproductive capability and potential systemic toxicity of mating animals and on various parameters associated with the well-being of pups.

FFDCA section 408 provides that EPA may apply an additional safety factor for infants and children in the case of threshold effects to account for pre- and post-natal toxicity and the completeness of the data base. Based on the current toxicological data requirements, the data base for spinosad relative to pre- and post-natal effects for children is complete. Further, for spinosad, the NOELs in the chronic feeding studies which were used to calculate the RfD (0.025 mg/kg/day) are already lower than the NOELs from the developmental studies in rats and rabbits by a factor of more than 10-fold.

Concerning the reproduction study in rats, the pup effects shown at the highest dose tested were attributed to maternal toxicity. Therefore, DowElanco concludes that an additional uncertainty factor is not needed and that the RfD at 0.025 mg/kg/day is appropriate for assessing risk to infants and children.

Using the conservative exposure assumptions previously described, the percent RfD utilized by the aggregate exposure to residues of spinosad on cottonseed is 0.012% for children 1 to 6 years old, the most sensitive population subgroup. Thus, based on the completeness and reliability of the toxicity data and the conservative exposure assessment, DowElanco concludes that there is a reasonable certainty that no harm will result to infants and children from aggregate exposure to spinosad residues on cottonseed.

F. International Tolerances

There are no Codex maximum residue levels established for residues of spinosad on cottonseed or any other food or feed crop.

II. Administrative Matters

Interested persons are invited to submit comments on this notice of filing. Comments must bear a notation indicating the docket control number, PF-674. All written comments filed in response to this petition will be available in the Public Response and Program Resources Branch, at the address given above from 8 a.m. to 4

p.m., Monday through Friday, except legal holidays.

A record has been established for this notice under docket number PF-674 including comments and data submitted electronically as described below. A public version of this record, including printed, paper versions of electronic comments, which does not include any information claimed as CBI, is available for inspection from 8 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The public record is located in the Public Response and Program Resources Branch, Field Operations Division (7506C), Office of Pesticide Programs, Environmental Protection Agency, Rm. 1132, Crystal Mall 2, 1921 Jefferson Davis Highway Arlington, VA 22202.

Electronic comments can be sent directly to EPA at: opp-docket@epamail.epa.gov.

Electronic comments must be submitted as an ASCII file avoiding the use of special characters and any form of encryption. The official record for this rulemaking, as well as the public version, as described above will be kept in paper form. Accordingly, EPA will transfer all comments received electronically into printed, paper form as they are received and will place the paper copies in the official rulemaking record which will also include all comments submitted directly in writing. The official rulemaking record is the paper record maintained at the address in ''ADDRESSES'' at the beginning of this document.

List of Subjects

Environmental protection, Administrative practice and procedure, Agricultural commodities, Pesticides and pests, Reporting and recordkeeping requirements.

Dated: November 15, 1996.

Peter Caulkins,

Acting Director, Registration Division, Office of Pesticide Programs.

[FR Doc. 96–29929 Filed 11–21–96; 8:45 am]

BILLING CODE 6560–50–F

[PF–673; FRL–5573–8]

Pesticide Tolerance Petition; Notice of Filing

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of filing.

SUMMARY: This notice is a summary of a pesticide petition proposing the establishment of a regulation for residues of thiazopyr in or on orange and grapefruit. This summary was prepared by the petitioner.

DATES: Comments, identified by the docket number [PF–673], must be received on or before, December 23, 1996.

ADDRESSES: By mail, submit written comments to Public Response and Program Resources Branch, Field Operations Division (7506C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. In person, bring comments to Rm. 1132, CM #2, 1921 Jefferson Davis Highway, Arlington, VA 22202.

Comments and data may also be submitted electronically by sending electronic mail (e-mail) to: opp-docket@epamail.epa.gov. Electronic comments on this notice may be filed on-line at many Federal Depository Libraries. Additional information on electronic submissions can be found below in this document.

Information submitted as a comments concerning this document may be claimed confidential by marking any part or all of that information as ''Confidential Business Information'' (CBI). CBI should not be submitted through e-mail. Information marked as CBI will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. A copy of the comment that does not contain CBI must be submitted for inclusion in the public record. Information not marked confidential may be disclosed publicly by EPA without prior notice. All written comments will be available for public inspection in Rm. 1132 at the address given above, from 8 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays.

FOR FURTHER INFORMATION CONTACT: Joanne Miller (PM–23) Rm. 237, CM #2, 1921 Jefferson Davis Highway, Arlington, VA (703) 305–6224. e-mail: miller.joanne@epamail.epa.gov.

SUPPLEMENTARY INFORMATION: EPA has received a pesticide petition (PP) 3F4187 from Rohm and Haas Company, Philadelphia, PA, proposing pursuant to section 408 (d) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. 346a(d), to amend 40 CFR part 180 by establishing a tolerance for residues of the herbicide thiazopyr in or on the raw agricultural commodity orange (whole fruit) and grapefruit (whole fruit) at 0.05 ppm. The proposed analytical method is gas chromatography using mass selective detection.

Pursuant to section 408(d)(2)(A)(i) of the FFDCA, as amended, Rohm and Haas Company has submitted the following summary of information, data and arguments in support of their pesticide petition. This summary was prepared by Rohm and Haas Company and EPA has not fully evaluated the merits of the petition. EPA edited the summary to clarify that the conclusions and arguments were the petitioners and not necessarily EPAs and to remove certain extraneous material.

I. Rohm & Haas Petition Summary

A. Residue Chemistry

1. *Plant metabolism*. Metabolism studies were conducted on peanuts, cotton and lemon. The metabolism of thiazopyr in all crops was extensive. Little thiazopyr was observed in crop tissues. About 10 metabolites were identified and quantified in each study. In peanuts, cotton, and lemon, any individual metabolite represented less than 13-, 9-, and 10-percent of the total dosage, respectively. The metabolic pathway for all three crops is the same.

2. *Analytical method*. A gas-liquid chromatographic analytical method using mass selective detection has been validated in citrus for enforcement purposes. This method converts thiazopyr and its metabolites to a common moiety which is quantified. The limit of quantitation of the method is 0.025 ppm for citrus whole fruit and processed fractions.

3. *Magnitude of residues*. The maximum application rate of 2 pounds of the active ingredient per acre was applied 3 months prior to harvest in 20 field trials. No detectable thiazopyr residue was found above the limit of quantitation of the residue method in whole fruit. After a single application of thiazopyr at 10 pounds per acre 3 months prior to harvest, processed commodities of citrus were produced and analyzed. No residue was found above the limit of quantitation of the method in the processed fractions.

B. Toxicological Profile

1. *Acute toxicity*. Thiazopyr technical was practically non-toxic by ingestion of a single dose (LD_{50} > 5.0 g/kg) in rats and was practically non-toxic by dermal application (LD_{50} > 5.0 g/kg in rats). Thiazopyr technical was not significantly toxic to rats after a 4–hr inhalation exposure, with an LC_{50} value of > 1.2 mg/L (highest concentration attainable) for both sexes. Thiazopyr technical was classified as slightly irritating to the eye and no more than slightly irritating to the skin. Thiazopyr technical was not a dermal sensitizer.

2. *Genotoxicity*. Thiazopyr technical was negative (non-mutagenic) in the Ames microbial mutation assay with and without hepatic enzyme activation. Thiazopyr technical was negative in a hypoxanthine guanine phosphoribosyl

transferase (HGPRT) gene mutation assay using Chinese hamster ovary (CHO) cells in culture when tested with and without hepatic enzyme activation. In isolated rat hepatocytes, thiazopyr technical did not induce unscheduled DNA synthesis (UDS) or repair when tested up the maximum soluble concentration in culture medium. In an *in vivo* bone marrow cytogenetic (micronucleus) assay no significant increases in micronuclei were seen in bone marrow cells. Thiazopyr did not produce chromosome effects *in vivo*. On the basis of the results of this battery of tests, it is concluded that thiazopyr is not mutagenic or genotoxic.

3. *Reproductive and developmental toxicity*. No observed effect levels (NOELs) for developmental toxicity were established at 100 mg/kg/day in the rat and 175 mg/kg/day in the rabbit. In a 2–generation reproduction study in rats there were no treatment-related effects on any reproductive parameter in the adults or their offspring. The NOEL was considered to be 1,000 ppm for reproductive effects (73 – 91 mg/kg/day for males and females, respectively) and 10 ppm for adult toxicity (0.72 – 0.94 mg/kg/day for males and females, respectively). Overall, thiazopyr was not associated with significant developmental or reproductive effects below maternally toxic doses.

4. *Subchronic toxicity*. The NOEL in a 90–day rat feeding study was 100 ppm (6.6 – 8.0 mg/kg/day in males and females, respectively), and the LOEL was 1,000 ppm (68 – 79 mg/kg/day in males and females, respectively) based on increases in absolute and relative liver weights, hepatic enlargement and discoloration, hepatocellular hypertrophy, and effects on parameters associated with altered liver function.

In a 90–day dog feeding study the NOEL was 10 ppm (0.2 mg/kg/day for males; 0.3 mg/kg/day for females) and the lowest observed effect level (LOEL) 100 ppm based on hepatocellular hypertrophy/hyperplasia.

In a 21–day dermal toxicity study in the rat, the NOEL was 100 mg/kg/day. The LOEL was 500 mg/kg/day based on minimal hepatocellular vacuolation in females.

5. *Chronic toxicity*. In a 2–year combined chronic toxicity/oncogenicity study in the rat the NOEL was 100 ppm (4.4 – 5.6 mg/kg/day for males and females, respectively), and the LOEL was 1,000 ppm (44.4 – 56.0 mg/kg/day) based on hematologic and clinical chemistry changes, increased organ weights and incidences of hepatocellular hypertrophy and vacuolation, nephropathy, and thyroid follicular hypertrophy and/or hyperplasia. An increased incidence of thyroid follicular tumors was observed in males at the two highest doses of 1,000 and 3,000 ppm. The thyroid tumors were determined in three special thyroid function studies to be secondary to a disturbance of thyroid/pituitary homeostasis and were attributed to a hormonally-mediated mechanism for thyroid tumor induction. The effects were dose-responsive and with the exception of thyroid weight, all effects were completely reversible when thiazopyr was removed from the diet.

In an 18 month combined chronic toxicity/oncogenicity study in the mouse the NOEL was 10 ppm in males (1.6 mg/kg bw/day) and 100 ppm in females (26.8 mg/kg bw/day) and the LOEL 100 ppm in males (16.9 mg/kg bw/day) and 400 ppm in females (108.1 mg/kg bw /day) based on increased absolute and relative liver weights, serum chemistry changes, enlarged and/or discolored livers, hepatocellular hypertrophy, increased eosinophilia and vacuolization in livers of both sexes. No evidence of oncogenicity was observed at any dose level.

In a 1–year dog feeding study the NOEL was 20 ppm (0.8 mg a.i./kg bw/day) and the LOEL 200 ppm (8.0 mg/kg/day) based on liver hypertrophy and changes in clinical chemistry parameters associated with liver function.

6. *Animal metabolism*. Thiazopyr technical administered by the oral or intravenous route in the rat was extensively absorbed and extensively degraded via oxidation of the thiazoline ring, oxidation of the isobutyl side chain of the pyridine ring and cleavage of the methyl ester. Thiazopyr was rapidly and extensively eliminated, with very low residues in the tissue and carcass. Glycine thioamide ester and unsaturated nitrile acid were the major metabolites in rat excreta. Thiazopyr was also rapidly eliminated from goats and chickens, and oxidation of the thiazoline ring and the isobutyl side chain were also the major route for metabolic degradation of thiazopyr in goat and chicken.

7. *Metabolite toxicity*. Common metabolic pathways for thiazopyr have been identified in animals (rat, hen, goat, bluegill sunfish) and crop plants (cotton, peanut, citrus). Pathways common to both types of metabolism include oxidative opening of the thiazoline ring, oxidation of the isobutyl side chain and methyl ester cleavage. Overall, the metabolism of thiazopyr is similar in plants and animals. Thiazopyr undergoes extensive degradation and elimination to polar metabolites that are unlikely to accumulate in humans or animals exposed to these residues in the diet.

A 4–week dietary study was conducted to assess the subchronic toxicity of thiazopyr monoacid. The results of this study suggest that thiazopyr monoacid also perturbs thyroid/liver homeostasis by the same mechanism elucidated for the parent compound, thiazopyr. The NOEL for this study was 1,000 ppm (1,591 mg/kg/day for males, 1,740 mg/kg/day for females). In comparison to the NOEL of 100 ppm in the rat subchronic and chronic dietary studies, the NOEL of 1,000 ppm in this study suggests that thiazopyr monoacid is approximately 10–fold less toxic than the parent, thiazopyr.

8. *Conclusions*. Using its Guidelines for Carcinogen Risk Assessment published September 24, 1986 (51 FR 33992), the EPA's Health Effects Division Carcinogenicity Peer Review Committee concluded that there was limited evidence for carcinogenicity and therefore classified thiazopyr as a Group C--possible human carcinogen. A Margin of Exposure (MOE) approach was recommended to evaluate potential consequences of human exposure. A NOEL of 4.4 mg/kg/day and a LOEL of 44.2 mg/kg/day were selected as the critical dose levels to be used in the MOE carcinogenicity risk assessment.

The database for chronic toxicity assessment is complete. Based on chronic toxicity testing, the dog was the most sensitive species. The RfD Committee of the USEPA Health Effects Division established an Reference Dose (RfD) for thiazopyr of 0.008 mg/kg/day based on the NOEL of 0.8 mg a.i./kg/day and application of a 100–fold safety factor.

C. Aggregate Exposure

1. *Dietary exposure*—(i) *food*. For purposes of assessing the potential dietary exposure under this tolerance, EPA estimates aggregate exposure using the tolerance on citrus whole fruit at 0.05 ppm. The potential exposure is obtained by multiplying the tolerance level residues by the consumption data which estimates the amount of citrus or citrus products eaten by various population subgroups. Citrus pulp is fed to animals, thus exposure of humans to residues in citrus pulp might result if such residues are transferred to meat, milk, poultry, or eggs. However, based on the results of animal metabolism studies and the amount of thiazopyr residues expected in animal feeds, EPA has concluded that there is no reasonable expectation that measurable residue of thiazopyr will occur in meat and milk. Citrus pulp is not a poultry

feed item, thus no residues are expected in poultry or eggs. There are no other established U.S. tolerances for thiazopyr, and there are no registered uses for thiazopyr on food or feed crops in the United States.

Using a Dietary Risk Evaluation System analysis, Rohm and Haas calculates that the potential exposure to thiazopyr from consumption of orange and grapefruit products represents 1.47 percent of the thiazopyr RfD for the general population. The percentage of the RfD for the most highly exposed sub-group, non-nursing infants, is 3.14 percent. In conducting this exposure assessment, Rohm & Haas has made very conservative assumptions--that 100 percent of the oranges and grapefruit contain thiazopyr residues and that those residues would all be at the level of the tolerance. This clearly is an overestimation of the potential human exposure.

(ii) *Drinking water*. Other potential dietary sources of exposure of the general population to residues of pesticides are residues in drinking water. A prospective ground water study conducted in a citrus grove, in an area considered vulnerable to leaching of pesticide residue to groundwater, demonstrated that thiazopyr does not leach. A degradate of thiazopyr, thiazopyr monoacid, was observed. Using consumption of 2 liters per day of drinking water (consistent with the National Primary Drinking Water Regulations--Synthetic Organic and Inorganic Chemicals, (56 FR 3526, January 30, 1991)), and the most conservative estimate of potential monoacid concentration, Rohm and Haas calculates that the monoacid uses 2.9 percent of the thiazopyr RfD. This value is substantially below the 20 percent of the RfD typically allocated for drinking water in 56 FR 3526. In conducting this exposure assessment, Rohm and Haas has made the very conservative assumption that all drinking water contains the maximum level of monoacid residues observed in a study designed to evaluate the worst case situation. In addition, the thiazopyr monoacid was considered for purposes of this assessment to be toxicologically equivalent to the parent compound, even though the monoacid metabolite is expected to be of lower overall toxicity than the parent compound.

2. *Non-dietary exposure*. Thiazopyr is not registered for any use which could result in non-occupational, non-dietary exposure to the general population.

D. Cumulative Effects

There is no reliable information to indicate that thiazopyr has a common mechanism of toxicity with any other chemical compound. Thiazopyr is based on a totally new class of chemistry, thus EPA should consider only the potential risks of thiazopyr in its exposure assessment.

E. Safety Determination

1. *U.S. population*. Using the conservative exposure assumptions described above, and based on the completeness and reliability of the toxicity data, Rohm and Haas has concluded that aggregate exposure to thiazopyr will utilize 4.37 percent of the RfD for the U.S. population. EPA generally has no concern for exposures below 100 percent of the RfD because the RfD represents the level at or below which daily aggregate dietary exposure over a lifetime will not pose appreciable risks to human health. Therefore, Rohm and Haas concludes that there is a reasonable certainty that no harm will result from aggregate exposure to thiazopyr residues.

The complete toxicology profile of thiazopyr shows no evidence of physiological effects characteristic of the disruption of the hormone estrogen. Based on this observation thiazopyr does not meet the criteria for an estrogenic compound.

2. *Infants and children*. In assessing the potential for additional sensitivity of infants and children to residues of thiazopyr, EPA considers data from developmental toxicity studies in the rat and rabbit and a 2–generation reproduction study in the rat. The developmental toxicity studies are designed to evaluate adverse effects on the developing organism resulting from pesticide exposure during prenatal development to one or both parents. Reproduction studies provide information relating to effects from exposure to the pesticide on the reproductive capability of mating animals, data on systemic toxicity, and the survival, growth and development of the offspring.

Based on the current toxicological data requirements, the database relative to pre- and post-natal effects for children is complete. The NOEL at 0.8 mg/kg/day from the dog study, which was used to calculate the RfD (discussed above), is already lower than the NOEL's from the developmental studies in rats and rabbits by a factor of more than 100 fold. Therefore, Rohm and Haas concludes that an additional uncertainty factor is not warranted and that the RfD at 0.008 mg/kg/day is appropriate for assessing aggregate risk to infants and children.

F. International Tolerances

There are no Codex maximum residue levels [MRL] established for residues of thiazopyr.

G. Other Considerations/Conclusions

Thiazopyr will be a useful addition for weed control in citrus growing areas, particularly where annual grass pressures are high, because it provides control against aggressive grass weeds at significantly lower use rates than existing products. Thiazopyr has a new unique mode of action and offers benefits in integrated pest management programs to counter the potential for weed resistance. Thiazopyr is extremely safe around citrus trees, including young citrus trees.

Therefore, permanent tolerances should be established for residues of thiazopyr in orange (whole fruit) at 0.05 ppm and grapefruit (whole fruit) at 0.05 ppm.

II. Administrative Matters

Interested persons are invited to submit comments on this notice of filing. Comments must bear a notation indicating the docket number, [PF–673]. All written comments filed in response to this petition will be available in the Public Response and Program Resources Branch, at the Virginia address given above from 8 a.m. to 4 p.m., Monday through Friday, except legal holidays.

A record has been established for this notice under docket number [PF–673] including comments and data submitted electronically as described below. A public version of this record, including printed, paper versions of electronic comments, which does not include any information claimed as CBI, is available for inspection from 8 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The public record is located in Rm. 1132 of the Public Response and Program Resources Branch, Field Operations Division (7506C), Office of Pesticide Programs, Environmental Protection Agency, Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA 22202.

Electronic comments can be sent directly to EPA at:

opp-Docket@epamail.epa.gov

Electronic comments must be submitted as an ASCII file avoiding the use of special characters and any form of encryption.

The official record for this notice of filing rulemaking, as well as the public version as described above, will be kept in paper form. Accordingly, EPA will transfer all comments received electronically into printed, paper form

as they are received and will place the paper copies in the official record which will also include all comments submitted directly in writing. The official rulemaking record is the paper record maintained at the address in ''ADDRESSES'' at the beginning of this document.

List of Subjects

Environmental Protection, Administrative Practice and Procedure, Agricultural Commodities, Pesticides and Pests, Reporting and Recordkeeping Requirements.

Dated: November 14, 1996.

Donald R. Stubbs,

Acting Director, Registration Division, Office of Pesticide Programs.

[FR Doc. 96–29930 Filed 11–21–96; 8:45 am]

BILLING CODE 6560–50–F

FEDERAL COMMUNICATIONS COMMISSION

Renewal Application Designated for Hearing

1. The Assistant Chief, Audio Services Division, Mass Media Bureau, has before him the following application for renewal of broadcast license:

Licensee	City/State	File No.	MM Docket No.
Quality Broadcasting, Inc	Macon, GA	BR–951130C7	96–223

(Seeking renewal of the license of WNEX(AM))

2. Pursuant to Section 309(e) of the Communications Act of 1934, as amended, the above application has been designated for hearing in a proceeding upon the following issues:

(a) To determine whether Quality Broadcasting, Inc. has the capability and intent to expeditiously resume the broadcast operations of WNEX(AM), consistent with the Commission's Rules.

(b) To determine whether Quality Broadcasting, Inc. has violated Sections 73.1740 and/or 73.1750 of the Commission's Rules.

(c) To determine, in light of the evidence adduced pursuant to the foregoing issues, whether grant of the subject renewal of license application would serve the public interest, convenience and necessity.

A copy of the complete HDO in this proceeding is available for inspection and copying during normal business hours in the dockets section of the FCC Reference Center (Room 239), 1919 M Street, N.W., Washington, D.C. The complete text may also be purchased from the Commission's duplicating contractor, International Transcription Service, 2100 M Street, N.W., Suite 140, Washington, D.C. 20037 (telephone 202–857–3800).

Federal Communications Commission.

Stuart B. Bedell,

Assistant Chief, Audio Services Division, Mass Media Bureau.

[FR Doc. 96–29961 Filed 11–21–96; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL DEPOSIT INSURANCE CORPORATION

Sunshine Act Meeting

Pursuant to the provisions of the ''Government in the Sunshine Act'' (5 U.S.C. 552b), notice is hereby given that the Federal Deposit Insurance Corporation's Board of Directors will meet in open session at 10:00 a.m. on Tuesday, November 26, 1996, to consider the following matters:

Summary Agenda: No substantive discussion of the following items is anticipated. These matters will be resolved with a single vote unless a member of the Board of Directors requests that an item be moved to the discussion agenda.

Disposition of minutes of previous meetings.

Reports of actions taken pursuant to authority delegated by the Board of Directors.

Memorandum and resolution re: Revision and reissuance of the Statement of Policy Regarding the Payment of State and Local Taxes.

Memorandum and resolution re: Rescission of the Statement of Policy on Retail Repurchase Agreements.

Discussion Agenda

Memorandum and resolution re: Final Rule Amending Part 327—Assessment Provisions Related to Adjusted Attributable Deposit Amount.

Memorandum and resolution re: BIF Assessment Rates for the First Semiannual Assessment Period of 1997.

Memorandum re: FICO Assessment.

The meeting will be held in the Board Room on the sixth floor of the FDIC Building located at 550—17th Street, N.W., Washington, D.C.

The FDIC will provide attendees with auxiliary aids (e.g., sign language interpretation) required for this meeting. Those attendees needing such assistance should call (202) 416–2449 (Voice); (202) 416–2004 (TTY), to make necessary arrangements.

Requests for further information concerning the meeting may be directed to Mr. Jerry L. Langley, Executive Secretary of the Corporation, at (202) 898–6757.

Dated: November 19, 1996.

Federal Deposit Insurance Corporation.

Jerry L. Langley,

Executive Secretary.

[FR Doc. 96–30008 Filed 11–20–96; 10:43 am]

BILLING CODE 6714–01–M

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1144–DR]

New Hampshire; Amendment to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster for the State of New Hampshire (FEMA–1144–DR), dated October 29, 1996, and related determinations.

EFFECTIVE DATE: November 12, 1996.

FOR FURTHER INFORMATION CONTACT: Pauline C. Campbell, Response and Recovery Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–3606.

SUPPLEMENTARY INFORMATION: Notice is hereby given that the incident period for this disaster is closed effective October 26, 1996.

(Catalog of Federal Domestic Assistance No. 83.516, Disaster Assistance)

Lacy E. Suiter,

Executive Associate Director, Response and Recovery Directorate.

[FR Doc. 96–29896 Filed 11–21–96; 8:45 am]

BILLING CODE 6718–02–P

[FEMA–1134–DR]

North Carolina; Amendment to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster for the State of North Carolina (FEMA–1134–DR), dated September 6, 1996 and related determinations.

EFFECTIVE DATE: November 4, 1996.

FOR FURTHER INFORMATION CONTACT: Pauline C. Campbell, Response and Recovery Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–3606.

SUPPLEMENTARY INFORMATION: Notice is hereby given that the incident period for this disaster is closed effective October 21, 1996.

(Catalog of Federal Domestic Assistance No. 83.516, Disaster Assistance)

Lacy E. Suiter,

Executive Associate Director, Response and Recovery Directorate.

[FR Doc. 96–29897 Filed 11–21–96; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL MARITIME COMMISSION

Notice of Agreement(s) Filed

The Commission hereby gives notice of the filing of the following agreement(s) under the Shipping Act of 1984.

Interested parties can review or obtain copies of agreements at the Washington, DC offices of the Commission, 800 North Capitol Street, N.W., Room 962. Interested parties may submit comments on an agreement to the Secretary, Federal Maritime Commission, Washington, DC 20573, within 10 days of the date this notice appears in the Federal Register.

Agreement No: 202–011456–016.

Title: South Europe American Conference.

Parties:

DSR-Senator Lines GmbH
Evergreen Marine Corporation (Taiwan) Ltd.
Italia di Navigazione, S.p.A.
A.P. Moller-Maersk Line
Nedlloyd Lijnen B.V.
P & O Containers Limited
Sea-land Service, Inc.
Zim Israel Navigation Company, Ltd.

Synopsis: The proposed amendment would allow members to join only one loading range of the Eastbound Section of the conference. Other conforming language changes are also being made.

Agreement No: 217–011557.

Title: Contship/Zim/TMM Space Charter Agreement.

Parties:

Contship Containerlines Limited (''Contship'')
Transportacion Maritima Mexicana, S.A. de C.V. (''TMM'')
Zim-Israel Navigation Co., Ltd. (''Zim'')

Synopsis: The proposed Agreement would permit Zim to charter space from Contship and TMM aboard their vessels operated in the trade between United States Gulf Coast and Florida ports and ports in Italy, France, Spain, Portugal, and Mexico. The parties have requested a shortened review period.

Dated: November 18, 1996.

By order of the Federal Maritime Commission.

Joseph C. Polking,

Secretary.

[FR Doc. 96–29922 Filed 11–21–96; 8:45 am]

BILLING CODE 6730–01–M

FEDERAL RESERVE SYSTEM

Sunshine Act Meeting

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 10:00 a.m., Wednesday, November 27, 1996.

PLACE: Marriner S. Eccles Federal Reserve Board Building, C Street entrance between 20th and 21st Streets, N.W., Washington, D.C. 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.
2. Any items carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION: Mr. Joseph R. Coyne, Assistant to the Board; (202) 452–3204. You may call (202) 452–3207, beginning at approximately 5 p.m. two business days before this meeting, for a recorded announcement of bank and bank holding company applications scheduled for the meeting.

Dated: November 20, 1996.

William W. Wiles,

Secretary of the Board.

[FR Doc. 96–30005 Filed 11–20–96; 10:40 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) Announces the Following Meeting

Name: Laboratory Evaluation of Whole Body Isometric Strength Capability During Simulated Scaffold End Frame Lifting.

Time and Date: 1 p.m.–3 p.m., December 13, 1996.

Place: Suncrest Facility, Large Conference Room, NIOSH, CDC, 3040 University Avenue, Morgantown, West Virginia 26505.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Purpose: Participants will provide NIOSH with their individual advice and comments regarding technical and scientific aspects of the NIOSH study ''Laboratory Evaluation of Whole Body Isometric Strength Capability during Simulated Scaffold End Frame Lifting.'' Peer review panelists will review the study protocol and provide individual advice on the conduct of the study. Viewpoints and suggestions from industry, labor, academia, other government agencies, and the public are invited.

Agenda items are subject to change, as priorities dictate.

Contact Person for Additional Information: Robert G. Cutlip, Ph.D., M/S 119, 1095 Willowdale Road, Morgantown, West Virginia 26505, telephone 304/285–5968.

Dated: November 18, 1996.

Nancy C. Hirsch,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–29872 Filed 11–21–96; 8:45 am]

BILLING CODE 4160–19–P

Food and Drug Administration

[Docket No. 96N–0402]

Agency Information Collection Activities: Proposed Collection

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995, Federal agencies are required to publish notice in the Federal Register concerning each proposed collection of information, including each proposed extension of an existing collection of information and to allow 60 days for public comment in response to the notice. The agency is also announcing that it intends to send blood banks, blood collection facilities, and blood component manufacturing facilities the annual request to complete Blood Establishment Registration and Product Listing, Form FDA 2830. This notice solicits comments on blood establishment registration and product listing requirements using form FDA 2830.

DATES: Submit written comments on the collection of information by January 21, 1997.

ADDRESSES: Submit written comments on the collection of information to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Geraldine M. Hogan, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, rm. 16B–19, Rockville, MD 20857, 301–827–1481.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (the PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. FDA submitted a copy of this notice to OMB for its review of this information collection, and requested emergency processing. OMB approved the information collection through February 28, 1997, and assigned OMB control number 0910–0052. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the Federal Register concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information listed below.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Blood Establishment Registration and Product Listing, Form FDA 2830—21 CFR Part 607—(OMB Control Number 0910–0052)

Under section 510 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 360) any person owning or operating an establishment that manufactures, prepares, propagates, compounds, or processes a drug or device must register with the Secretary of Health and Human Services, on or before December 31 of each year, his or her name, place of business and all such establishments, and submit, among other information, a listing of all drug or device products manufactured, prepared, propagated, compounded, or processed by him or her for commercial distribution. In 21 CFR part 607, FDA has issued regulations implementing these requirements for manufacturers of human blood and blood products. Pursuant to these regulations, the agency seeks the information required by the act, including the location of the facility, name of the reporting official, type of ownership, type of establishment, and identification of blood and blood products being manufactured. Among other uses, this information assists FDA in its inspections of facilities, and its collection is essential to the overall regulatory scheme designed to ensure the safety of the nation's blood supply. Form FDA 2830, Blood Establishment Registration and Product Listing, is used to collect this information. The likely respondents are blood banks, blood collection facilities, and blood component manufacturing facilities.

FDA estimates the burden of this collection of information as follows: Based upon the past experience of the Center for Biologics Evaluation and Research, Division of Blood Applications, in regulatory blood establishment registration and product listing with new blood banks, the time needed for industry to complete the FDA 2830 is estimated to be 1 hour. For annual re-registration of blood banks, the time needed for industry to complete the FDA 2830 form is estimated to be ½ hour because re-registrants only need to refer to their files or written instructions for a small portion of the information required. Blood banks should familiar with the regulations and registration requirements to fill out this form.

ESTIMATED ANNUAL REPORTING BURDEN

Form No. FDA 2830 (21 CFR Part 607)	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
Initial registration	300	1	300	1	300
Re-registration	3,000	1	3,000	0.5	1,500
Total	3,300		3,300		1,800

There are no capital costs or operating and maintenance costs associated with this collection.

Persons are not required to respond to a collection of information unless it displays a currently valid OMB control number.

Dated: November 15, 1996.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 96–29832 Filed 11–21–96; 8:45 am]

BILLING CODE 4160–01–F

[Docket No. 96N–0416]

Agency Information Collection Activities; Submission for OMB Review; Comment Request

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by December 23, 1996.

ADDRESSES: Submit written comments on the collection of information to the

Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235, Washington, DC, Attn: Desk Officer for FDA.

FOR FURTHER INFORMATION CONTACT: Peggy Wolff, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, rm. 16B–19, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: In compliance with section 3507 of the Paperwork Reduction Act of 1995 (44 U.S.C. 3507), FDA has submitted the following proposed collection of information to OMB for review and clearance.

Infant Formula Recall Regulations—21 CFR 107.230, 107.240, 107.250, 107.260, 107.280 (OMB Control Number 0910–0188—Reinstatement)

Section 412(e) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 350a(e)) provides that if the manufacturer of an infant formula has knowledge that reasonably supports the conclusion that an infant formula processed by that manufacturer has left its control and may not provide the nutrients required in section 412(i) or is otherwise adulterated or misbranded, the manufacturer must promptly notify the Secretary of Health and Human Services (the Secretary). If the Secretary determines that the infant formula presents a risk to human health, the manufacturer must immediately take all actions necessary to recall shipments of such infant formula from all wholesale and retail establishments, consistent with recall regulations and guidelines issued by the Secretary. Section 412(f)(2) of the act states that the Secretary shall by regulation prescribe the scope and extent of recalls of infant formula necessary and appropriate for the degree of risk to human health presented by the formula subject to recall. FDA's infant formula recall regulations (part 107, subpart E (21 CFR part 107, subpart E)) implement these statutory provisions.

Section 107.230 requires each recalling firm to evaluate the hazard to human health, devise a written recall strategy, promptly notify each affected direct account (customer) about the recall, and furnish the appropriate FDA district office with copies of these documents. If the recalled formula presents a risk to human health, the recalling firm must also request that each establishment that sells the recalled formula post (at point of purchase) a notice of the recall and provide FDA with a copy of the notice. Section 107.240 requires the recalling firm to notify the appropriate FDA district office of the recall by telephone within 24 hours, to submit a written report to that office within 14 days, and to submit a written status report at least every 14 days until the recall is terminated. Before terminating a recall, the recalling firm is required to submit a recommendation for termination of the recall to the appropriate FDA district office and wait for written FDA concurrence (§ 107.250). Where the recall strategy or implementation is determined to be deficient, FDA may require the firm to change the extent of the recall, carry out additional effectiveness checks, and issue additional notifications (§ 107.260). In addition, to facilitate location of the product being recalled, the recalling firm is required to maintain distribution records for at least 1 year after the expiration of the shelf life of the infant formula (§ 107.280).

The reporting and recordkeeping requirements described above are designed to enable FDA to monitor the effectiveness of infant formula recalls in order to protect babies from infant formula that may be unsafe because of contamination or nutritional inadequacy or otherwise adulterated or misbranded. FDA uses the information collected under these regulations to help ensure that such products are quickly and efficiently removed from the market. If manufacturers were not required to provide this information to FDA, FDA's ability to ensure that recalls are conducted properly would be greatly impaired.

FDA estimates the burden of this collection of information as follows:

ESTIMATED ANNUAL REPORTING BURDEN

21 CFR Section	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
107.230	0.5	1	0.5	4,500	2,250
107.240	0.5	1	0.5	1,482	741
107.250	0.5	1	0.5	120	60
107.260	0.5	1	0.5	650	325
Total				6,752	3,376

There are no capital costs or operating and maintenance costs associated with this collection.

No burden has been estimated for the recordkeeping requirement in § 107.280 because these records are maintained as a usual and customary part of normal business activities. Manufacturers keep infant formula distribution records for the prescribed period as a matter of routine business practice. Under 5 CFR 1320.3(b)(2), the time, effort, and financial resources necessary to comply with a collection of information are excluded from the burden estimate if the reporting, recordkeeping, or disclosure activities needed to comply are usual and customary because they would occur in the normal course of activities.

The reporting burden estimate is based on agency records, which show that there are five manufacturers of infant formula and that there have been three recalls in the last 6 years, or 0.5 recalls annually.

Dated: November 15, 1996.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 96–29945 Filed 11–21–96; 8:45 am]

BILLING CODE 4160–01–F

[Docket No. 96F–0139]

Bio-Cide International, Inc.; Withdrawal of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the withdrawal, without prejudice to future filing, of a food additive petition (FAP 6A4499) proposing that the food additive regulations be amended to provide for the safe use of acidified sodium chlorite solutions in processing

water and ice which directly contact seafood such as finfish, shellfish, and crustaceans for the control of naturally occurring spoilage microorganisms to increase shelf life and to enhance seafood product freshness.

FOR FURTHER INFORMATION CONTACT: Robert L. Martin, Center for Food Safety and Applied Nutrition (HFS–217), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–418–3074.

SUPPLEMENTARY INFORMATION: In a notice published in the Federal Register of May 9, 1996 (61 FR 21193), FDA announced that a food additive petition (FAP 6A4499) had been filed by Bio-Cide International, Inc., 2845 Broce Dr., Norman, OK 73072. The petition proposed to amend the food additive regulations in part 173 *Secondary Direct Food Additives Permitted in Food for Human Consumption* (21 CFR part 173) to provide for the safe use of acidified sodium chlorite solutions in processing water and ice which directly contact seafood such as finfish, shellfish, and crustaceans for the control of naturally occurring spoilage microorganisms to increase shelf life and to enhance seafood product freshness. Bio-Cide International, Inc., has now withdrawn the petition without prejudice to a future filing (21 CFR 171.7).

Dated: November 6, 1996.

Alan M. Rulis,

Director, Office of Premarket Approval, Center for Food Safety and Applied Nutrition.

[FR Doc. 96–29829 Filed 11–21–96; 8:45 am]

BILLING CODE 4160–01–F

Advisory Committee; Notice of Meetings

AGENCY: Food and Drug Administration HHS.

ACTION: Notice.

SUMMARY: This notice announces forthcoming meetings of public advisory committees of the Food and Drug Administration (FDA). This notice also summarizes the procedures for the meetings and methods by which interested persons may participate in open public hearings before FDA's advisory committees.

FDA has established an Advisory Committee Information Hotline (the hotline) using a voice-mail telephone system. The hotline provides the public with access to the most current information on FDA advisory committee meetings. The advisory committee hotline, which will disseminate current information and information updates, can be accessed by dialing 1–800–741–8138 or 301–443–0572. Each advisory committee is assigned a 5-digit number. This 5-digit number will appear in each individual notice of meeting. The hotline will enable the public to obtain information about a particular advisory committee by using the committee's 5-digit number. Information in the hotline is preliminary and may change before a meeting is actually held. The hotline will be updated when such changes are made.

MEETINGS: The following advisory committee meetings are announced:

Blood Products Advisory Committee

Date, time, and place. December 12 and 13, 1996, 1 a.m., Holiday Inn—Bethesda, Versailles Ballrooms III and IV, 8120 Wisconsin Ave., Bethesda, MD.

Type of meeting and contact person. Open committee discussion, December 12, 1996, 8 a.m. to 10:30 a.m.; open public hearing. 10:30 a.m. to 11 a.m., unless public participation does not last that long; open committee discussion, 11 a.m. to 12:15 p.m.; open public hearing, 12:15 p.m. to 12:30 p.m., unless public participation does not last that long; open committee discussion, 12:30 p.m. to 3 p.m.; open public hearing, 3 p.m. to 4 p.m., unless public participation does not last that long; open committee discussion, 4 p.m. to 5:30 p.m.; open committee discussion, December 13, 1996, 8 a.m. to 9 a.m.; open public hearing, 9 a.m. to 9:30 a.m., unless public participation does not last that long; open committee discussion, 9:30 a.m. to 11:30 a.m.; open public hearing, 11:30 a.m. to 12 m., unless public participation does not last that long; open committee discussion, 12 m. to 12:30 p.m.; closed committee deliberations, 12:30 p.m. to 1 p.m.; open committee discussion, 1 p.m. to 2:30 p.m.; open public hearing, 2:30 p.m. to 3 p.m., unless public participation does not last that long; open committee discussion, 3 p.m. to 3:30 p.m.; Linda A. Smallwood, Center for Biologics Evaluation and Research (HFM–350), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852, 301–827–3514, or FDA Advisory Committee Information Hotline, 1–800–741–8138 (301–443–0572 in the Washington, DC area). Blood Products Advisory Committee, code 12388. Please call the hotline for information concerning any possible changes.

General function of the committee. The committee reviews and evaluates data on the safety and effectiveness, and appropriate use of blood products intended for use in the diagnosis, prevention, or treatment of human diseases.

Agenda—Open public hearing. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Those desiring to make formal presentations should notify the contact person before December 6, 1996, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time required to make their comments.

Open committee discussion. On the morning of December 12, 1996, the committee will discuss the status of review of recombinant Factor IX, BeneFIX, Genetics Institutes, and review the FDA proposal on limiting plasma pool size for fractionated plasma products. In the afternoon, the committee will review issues of safety and efficacy concerning solvent detergent plasma, New York Blood Center. On the morning of December 13, 1996, the committee will review the status of HTLV–1/HTLV–II EIA, Abbott Laboratories, as in vitro dragnostic test kit to screen blood donors for the human tlymphotropic virus Types I and II, and the use of external controls with licensed infectious disease diagnostic test kits used for blood donor screening. In the afternoon, the committee will hear an informational report on the reinvention of the biologics license application (BLA) for blood products.

Closed committee deliberations. On the afternoon of December 13, 1996, the committee may review trade secret and/or confidential commercial information relevant to current and pending products. This portion of the meeting will be closed to permit discussion of this information (5 U.S.C. 552b(c)(4)).

Clincal Chemistry and Clinical Toxicology Devices Panel of the Medical Devices Advisory Committee

Date, time, and place. December 20, 1996, 9 a.m., Corporate Bldg., conference room 020B, 9200 Corporate Blvd., Rockville, MD. A limited number of overnight accommodations have been reserved at the Gaithersburg Marriott Washingtonian Center, 9751 Washingtonian Blvd., Gaithersburg, MD. Attendees requiring overnight accommodations may contact the hotel at 800–228–9290 or 301–590–0044 and reference the FDA Panel meeting block. Reservations will be confirmed at the group rate based on availability. Attendees with a disability requiring special accommodations should contact Michelle Healy, KRA Corp. 301–495–1591. The availability of appropriate accommodations cannot be assured unless prior written notification is received.

Type of meeting and contact person. Closed committee deliberations, 9 a.m. to 10 a.m.; open public hearing, 10 a.m. to 11 a.m. unless public participation does not last that long; open committee discussion, 11 a.m. to 1 p.m.; closed presentation of data, 1 p.m. to 2 p.m.; open committee discussion, 2 p.m. to 5 p.m.; Cornelia B. Rooks, Center for Devices and Radiological Health (HFZ–440) Food and Drug Administration, 2098 Gaither Rd., Rockville, MD 20850, 301–594–1243, or FDA Advisory Committee Information Hotline, 1–800–741–8138, (301–443–0572, in the Washington, DC area), Clinical Chemistry and Clinical Toxicology Devices Panel, code 12514. Please call the hotline for information concerning any possible change.

General function of the committee. The committee reviews and evaluates data on the safety and effectiveness of marketed and investigational devices and makes recommendations for their regulation.

Agenda—Open public hearing. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Those desiring to make

formal presentations should notify the contact person before December 1, 1996, to submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time required to make their comments.

Open committee discussion. The committee will consider a premarket approval application (PMA) for a device which calculates a composite index from currently available serum-based clinical laboratory tests to provide additional information, which can assist in identifying osteopenia in women with three or more National Osteoporosis Foundation Risk Factors.

Closed committee deliberations. FDA staff will present to the committee trade secret and/or confidential commercial information regarding present and future FDA issues. This portion of the meeting will be closed to permit discussion of this information (5 U.S.C. 552b(c)(4)).

Closed presentation of data. The sponsor of the PMA will present to the committee trade secret and/or confidential information. This portion of the meeting will be closed to permit discussion of this information (5 U.S.C. 552b(c)(4)).

Each public advisory committee meeting listed above may have as many as four separable portions: (1) An open public hearing, (2) an open committee discussion, (3) a closed presentation of data, and (4) a closed committee deliberation. Every advisory committee meeting shall have an open public hearing portion. Whether or not it also includes any of the other three portions will depend upon the specific meeting involved. The dates and times reserved for the separate portions of each committee meeting are listed above.

The open public hearing portion of the meeting(s) shall be at least 1 hour long unless public participation does not last that long. It is emphasized, however, that the 1 hour time limit for an open public hearing represents a minimum rather than a maximum time for public participation, and an open public hearing may last for whatever longer period the committee chairperson determines will facilitate the committee's work.

Public hearings are subject to FDA's guideline (subpart C of 21 CFR part 10) concerning the policy and procedures for electronic media coverage of FDA's public administrative proceedings, including hearings before public advisory committees under 21 CFR part 14. Under 21 CFR 10.205, representatives of the electronic media may be permitted, subject to certain limitations, to videotape, film, or otherwise record FDA's public administrative proceedings, including presentations by participants.

Meetings of advisory committees shall be conducted, insofar as is practical, in accordance with the agenda published in this Federal Register notice. Changes in the agenda will be announced at the beginning of the open portion of a meeting.

Any interested person who wishes to be assured of the right to make an oral presentation at the open public hearing portion of a meeting shall inform the contact person listed above, either orally or in writing, prior to the meeting. Any person attending the hearing who does not in advance of the meeting request an opportunity to speak will be allowed to make an oral presentation at the hearing's conclusion, if time permits, at the chairperson's discretion.

The agenda, the questions to be addressed by the committee, and a current list of committee members will be available at the meeting location on the day of the meeting.

Transcripts of the open portion of the meeting may be requested in writing from the Freedom of Information Office (HFI–35), Food and Drug Administration, 5600 Fishers Lane, rm. 12A–16, Rockville, MD 20857, approximately 15 working days after the meeting, at a cost of 10 cents per page. The transcript may be viewed at the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857, approximately 15 working days after the meeting, between the hours of 9 a.m. and 4 p.m., Monday through Friday. Summary minutes of the open portion of the meeting may be requested in writing from the Freedom of Information Office (address above) beginning approximately 90 days after the meeting.

The Commissioner has determined for the reasons stated that those portions of the advisory committee meetings so designated in this notice shall be closed. The Federal Advisory Committee Act (FACA) (5 U.S.C. app. 2, 10(d)), permits such closed advisory committee meetings in certain circumstances. Those portions of a meeting designated as closed, however, shall be closed for the shortest possible time, consistent with the intent of the cited statutes.

The FACA, as amended, provides that a portion of a meeting may be closed where the matter for discussion involves a trade secret; commercial or financial information that is privileged or confidential; information of a personal nature, disclosure of which would be a clearly unwarranted invasion of personal privacy; investigatory files compiled for law enforcement purposes; information the premature disclosure of which would be likely to significantly frustrate implementation of a proposed agency action; and information in certain other instances not generally relevant to FDA matters.

Examples of portions of FDA advisory committee meetings that ordinarily may be closed, where necessary and in accordance with FACA criteria, include the review, discussion, and evaluation of drafts of regulations or guidelines or similar preexisting internal agency documents, but only if their premature disclosure is likely to significantly frustrate implementation of proposed agency action; review of trade secrets and confidential commercial or financial information submitted to the agency; consideration of matters involving investigatory files compiled for law enforcement purposes; and review of matters such as personnel records or individual patient records, where disclosure would constitute a clearly unwarranted invasion of personal privacy.

Examples of portions of FDA advisory committee meetings that ordinarily shall not be closed include the review, discussion, and evaluation of general preclinical and clinical test protocols and procedures for a class of drugs or devices; consideration of labeling requirements for a class of marketed drugs or devices; review of data and information on specific investigational or marketed drugs and devices that have previously been made public; presentation of any other data or information that is not exempt from public disclosure pursuant to the FACA, as amended; and, deliberation to formulate advice and recommendations to the agency on matters that do not independently justify closing.

This notice is issued under section 10 (a)(1) and (a)(2) of the Federal Advisory Committee Act (5 U.S.C. app. 2), and FDA's regulations (21 CFR part 14) on advisory committees.

Dated: November 15, 1996.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 96–29830 Filed 11–21–96; 8:45 am]

BILLING CODE 4160–01–M

Advisory Committees; Notice of Meetings

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: This notice announces forthcoming meetings of public advisory committees of the Food and Drug Administration (FDA). This notice also summarizes the procedures for the meetings and methods by which

interested persons may participate in open public hearings before FDA's advisory committees.

FDA has established an Advisory Committee Information Hotline (the hotline) using a voice-mail telephone system. The hotline provides the public with access to the most current information on FDA advisory committee meetings. The advisory committee hotline, which will disseminate current information and information updates, can be accessed by dialing 1–800–741–8138 or 301–443–0572. Each advisory committee is assigned a 5-digit number. This 5-digit number will appear in each individual notice of meeting. The hotline will enable the public to obtain information about a particular advisory committee by using the committee's 5-digit number. Information in the hotline is preliminary and may change before a meeting is actually held. The hotline will be updated when such changes are made.

MEETINGS: The following advisory committee meetings are announced:

Neurological Devices Panel of the Medical Devices Advisory Committee

Date, time, and place. December 3, 1996, 9:30 a.m., Corporate Bldg., conference room 020B, 9200 Corporate Blvd., Rockville, MD. A limited number of overnight accommodations have been reserved at the Gaithersburg Marriott Washingtonian Center, 9751 Washingtonian Blvd., Gaithersburg, MD. Attendees requiring overnight accommodations may contact the hotel at 800–228–9290 or 301–590–0044 and reference the FDA Panel meeting block. Reservations will be confirmed at the group rate based on availability. Attendees with a disability requiring special accommodations should contact Sue Bae, KRA Corp., at 301–495–1591, ext. 227. The availability of appropriate accommodations cannot be assured unless prior notification is received.

Type of meeting and contact person. Open public hearing, 9:30 a.m. to 10:30 a.m., unless public participation does not last that long; open committee discussion, 10:30 a.m. to 3:30 p.m.; G. Levering Keely, Center for Devices and Radiological Health (HFZ–450), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301–443–8517, or FDA Advisory Committee Information Hotline, 1–800–741–8138 (301–443–0572 in the Washington, DC area), Neurological Devices Panel, code 12513. Please call the hotline for information concerning any possible changes.

General function of the committee. The committee reviews and evaluates data on the safety and effectiveness of marketed and investigational devices and makes recommendations for their regulation.

Agenda—Open public hearing. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Those desiring to make formal presentations should notify the contact person before November 25, 1996, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time required to make their comments.

Open committee discussion. The committee will discuss and vote on a premarket approval application (PMA) for a cranial electrotherapy stimulator for the management of anxiety disorders and short term relief of symptoms of anxiety.

FDA regrets that it was unable to publish this notice 15 days prior to the December 3, 1996, Neurological Devices Panel of the Medical Devices Advisory Committee meeting. Because the agency believes there is some urgency to bring this issue to public discussion and qualified members of the Neurological Devices Panel of the Medical Devices Advisory Committee were available at this time, the Commissioner concluded that it was in the public interest to hold this meeting even if there was not sufficient time for the customary 15-day public notice.

Endocrinologic and Metabolic Drugs Advisory Committee

Date, time, and place. December 10 and 11, 1996, 8 a.m., Holiday Inn—Bethesda, Versailles Ballrooms I and II, 8120 Wisconsin Ave., Bethesda, MD.

Type of meeting and contact person. Open public hearing, December 10, 1996, 8 a.m. to 8:30 a.m., unless public participation does not last that long; open committee discussion, 8:30 a.m. to 5 p.m.; open public hearing, December 11, 1996, 8 a.m. to 8:30 a.m., unless public participation does not last that long; open committee discussion, 8:30 a.m. to 5 p.m.; Kathleen R. Reedy or LaNise S. Giles, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–5455, or FDA Advisory Committee Information Hotline, 1–800–741–8138 (301–443–0572 in the Washington, DC area), Endocrinologic and Metabolic Drugs Advisory Committee, code 12536. Please call the hotline for information concerning any possible changes.

General function of the committee. The committee reviews and evaluates data on the safety and effectiveness of marketed and investigational human drugs for use in endocrine and metabolic disorders.

Agenda—Open public hearing. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Those desiring to make formal presentations should notify the contact person before December 4, 1996, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time required to make their comments.

Open committee discussion. On December 10, 1996, the committee will hear presentations and discuss data submitted regarding new drug application (NDA) 20–656, Nutropin® (somatropin [rDNA origin] for injection, Genentech, Inc.) and NDA 19–640/S–018, Humatrope® (somatropin [rDNA origin] for injection, Eli Lilly and Co.) for the treatment of Turner's Syndrome. On December 11, 1996, the committee will hear presentations and discuss data submitted regarding NDA 20–720, Rezulin™ (troglidizone, Parke Davis Pharmaceutical Research, a Division of Warner-Lambert) and NDA 20–719, Prelay™ (troglidizone, Sankyo U.S.A.) for the treatment of type II diabetes inadequately controlled with insulin therapy.

Drug Abuse Advisory Committee

Date, time, and place. December 12 and 13, 1996, 8 a.m., Holiday Inn—Bethesda, Versailles Ballrooms I and II, 8120 Wisconsin Ave., Bethesda, MD.

Type of meeting and contact person. Open public hearing, December 12, 1996, 8 a.m. to 8:30 a.m., unless public participation does not last that long; open committee discussion, 8:30 a.m. to 5:30 p.m.; open public hearing, December 13, 1996, 8 a.m. to 8:30 a.m., unless public participation does not last that long; open committee discussion, 8:30 a.m. to 5:30 p.m.; Tracy Riley, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–5455, or FDA Advisory Committee Information Hotline, 1–800–741–8138 (301–443–0572 in the Washington, DC area), Drug Abuse Advisory Committee, code 12535. Please call the hotline for

information concerning any possible changes.

General function of committee. The committee advises on the scientific and medical evaluation of information gathered by the Department of Health and Human Services and the Department of Justice on the safety, efficacy, and abuse potential of drugs and recommends actions to be taken on the marketing, investigation, and control of such drugs.

Agenda—Open public hearing. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Those desiring to make formal presentations should notify the contact person before November 28, 1996, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time required to make their comments.

Open committee discussion. On December 12, 1996, the committee will discuss NDA 20–711, bupropion hydrochloride sustained release tablets, Glaxo Wellcome Inc., as an aid for smoking cessation. On December 13, 1996, the committee will discuss NDA 20–724, Nicotrol® Inhaler (nicotine inhalation system), Pharmacia and Upjohn, Inc., as an aid for smoking cessation.

Oncologic Drugs Advisory Committee

Date, time, and place. December 16, 1996, 8:30 a.m., DoubleTree Hotel, Plazas II and III, 1750 Rockville Pike, Rockville, MD.

Type of meeting and contact person. Open public hearing, 8:30 a.m. to 9 a.m., unless public participation does not last that long; open committee discussion, 9 a.m. to 1 p.m.; open public hearing, 1 p.m. to 1:30 p.m., unless public participation does not last that long; open committee discussion, 1:30 p.m. to 4:30 p.m.; Jannette O'Neill-Gonzalez, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–5455, or FDA Advisory Committee Information Hotline, 1–800–741–8138 (301–443–0572 in the Washington, DC area), Oncologic Drugs Advisory Committee, code 12542. Please call the hotline for information concerning any possible changes.

General function of the committee. The committee reviews and evaluates data on the safety and effectiveness of marketed and investigational human drugs for use in the treatment of cancer.

Agenda—Open public hearing. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Those desiring to make formal presentations should notify the contact person before December 2, 1996, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time required to make their comments.

Open committee discussion. The committee will discuss: (1) NDA 20–726 Femara™ Tablets (letrozole, CGS 20267, Ciba-Geigy Corp.), for the treatment of advanced breast cancer in women with natural or artificially induced postmenopausal status, following antiestrogen therapy; and (2) product license application (PLA) 92–0306 TICE® (BCG Vaccine, Organon Teknika Corp.), for intravesical installation for prophylaxis against recurrent papillary carcinoma of the urinary bladder.

Dental Drug Products Panel Plaque Subcommittee (Nonprescription Drugs) of the Medical Devices Advisory Committee

Date, time, and place. December 16 and 17, 1996, 8:30 a.m., Holiday Inn—Bethesda, Versailles Ballroom, 8120 Wisconsin Ave., Bethesda, MD.

Type of meeting and contact person. Open public hearing, December 16, 1996, 8:30 a.m. to 12 m., unless public participation does not last that long; open committee discussion, 12 m. to 5 p.m.; open public hearing, December 17, 1996, 8:30 a.m. to 12 m., unless public participation does not last that long; open committee discussion, 12 m. to 5 p.m.; Robert L. Sherman or Stephanie A. Mason, Center for Drug Evaluation and Research (HFD–560), Food and Drug Administration, 9201 Corporate Blvd., Rockville, MD 20850, 301–827–2294, or FDA Advisory Committee Information Hotline, 1–800–741–8138 (301–443–0572 in the Washington, DC area), Dental Products Panel of the Medical Devices Advisory Committee, code 12518. Please call the hotline for information concerning any possible changes.

General function of the committee. The committee reviews and evaluates data on the safety and effectiveness of marketed and investigational devices and makes recommendations for their regulation.

The Dental Products Panel of the Medical Devices Advisory Committee functions at times as a nonprescription drug advisory panel. As such, the panel reviews and evaluates available data concerning the safety and effectiveness of active ingredients, and combinations thereof, of various currently marketed nonprescription drug products for human use, the adequacy of their labeling, and advises the Commissioner of Food and Drugs on the promulgation of monographs establishing conditions under which these drugs are generally recognized as safe and effective and not misbranded.

Agenda—Open public hearing. Interested persons may present data, information, or views, orally or in writing, on the general issues pending before the subcommittee. Those desiring to make formal presentations should notify the contact person before December 1, 1996, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time required to make their comments.

Open subcommittee discussion. On December 16, 1996, the subcommittee will discuss xylitol, C31G–Therasol, and the effectiveness of menthol, thymol, methyl salicylate, and eucalyptol. On December 17, 1996, the subcommittee will discuss microdent, and continue its discussion of sodium lauryl sulfate. In addition, the subcommittee will continue its discussion and vote on cetylpyridinium chloride, stannous fluoride, hydrogen peroxide, and sodium bicarbonate. If necessary, the subcommittee will continue its discussion of the effectiveness of menthol, thymol, methyl salicylate, and eucalyptol.

Subcommittee Meeting of the Anesthetic and Life Support Drugs Advisory Committee

Date, time, and place. December 18, 1996, 8:30 a.m., Holiday Inn—Gaithersburg, Ballroom, Two Montgomery Village Ave., Gaithersburg, MD.

Type of meeting and contact person. Open public hearing, 8:30 a.m. to 9:30 a.m., unless public participation does not last that long; open committee discussion, 9:30 a.m. to 5 p.m.; Kimberly L. Topper, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–5455, or FDA Advisory Committee Information Hotline, 1–800–741–8138 (301–443–0572 in the Washington, DC area), Anesthetic and Life Support Drugs Advisory Committee, code 12529. Please call the

hotline for information concerning any possible changes.

General function of the committee. The committee reviews and evaluates data on the safety and effectiveness of marketed and investigational human drugs for use in the field of anesthesiology and surgery.

Agenda—Open public hearing. Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Those desiring to make formal presentations should notify the contact person before December 4, 1996, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time required to make their comments.

Open committee discussion. The committee will discuss labeling for NDA 18–654, Versed® (midazolam HC1), Hoffmann La-Roche, for pediatric sedation.

FDA public advisory committee meetings may have as many as four separable portions: (1) An open public hearing, (2) an open committee discussion, (3) a closed presentation of data, and (4) a closed committee deliberation. Every advisory committee meeting shall have an open public hearing portion. Whether or not it also includes any of the other three portions will depend upon the specific meeting involved. There are no closed portions for the meetings announced in this notice. The dates and times reserved for the open portions of each committee meeting are listed above.

The open public hearing portion of the meeting(s) shall be at least 1 hour long unless public participation does not last that long. It is emphasized, however, that the 1 hour time limit for an open public hearing represents a minimum rather than a maximum time for public participation, and an open public hearing may last for whatever longer period the committee chairperson determines will facilitate the committee's work.

Public hearings are subject to FDA's guideline (subpart C of 21 CFR part 10) concerning the policy and procedures for electronic media coverage of FDA's public administrative proceedings, including hearings before public advisory committees under 21 CFR part 14. Under 21 CFR 10.205, representatives of the electronic media may be permitted, subject to certain limitations, to videotape, film, or otherwise record FDA's public administrative proceedings, including presentations by participants.

Meetings of advisory committees shall be conducted, insofar as is practical, in accordance with the agenda published in this Federal Register notice. Changes in the agenda will be announced at the beginning of the open portion of a meeting.

Any interested person who wishes to be assured of the right to make an oral presentation at the open public hearing portion of a meeting shall inform the contact person listed above, either orally or in writing, prior to the meeting. Any person attending the hearing who does not in advance of the meeting request an opportunity to speak will be allowed to make an oral presentation at the hearing's conclusion, if time permits, at the chairperson's discretion.

The agenda, the questions to be addressed by the committee, and a current list of committee members will be available at the meeting location on the day of the meeting.

Transcripts of the open portion of the meeting may be requested in writing from the Freedom of Information Office (HFI–35), Food and Drug Administration, 5600 Fishers Lane, rm. 12A–16, Rockville, MD 20857, approximately 15 working days after the meeting, at a cost of 10 cents per page. The transcript may be viewed at the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857, approximately 15 working days after the meeting, between the hours of 9 a.m. and 4 p.m., Monday through Friday. Summary minutes of the open portion of the meeting may be requested in writing from the Freedom of Information Office (address above) beginning approximately 90 days after the meeting.

This notice is issued under section 10(a)(1) and (a)(2) of the Federal Advisory Committee Act (5 U.S.C. app. 2), and FDA's regulations (21 CFR part 14) on advisory committees.

Dated: November 15, 1996.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 96–29831 Filed 11–21–96; 8:45 am]

BILLING CODE 4160–01–F

Health Care Financing Administration

[HCFA–R–190, HCFA–R–96]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* New collection; *Title of Information Collection:* Hospital Standard for Potentially HIV Infectious Blood and Blood Products, 42 CFR 482.27; *Form No.:* HCFA–R–190; *Use:* Hospitals must establish policies/procedures and document patient notification efforts if they have administered potentially HIV infectious blood and blood products.

Frequency: On occasion; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 16; *Total Annual Responses:* 16; *Total Annual Hours Requested:* 16.

2. *Type of Information Collection Request:* Extension of currently approved collection; *Title of Information Collection:* Emergency and Foreign Hospital Services—Beneficiary Statement In Canadian Travel Claims and Supporting Regulation 42 CFR 424.123; *Form No.:* HCFA–R–96; *Use:* This form is completed by beneficiaries, representative, or assignees to support claims for payments for Medicare covered emergency services provided in Canada. 42 CFR 424.123 is the regulation supporting this collection of information; *Frequency:* On occasion; *Affected Public:* Individuals or households; *Number of Respondents:* 1,100; *Total Annual Responses:* 1,100; *Total Annual Hours:* 275.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, access HCFA's WEB SITE ADDRESS at http://www.hcfa.gov, or to obtain the supporting statement and any related forms, E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed

within 30 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: November 15, 1996.

Edwin J. Glatzel,

Director, Management Analysis and Planning Staff, Office of Financial and Human Resources, Health Care Financing Administration.

[FR Doc. 96–29848 Filed 11–21–96; 8:45 am]

BILLING CODE 4120–03–P

National Institutes of Health

National Cancer Institute and the Food and Drug Administration

Opportunity for a Cooperative Research and Development Agreement (CRADA) for the Scientific and Commercial Development of Soluble Tat Peptide Analogs for the Inhibition of HIV Transcription and Viral Replication.

AGENCY: National Institutes of Health and the Food and Drug Administration, PHS, DHHS.

ACTION: Notice.

SUMMARY: The National Cancer Institute (NCI) and the Food and Drug Administration (FDA), wherein the participation of the FDA is contingent on resolution of any apparent conflict of interest issues, seek a company that can collaboratively pursue the pre-clinical and clinical development of Soluble Tat Peptide Analogs for the Inhibition of HIV Transcription and Viral Replication. The National Cancer Institute, Laboratory of Molecular Virology (LMV) and the Food and Drug Administration, Center for Biologics, Laboratory of Immunochemistry, have established that particular Soluble Tat Peptide Analogs can inhibit the transcription and replication of the Human Immunodeficiency Virus *in vitro.* The selected sponsor will be selected as a CRADA partner for the co-development of this agent with the National Cancer Institute and the Food and Drug Administration for the co-development of this agent with the NCI and with the FDA, wherein the participation of the FDA is contingent on resolution of any apparent conflict of interest issues.

ADDRESSES: Questions about this opportunity may be addressed to Jeremy A. Cubert, M.S., J.D., Office of Technology Development, NCI, 6120 Executive Blvd. MSC 7182, Bethesda, MD 20892–7182, Phone: (301) 496–0477, Facsimile: (301) 402–2117, from whom further information may be obtained. The Government has filed a patent application related to this CRADA opportunity. For further information on licensing this patent application (DHHS ref. no. E–059–96/0) contact Cindy Fuchs, J.D., NIH Office of Technology Transfer, 6011 Executive Blvd., Suite 325, Rockville, MD 20852, Phone: (301) 496–7735 (ext. 232); Facsimile: (301) 40002–0220.

DATES: In view of the important priority of developing new agents for the treatment of infectious disease and related malignancies, interested parties should notify this office in writing no later than January 21, 1997. Respondents will then be provided an additional 30 days for the filing of formal proposals.

SUPPLEMENTARY INFORMATION: ''Cooperative Research and Development Agreement'' or ''CRADA'' means the anticipated joint agreement to be entered into by NCI pursuant to the Federal Technology Transfer Act of 1986 and amendments (including 104 Pub. L. 133) and Executive Order 12591 of October 10, 1987 to collaborate on the specific research project described below.

The Government is seeking a pharmaceutical company which, in accordance with the requirements of the regulations governing the transfer of agents in which the Government has taken an active role in developing (37 CFR 404.8), can further develop the subject compounds through Federal Food and Drug Administration approval and to a commercially available status to meet the needs of the public and with the best terms for the Government. The government has applied for a patent application directed to Inhibition of HIV Transcription and Viral Replication Using Soluble Tat Peptide Analogs. Licenses to intellectual property rights related to this opportunity are available from the National Institutes of Health, Office of Technology Transfer and may be necessary to continue development of the technology.

The *tat* gene encodes an 86 amino acid protein with a number of identified domains including an N-terminus, a cysteine rich, a core domain and a basic domain. Tat, through the core region, has been shown to interact with and stabilize the TFIID basal transcription factor and TFIIA preinitiation complex. Mutations within the core domain of Tat significantly decrease both gene expression and viral replication. National Cancer Institute (''NCI'') and Food and Drug Administration (''FDA'') studies have been directed at synthesis of Tat peptide analogs to compete with wild-type Tat *in vivo.* The NCI and FDA synthesized soluble peptide analogs of the HIV–1 Tat protein. These peptide analogs inhibit transactivation of HIV, viral replication and formation of viral particles. The peptide analogs compete with Tat in down-regulating Tat transactivation and induce a ninety percent reduction of viral particles from infected cells *in vitro.* The inhibitory peptide analogs are not toxic *in vitro.*

The Laboratory of Molecular Virology, Division of Basic Sciences, NCI and the Laboratory of Immunochemistry, Division of Transfusion and Transmitted Diseases, FDA are interested in establishing a CRADA with a company to assist in the continuing development of these peptide analogs, wherein the participation of the FDA is contingent on resolution of any apparent conflict of interest issues. The Government will provide all available expertise and information to date and will jointly pursue pre-clinical and clinical studies as required, giving the company full access to existing data and data developed pursuant to the CRADA. The successful company will provide the necessary scientific, financial and organizational support to establish clinical efficacy and possible commercial status of the subject compounds.

The expected duration of the CRADA will be two (2) to five (5) years.

The role of the National Cancer Institute and Food and Drug Administration, wherein the participation of the FDA is contingent on resolution of any apparent conflict of interest issues, includes the following:

1. Determine the stability, half-life, and distribution of the Tat peptides upon delivery into cells.
2. Determine the mechanism of the Tat peptide inhibition.
3. Determine the inhibitory effect of peptides on human ''primary'' T-lymphocytic and monocytic cells infected with various HIV–1 clades (subtypes A, G, O, M).
4. Determine the inhibitory effect of peptide derivatives on Kaposi's sarcoma primary cells.
5. Determine the effective dose of Tat Peptide analogs in combination with other anti-retroviral drugs.
6. Conduct *in vivo* testing of appropriate compounds and/or peptide analogs.
7. Evaluate *in vivo* test results.
8. Prepare manuscripts for publication.

The role of the collaborator, includes the following:

1. Synthesize soluble organic compounds using peptide mimetics to

mimic the inhibitory activity of the soluble peptide analogs.

2. Determine the mechanism of the Tat peptide inhibition.

3. Establish a suitable non-invasive peptide delivery system for the preclinical and animal model studies.

4. Determine the effective dose of Tat peptide analogs in combination with other anti-retroviral drugs.

5. Determine the stability, half-life, and distribution of the Tat peptides upon delivery into cells.

6. Conduct *in vivo* testing of appropriate compounds and/or peptide analogs.

7. Evaluate *in vivo* test results.

8. Develop vehicle for delivery of compounds to patients.

9. Conduct pre-clinical and clinical trials of appropriate candidate compounds and/or peptide analogs.

10. Prepare manuscripts for publication.

Criteria for choosing the collaborator include its demonstrated experience and commitment to the following:

1. The aggressiveness of the development plan, including the appropriateness of milestones and deadlines for preclinical and clinical development.

2. Scientific expertise in and demonstrated commitment to the development of drug delivery systems.

3. Experience in preclinical and clinical drug development.

4. Experience and ability to produce, package, market and distribute pharmaceutical products.

5. Experience in the monitoring, evaluation and interpretation of the data from investigational agent clinical studies under an IND.

6. A willingness to cooperate with the NCI and FDA in the collection, evaluation, publication and maintaining of data from pre-clinical studies and clinical trials regarding the subject compounds.

7. Provision of defined financial and personnel support for the CRADA to be mutually agreed upon.

8. An agreement to be bound by the DHHS rules involving human and animal subjects.

9. Scientific expertise in and demonstrated commitment to the treatment of HIV infection and related disorders.

10. Provisions for equitable distribution of patent rights to any CRADA inventions. Generally the rights of ownership are retained by the organization which is the employer of the inventor, with (1) an irrevocable, nonexclusive, royalty-free license to the Government and (2) an option for the collaborator to elect an exclusive or nonexclusive license to Government owned rights under terms that comply with the appropriate licensing statutes and regulations.

Dated: November 12, 1996.

Kathleen Sybert,

Deputy Director, Office of Technology Development, OD, NCI.

[FR Doc. 96–29892 Filed 11–21–96; 8:45 am]

BILLING CODE 4140–01–M

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development.

ADDRESSES: Licensing information and a copy of the U.S. patent applications referenced below may be obtained by contacting Joseph Contrera, M.S., J.D., at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804 (telephone 301/496–7056 ext 244; fax 301/402–0220). A signed Confidential Disclosure Agreement will be required to receive a copy of the patent applications.

A Novel Vector for Polynucleotide Vaccines

EL Nelson, PJ Nelson (NCI)
Serial No. 60/023,931 filed 14 Aug 96

This invention is directed to a ''humanized'' polynucleotide vector vaccine which uses covalent closed circular (CCC) plasmid DNA, ''naked DNA,'' to express target antigens. The vector contains the necessary elements to express mRNA for a target antigen. The plasmids are non-replicating but are capable of extended stable expression of the target sequences in skeletal muscle and professional antigen presenting cells generating an immune response to the target antigen in immunized individuals. The polynucleotide vector is particularly useful in accommodating monomorphic and polymorphic tumor antigens via PCR technology. This invention could be useful in constructing polynucleotide vector cancer vaccines or ''naked DNA'' vaccines containing one or more tumor antigens.

Heterologous Boosting Immunizations for the Generation of CTL and Anti-Tumor Responses

RS Chamberlain, KR Irvine, SA Rosenberg, NP Restifo (NCI)
Serial No. 60/015,893 filed 22 Apr 96

A number of recombinant and synthetic vectors expressing tumor associated antigens have been developed which each induce powerful cellular and humoral immune responses that correlated with anti-tumor immunity in murine tumor model systems. Examples of these vectors include (1) recombinant viruses, such as vaccinia, fowlpox and adenovirus, (2) recombinant plasmid DNA, and (3) minimal determinant peptides. This invention involves the use of more than one of these vectors expressing a particular antigen for priming and boosting immunization regimens with the goal of enhancing anti-tumor immunity. Boosting with heterologous vectors induced more powerful primary antigen-specific cytotoxic T lymphocyte responses than boosting with the same vector. These more powerful immune responses induced by subsequent immunization with a different vector than the priming agent also resulted in a significant prolongation in survival of tumor-bearing mice as compared to mice that received two vaccinations with the same vector. Specifically, the combinations that were most efficacious were recombinant vaccinia virus followed by recombinant fowlpox and vice versa and recombinant DNA immunization followed by either recombinant fowlpox or vaccinia virus and vice versa.

The invention is significant because these heterologous boosting strategies may provide for increased therapeutic potential in the design and development of immunotherapies for cancer treatment. This approach may also be useful in the development of treatments for infectious bacterial and viral disease.

Point Mutated ras Peptides for the Generation of CD8+ Cytotoxic T Lymphocytes

J. Schlom, S Abrams (NCI)
Serial No. 08/635,344 filed 19 Apr 96

This invention is directed to a method of inducing a cytotoxic T cell response where the cytotoxic T cells are $CD8^+$ T cells. The $CD8^+$ cytotoxic T cell response is induced by peptides which contain a mutation in the K-*ras* oncogene at codon 12. The invention discloses 13 mer K-*ras* peptides spanning position 5–17 of the K-*ras* gene and which contain a mutation at codon 12. In addition, 9 mer and 10 mer K-*ras* peptides are also described in

which they both span codon 12 and in which codon 12 is mutated. This invention could be useful in cancer vaccines and adoptive immunotherapy.

Dated: November 13, 1996.

Barbara M. McGarey,

Deputy Director, Office of Technology Transfer.

[FR Doc. 96–29893 Filed 11–21–96; 8:45 am]

BILLING CODE 4140–01–M

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for U.S. companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804 (telephone 301/496–7057; fax 301/402–0220). A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Production of Infectious Respiratory Syncytial Virus From Cloned Nucleotide Sequences

PL Collins (NIAID)
Serial No. 08/720,132 filed 27 Sep 96 (claiming priority date of 27 Sep 95)
Licensing Contact: Robert Benson, 301/496–7056 ext 267

This invention is a method of producing infectious RSV from cDNA encoding the RSV relicative intermediate RNA and cDNA encoding the N, P, L and M2(ORF1) proteins of RSV, which are used to transfect a cell. Claimed are cells or cell lysates comprising these cDNA molecules, recombinant RSV and methods of producing the recombinant RSV. The invention is particularly useful for producing mutant RSV as attenuated RSV vaccine candidates. Mutations in the RSV genome known to have an attenuated phenotype can be placed together in the RSV genome using known techniques and made into infections in the RSV genome using known techniques and made into infectious RSV using the invention. Vaccine candidates can be stably stored as cDNA molecules and modified as needed, for example to accommodate genetic drift in circulating RSV. The invention is described in P.N.A.S. *92*, 11563–11567, 1995. This patent application has been foreign filed. (portfolio: Infectious Diseases-Vaccines, viral, non-AIDS; Infectious Diseases-Research Materials)

Glycoprotein Hormone Superagonists

MW Szkudlinski, BD Weintraub, M Grossman (NIDDK)
OTT Reference No. E–015–96/0 filed 08 May 96
Licensing Contact: J. Peter Kim, 301/496–7056 ext 264

The glycoprotein hormones, which include thyroid-stimulating hormone, follicle-stimulating hormone, luteinizing hormone, and chorionic gonadotropin, are involved in the development and regulation of the ovary, testes, and thyroid. These hormones are heterodimers, each consisting of a non-covalently linked alpha and beta subunit. While the amino acid sequence of the beta subunit is hormone-specific, that of the alpha subunit is identical in all hormones within the same species. Embodied in the current invention are human glycoprotein hormones which contain specific amino acid substitutions within the alpha as well as beta subunits. These substitutions result in glycoprotein hormone analogs, or ''superagonists,'' which exhibit a significant increase in in vitro and in vivo bioactivity over the wild-type hormone. These superagonists, therefore, appear to represent potential agents for use in the treatment of a variety of conditions, including various forms of male and female infertility and thyroid carcinoma. (portfolios: Internal Medicine-Therapeutics, contraceptives; Internal Medicine-Other)

Inhibitory and Non-Inhibitory Antigen Binding Polypeptides Against Human P450 Enzymes

HV Gelboin, FJ Gonzalez (NCI)
Serial No. 08/559, 808 filed 17 Nov 95
Licensing Contact: Leopold J. Luberecki, Jr., 301/496–7735 ext 223

This invention concerns monoclonal antibodies (MAbs) specific for particular members of the cytochrome P450 family of enzymes. The cytochrome P450s are the metabolic interface between xenobiotics and their metabolism in human and other species as well as for the metabolism of endobiotics. A large array of drugs, mutagens, carcinogens, pesticides, environmental chemicals, fatty acids, bile acids, and steroids are metabolized by individual forms of cytochrome P450. The invention involves the construction, isolation, and production of MAbs that specifically bind to human cytochrome P450 3A3, 3A4, 3A5, and 2E1 and that specifically inhibit the enzyme activity of human cytochrome P450 3A3, 3A4, and 3A5, and 2E1 (inhibitory MAbs) and MAbs that specifically bind to cytochrome P450 3A3, 3A4, 3A5, and 2E1, without inhibiting enzyme activity (non-inhibitory MAbs). Novel inhibitory MAbs to human P450 have been in development for some time. These MAbs can be used to assess adverse reactions in patients to compounds and to identify populations that would exhibit different sensitivities to the therapeutic or toxic effects of compounds. Cytochrome P450 3A4 and 3A3 are very important members of the P450 family of enzymes. The human P450 3A4 and 3A3 metabolize a large variety of drugs, steroids, and carcinogens. Cytochromes P450 3A3 and 3A4 are considered the most important P450s for a wide range of high molecular weight substrates which include many of the known clinically useful drugs, such as tranquilizers, antidepressants, immunosuppressants, and anticancer drugs. Cytochrome P450 2E1 is important because it metabolizes low molecular weight compounds susceptible to environmental hazards and carcinogens. The human P450 2E1 also metabolizes clinically useful drugs such as the anesthetic chlorzoxazone and the analgesic acetaminophen as well as caffeine. Issuance of a patent for this invention is currently pending. (portfolio: Internal Medicine-Miscellaneous; Cancer-Research Reagents, MAb based; Internal Medicine-Diagnostics; Cancer-Diagnostics, in vitro, MAb based)

Prevention of Progression in Vascular Disease

GE Striker, LJ Striker, FP Sherman (NIDDK)
Serial No. 08/478,347 filed 07 Jun 95
Licensing Contact: Carol Lavrich, 301/496–7056 ext 287

This invention relates to efficacious methods and pharmaceutical compositions in the treatment of chronic progressive vascular diseases (CPVD) characterized by scarring and/or fibrosis to halt and reverse the disease process by resolving scar and fibrotic lesions. These methods consist of the administration to patients of an effective amount of Elmiron. The oral route of administration is preferred, with total

daily dosage of Elmiron ranging from about 50 to 1200 mg per day. This method of treatment utilizes a commercially available pharmaceutical agent which may be administered by conventional means, while remaining non-toxic and efficacious in the treatment of CPVD. (portfolio: Internal Medicine—Therapeutics, cardiology)

Circularly Permuted Ligands and Circularly Permuted Fusion Proteins

IH Pastan, RJ Kreitman (NCI)

Serial No. 08/255,224 filed 08 Apr 94

Licensing Contact: Larry Tiffany, 301/496–7056 ext 206

Circularly permuted proteins are ligands wherein the amino and carboxy ends have been joined together and new amino and carboxy ends are formed at a different location in the ligand. The modified ligands are as fully active as the original. The circularly permuted ligands are especially useful when employed as a component in a fusion protein of interest. Fusion proteins are polypeptide chains of two or more proteins fused together in a single polypeptide chain. A fusion protein may act as a potent cell-killing agent or as a linker to bind and enhance the interaction between cells or cellular components to which the protein binds, depending on the nature of the proteins being fused. Therefore, fusion proteins have functional utility as a specific targeting moiety to either kill or direct an immune response to cancer cells. While some targeting moieties have shown lower specificity and affinity for their targets when incorporated into fusion proteins, the use of circularly permuted ligands improves the binding affinity of certain fusion proteins. This invention provides novel ligands and ligand fusion proteins that have a binding specificity and affinity comparable to or greater than native ligand fusion proteins. (portfolio: Cancer—Therapeutics, immunoconjugates, toxins; Cancer—Therapeutcs, immunoconjugates, MAb)

Dated: November 14, 1996.

Barbara M. McGarey,

Deputy Director, Office of Technology Transfer.

[FR Doc. 96–29894 Filed 11–21–96; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4124–N–13]

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

FOR FURTHER INFORMATION CONTACT: Mark Johnston, room 7256, Department of Housing and urban Development, 451 Seventh Street SW, Washington, DC 20410; telephone (202) 708–1226; TDD Number for the hearing—and speech-impaired (202) 708–2565 (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1–800–927–7588.

SUPPLEMENTARY INFORMATION: In accordance with 24 CFR Part 581 and section 501 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11411), as amended, HUD is publishing this Notice to identify Federal buildings and other real property that HUD has reviewed for suitability for use to assist the homeless. The properties were reviewed using information provided to HUD by Federal landholding agencies regarding unutilized and underutilized buildings and real property controlled by such agencies or by GSA regarding its inventory of excess or surplus Federal property. This Notice is also published in order to comply with the December 12, 1988 Court Order in *National Coalition for the Homeless* v. *Veterans Administration,* No. 88–2503–OG (D.D.C.).

Properties reviewed are listed in this Notice according to the following categories: Suitable/available, suitable/unavailable, suitable/to be excess, and unsuitable. The properties listed in the three suitable categories have been reviewed by the landholding agencies,and each agency has transmitted to HUD: (1) Its intention to make the property available for use to assist the homeless, (2) its intention to declare the property excess to the agency's needs, or (3) a statement of the reasons that the property cannot be declared excess or made available for use as facilities to assist the homeless.

Properties listed as suitable/available will be available exclusively for homeless use for a period of 60 days from the date of this Notice. Homeless assistance provider interested in any such property should send a written expression of interest to HHS, addressed to Brian Rooney, Division of Property Management, Program Support Center, HHS, room 5B–41, 5600 Fishers Lane, Rockville, MD 20857; (301) 443–2265. (This is not a toll-free number.) HHS will mail to the interested provider an application packet, which will include instructions for completing the application. In order to maximize the opportunity to utilize a suitable property, providers should submit their written expressions of interest as soon as possible. For complete details concerning the processing of applications, the reader is encouraged to refer to the interim, rule governing this program, 24 CFR Part 581.

For properties listed as suitable/to be excess, that property may, if subsequently accepted as excess by GSA, be made available for use by the homeless in accordance with applicable law, subject to screening for other Federal use. At the appropriate time, HUD will publish the property in a Notice showing it as either suitable/available or suitable/unavailable.

For properties listed as suitable/unavailable, the landholding agency has decided that the property cannot be declared excess or made available for use to assist the homeless, and the property will not be available.

Properties listed as unsuitable will not be made available for any other purpose for 20 days from the date of this Notice. Homeless assistance providers interested in a review by HUD of the determination of unsuitability should call the toll free information line at 1–800–927–7588 for detailed instructions or write a letter to Mark Johnston at the address listed at the beginning of this Notice. Included in the request for review should be the property address (including zip code), the date of publication in the Federal Register, the landholding agency, and the property number.

For more information regarding particular properties identified in this Notice (*i.e.*, acreage, floor plan, existing sanitary facilities, exact street address), provides should contact the appropriate landholding agencies at the following addresses: Navy: Mr. John J. Kane, Deputy Division Director, Department of the Navy, Real Estate Operations, Naval Facilities Engineering Command, Code 241A, 200 Stoval Street, Alexandria, VA 22332—2300; (703) 325–0474; GSA: Mr. Brian K. Polly, Assistant Commissioner, General Services Administration, Office of Property Disposal, 18th and F Streets, NW, Washington, DC 20405; (202) 501–0052; (These are not toll-free numbers).

Dated: November 15, 1996.

Jacquie M. Lawing,

Deputy Assistant Secretary for Economic Development.

TITLE V, FEDERAL SURPLUS PROPERTY PROGRAM FEDERAL REGISTER REPORT FOR 11/22/96

Unsuitable Properties

Buildings (by State)

Arizona

Clifton Administrative Site
Clifton Co: Greenlee AZ 85533–
Landholding Agency: GSA
Property Number: 549640006
Status: Excess
Reason: Floodway
GSA Number: 9–A–AZ–0797.

California

Bldgs. 100–110
Naval Air Weapons Station
China Lake Co: Kern CA 93555–6001
Landholding Agency: Navy
Property Number: 779640021
Status: Unutilized
Reason: Secured Area.

Bldgs. 111–120
Naval Air Weapons Station
China Lake Co: Kern CA 93555–6001
Landholding Agency: Navy
Property Number: 779640022
Status: Unutilized
Reason: Secured Area.

Bldgs. 121–130
Naval Air Weapons Station
China Lake Co: Kern CA 93555–6001
Landholding Agency: Navy
Property Number: 779640023
Status: Unutilized
Reason: Secured Area.

Bldgs. 131–140
Naval Air Weapons Station
China Lake Co: Kern CA 93555–6001
Landholding Agency: Navy
Property Number: 779640024
Status: Unutilized
Reason: Secured Area.

Bldgs. 141–147, 149
Naval Air Weapons Station
China Lake Co: Kern CA 93555–6001
Landholding Agency: Navy
Property Number: 779640025
Status: Unutilized
Reason: Secured Area.

Bldgs. 151–160
Naval Air Weapons Station
China Lake Co: Kern CA 93555–6001
Landholding Agency: Navy
Property Number: 779640026
Status: Unutilized
Reason: Secured Area.

Bldgs. 161–170
Naval Air Weapons Station
China Lake Co: Kern CA 93555–6001
Landholding Agency: Navy
Property Number: 779640027
Status: Unutilized
Reason: Secured Area.

Bldgs. 171–180
Naval Air Weapons Station
China Lake Co: Kern CA 93555–6001
Landholding Agency: Navy
Property Number: 779640028
Status: Unutilized
Reason: Secured Area.

Bldgs. 181–187, 893
Naval Air Weapons Station
China Lake Co: Kern CA 93555–6001
Landholding Agency: Navy
Property Number: 7790029
Status: Unutilized
Reason: Secured Area.

Delaware

Delaware Breakwater Light
Lewes Co: Sussex DE 19958–
Landholding Agency: GSA
Property Number: 549640007
Status: Excess
Reason: Other
Comment: Inaccessible
GSA Number: 4–U–DE–460.

Maryland

Fishing Battery Lighthouse
Harford Co: Havre De Grace MD 21078–
Landholding Agency: GSA
Property Number: 549640008
Status: Excess
Reason: Extensive deterioration
GSA Number: 4–U–MD–589.

Michigan

Paint Locker
St. Martins Island/Lake Michigan Co: Delta MI 49829–
Landholding Agency: GSA
Property Number: 549640009
Status: Excess
Reason: Other
Comment: Inaccessible
GSA Number: 1–U–MI–760.

Dwelling/Light Tower
St. Martins Island/Lake Michigan Co: Delta MI 49829–
Landholding Agency: GSA
Property Number: 549640010
Status: Excess
Reason: Other
Comment: Inaccessible
GSA Number: 1–U–MI–760.

Land (by State)

Hawaii

TMK 1–9–1–10:11, 1–9–1–01:1
Land, NAVMAG Lualualei
Honolulu Co: Honolulu HI 96706–
Landholding Agency: Navy
Property Number: 779640020
Status: Unutilized
Reason: Within 2000 ft. of flammable or explosive material.

[FR Doc. 96–29710 Filed 11–21–96; 8:45 am]

BILLING CODE 4210–29–M

DEPARTMENT OF THE INTERIOR

Bureau of Indian Affairs

Notice of Availability of a Final Environmental Impact Statement for the Proposed El Rancho Electric Substation, Santa Fe County, New Mexico

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Notice.

SUMMARY: The Final Environmental Impact Statement (FEIS) for the proposed approval by the Bureau of Indian Affairs (BIA) of a one acre easement on Indian trust land of the Pueblo of San Ildefonso for the Jemez Mountains Electric Cooperative, Inc. (Cooperative) is now available for public review. The FEIS also covers the proposed approval by the Rural Utilities Service (RUS), Department of Agriculture, for the advance of loan funds to the Cooperative for the construction of electrical distribution facilities on the site. The BIA as the lead agency, and the RUS as a cooperating agency are furnishing this notice in accordance with Council on Environmental Quality Regulations, 40 CFR 1503 and 1506.9.

DATES: The Record of Decision will be issued on or after December 16, 1996.

ADDRESSES: Comments may be addressed to Mr. Curtis Canard, Bureau of Indian Affairs, Albuquerque Area Office, Branch of Natural Resources, P.O. Box 26567, Albuquerque, New Mexico 87125–6567. Copies of the FEIS are also available at this address.

FOR FURTHER INFORMATION CONTACT: Mr. Curtis Canard at the above address, or at (505) 766–3374.

SUPPLEMENTARY INFORMATION: The Proposed Action would permit the Cooperative to construct a new 69/12.47 kV electric distribution substation and related facilities on 1.0 acre of land in the community of El Rancho, Santa Fe County, New Mexico. The substation includes terminal and switching equipment for a 69 kV transmission line. The related facilities consist of the 69 kV transmission line and four underground distribution tie lines.

The action is needed in order to meet the increasing demand for electrical power in the El Rancho service area. Service is now being supplied by a temporary substation, located approximately one and one-half miles from the proposed project site, whose capacity is no longer sufficient to deliver reliable electric power. Moreover, a higher capacity substation is needed in the El Rancho area to serve

as a backup source of power for a wider region.

The FEIS includes seven alternatives to the proposed action: no action, upgrading either the existing temporary substation or the Nambe substation feeder, or constructing a new substation at one of five alternate locations. The no action alternative would deny approval of the easement. This would not necessarily prevent the Cooperative from upgrading its service, but would certainly result in higher costs to consumers. The proposed substation site is optimal for the distribution of power within its load area. For all of the other alternatives, operating costs increase according to distance from this central point.

The significant issues identified and analyzed in the FEIS include cultural resources, aesthetic qualities, and land use.

The BIA has afforded the public the opportunity to participate in the preparation of this FEIS. The Notice of Intent to prepare an EIS was published in the Federal Register on March 25, 1993. One public scoping meeting was held on April 22, 1993, at the Pojoaque High School gymnasium in Pojoaque, New Mexico. Additional information for scoping was drawn from a public meeting held during the environmental assessment process, and from written comments submitted on the Environmental Assessment.

The Notice of Availability for the Draft EIS was published in the Federal Register on March 8, 1996, with a 60 day public comment period ending on May 7, 1996. On April 11, 1996, a public meeting was held to inform the public about the Draft EIS and provide an opportunity for public comment. As a result of comments received at this meeting, the public comment period was officially extended to May 31, 1996. Additional notices to the public were published in the *Santa Fe New Mexican* and the *Rio Grande Sun*.

Dated: November 19, 1996.

Ada E. Deer,

Assistant Secretary—Indian Affairs.

[FR Doc. 96–29985 Filed 11–21–96; 8:45 am]

BILLING CODE 4310–W7–P

Bureau of Land Management

[WY–030–1620–01; WYW139975]

Environmental Impact Statement; Notice of Intent

ACTION: Notice of Intent to Conduct a Planning Review and Prepare an Environmental Impact Statement (EIS) on the Carbon Basin Tract coal lease application, WYW 139975, and call for coal resource and other resource information 43 CFR 3420.1–2.

SUMMARY: Ark Land Company has filed an application with the Bureau of Land Management (BLM) to obtain a Federal coal lease on 4145.15 acres of Federal coal lands located in Carbon County, Wyoming. The BLM has determined that an EIS must be prepared to evaluate the environmental impacts of coal mining which could result from the issuance of this lease. The application will be processed according to the coal lease-by-application (LBA) regulations at 43 CFR 3425. The Carbon Basin coal tract has not been identified in the Great Divide Resource Management Plan (RMP)(1990) as an area available for further coal leasing consideration. As a result, a planning review of the proposed coal lease project area will be conducted concurrently with the preparation of the coal lease EIS.

The Federal Coal Management Program established four major steps, collectively called ''the coal screening/planning process'' (43 CFR 3420.1–4), to be used in the identification of Federal coal areas that are acceptable for further leasing consideration. During the planning review, the coal screening process, including application of the coal unsuitability criteria (43 CFR 3461), will be conducted on the proposed project area. If the area is found acceptable for further consideration for coal leasing, it will result in an amendment to the Great Divide RMP.

In accordance with 43 CFR 3420.1–2, this notice also serves to fulfill the required call for coal and other resource information. This request for resource information is to formally solicit indications of interest and information on coal resource development potential and on other resources which may be affected by coal development for lands in the planning review/proposed project area. Industry, State and local governments, and the general public may submit information on lands that should or should not be considered for coal leasing, including statements describing why the lands should or should not be considered for leasing.

DATES: As part of this process, three public scoping meetings have been scheduled. On December 3, 1996, at 6:30 p.m., a meeting will be held at the Town of Hanna Administration Office, 301 S. Adams, Hanna, Wyoming. The second scoping meeting will take place in Laramie, Wyoming, at 6:30 p.m., December 4, 1996, at the Albany County Library, 310 S. Eighth Street. The final scoping meeting is scheduled for December 10, 1996, 6:30 p.m., at the Jeffrey Memorial Community Center, Third and Spruce, Rawlins, Wyoming.

ADDRESSES: Questions, comments, or concerns should be addressed in writing to the Great Divide Resource Area, Bureau of Land Management, Attn: Karla Swanson, Area Manager, 1300 North Third Street, Rawlins, Wyoming 82301. In order to insure that comments will be considered in the draft EIS, they should be received by the BLM at the above address by January 3, 1997.

FOR FURTHER INFORMATION CONTACT: Interested parties may obtain further information or request to be placed on the Rawlins BLM District mailing list by contacting Brenda Vosika Neuman or John Spehar, (307–328–4200) or write to the above address.

SUPPLEMENTARY INFORMATION: Ark Land Company, St. Louis, Missouri, filed a coal lease application on September 20, 1996, with the BLM, pursuant to provisions of 43 CFR 3425.1 for the following lands in Carbon County, Wyoming:

Sixth Principal Meridian, Wyoming

T. 20 N., R. 79 W.
  Sec. 6, lot 5.
T. 20 N., R. 80 W.
  Sec. 4, lots 1, 2, 3;
  Sec. 6, lots 1, 2, and SE¼;
  Sec 12, N½NW¼, NW¼NE¼.
T. 21 N., R. 79 W.
  Sec. 20, N½, SW¼;
  Sec. 28, NW¼;
  Sec. 30, lots 1, 2, 3, 4, E½, E½W½;
  Sec. 32, NW¼.
T. 21 N., R. 80 W.
  Sec. 26, all;
  Sec. 28, W½, SE¼;
  Sec. 32, E½, SE¼SW¼;
  Sec. 34, all.

The area described contains approximately 4145.15 acres.

The coal lease application area is located in the Carbon Basin, approximately 40 miles east of the town of Rawlins, 5 miles northwest of the town of Elk Mountain, 13 miles southwest of the town of Medicine Bow, and 12 miles southeast of the town of Hanna, all located in Carbon County, Wyoming. If successful in obtaining a Federal coal lease for the proposed project area, the coal mining would be conducted by Arch of Wyoming, Inc., an affiliate of Ark Land Company. Arch of Wyoming has operated coal mines in the Hanna Basin Region of Carbon County, Wyoming since 1972.

The primary coal mining operation would utilize conventional dragline, surface or strip mining methods to expose the coal resource, including the drilling and blasting of overburden material and coal. Once the stripping operation reaches its economic cutoff, coal exposed in the final highwall

would be extracted using a continuous highwall mining machine.

Mined coal would be transported by haul trucks approximately 14 miles to a loadout facility at Arch of Wyoming's Seminoe No. 2 Mine, 2 miles north of Hanna. Existing facilities at the Seminoe No. 2 Mine would be used to crush, store, and ship coal produced from the proposed Carbon Basin Mine.

Mining is proposed to begin in the year 2000. The anticipated rate of production is about 2,000,000 tons of coal per year. It is predicted that surface minable reserves could be depleted in 8 to 10 years. Potential for underground mining exists, but will not be evaluated until after the completion of surface mining.

Upon completion of mining activities, disturbed lands within the project area would be reclaimed and recontoured to approximate original contours and would be revegetated to accommodate pre-mining uses.

The Office of Surface Mining will be a cooperating agency in the preparation of the EIS because it is the Federal agency that administers surface coal mining under the Surface Mining Control and Reclamation Act of 1977.

Land and resource management issues and concerns specific to surface coal mining, development, operation, and reclamation in the proposed project area, adjacent State and private lands within the project area, and the transporting of mined coal to a remote facility that will be analyzed in the EIS include: air quality, hydrology, soils, vegetation, agriculture, transportation and public safety, conflicts with oil and gas lessees, Native American concerns, threatened and endangered species, impacts to raptor/sage grouse breeding and nesting areas, visual resources, recreation, social and economic effects on local communities, and cumulative impacts. Integral to the consideration and analyses of these issues and concerns and the preparation of the EIS, will be conducting the four steps of the coal screening/planning process (i.e., identifying the occurrence and development potential of coal resources in the project area, applying the coal unsuitability criteria, identifying other multiple use conflicts and impacts associated with the proposed coal mining, and surface owner consultation).

Dated: November 18, 1996.

Bill G. Daniels,

Acting State Director.

[FR Doc. 96–29869 Filed 11–21–96; 8:45 am]

BILLING CODE 4310–22–P

[ID–990–1020–01]

Resource Advisory Council Meeting

AGENCY: Bureau of Land Management, Interior.

SUMMARY: In accordance with the Federal Land Policy and Management Act and the Federal Advisory Committee Act of 1972 (FACA), 5 U.S.C., the Department of the Interior, Bureau of Land Management (BLM) council meeting of the Upper Snake River Districts Resource Advisory Council will be held as indicated below. The agenda includes discussions on the Bennett Hills Resource Management Plan Supplemental Draft, historical/cultural issues, Off Road Vehicle issues and healthy rangeland standards and guidelines. All meetings are open to the public. The public may present written comments to the council. Each formal council meeting will have a time allocated for hearing public comments. The public comment period for the council meeting is listed below. Depending on the number of persons wishing to comment, and time available, the time for individual oral comments may be limited. Individuals who plan to attend and need further information about the meetings, or need special assistance such as sign language interpretation or other reasonable accommodations, should contact Debra Kovar at the Shoshone Resource Area Office, P. O. Box 2–B, Shoshone, ID, 83352, (208) 886–7201.

DATE AND TIME: Date is December 10, 1996, starts at 8:30 a.m. at the KMVT Building at 1100 Blue Lakes Blvd N in Twin Falls, Idaho. Public comments from 9:00 a.m.–9:30 a.m. on December 10, 1996.

SUPPLEMENTARY INFORMATION: The purpose of the council is to advise the Secretary of the Interior, through the BLM, on a variety of planning and management issues associated with the management of the public lands.

FOR FURTHER INFORMATION CONTACT: Contact Debra Kovar, Shoshone Resource Area Office, P. O. Box 2–B, Shoshone, ID 83352, (208) 886–7201.

Dated: November 18, 1996.

Gary Bliss,

Acting District Manager.

[FR Doc. 96–29870 Filed 11–21–96; 8:45 am]

BILLING CODE 4310–GG–P

DEPARTMENT OF JUSTICE

Executive Office for Immigration Review

Agency Information Collection Activities: New Collection; Comment Request

AGENCY: Notice of information collection under review; application for cancellation of removal.

The proposed information collection is published to obtain comments from the public and affected agencies. Comments are encouraged and will be accepted until January 21, 1997.

Request written comments and suggestions from the public and affected agencies concerning the proposed collection of information. Your comments should address one or more of the following four points:

(1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(3) enhance the quality, utility, and clarity of the information to be collected; and

(4) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses.

If you have additional comments, suggestions, or need a copy of the proposed information collection instrument with instructions, or additional information, please contact Margaret M. Philbin, 703–305–0470, General Counsel, Executive Office for Immigration Review, U.S. Department of Justice, Suite 2400, 5107 Leesburg Pike, Falls Church, Virginia 22041. Additionally, comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time may also be directed to Ms. Philbin.

Overview of this information collection:

(1) Type of Information Collection: New Collection

(2) Title of the Form/Collection: Application for Cancellation of Removal.

(3) Agency form number, if any, and the applicable component of the Department of Justice sponsoring the collection: Form EOIR–42, Executive Office for Immigration Review, U.S. Department of Justice.

(4) Affected public who will be asked to respond, as well as a brief abstract: Individual aliens determined to be removable from the United States. This information collection is necessary to determine the statutory eligibility of individual aliens who have been determined to be removable from the United States for cancellation of their removal, as well as to provide information relevant to a favorable exercise of discretion in their case.

(5) An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond: 10,000 responses per year at 5 hours, 45 minutes per response.

(6) An estimate of the total public burden (in hours) associated with the collection: 57,500 annual burden hours.

If additional information is required contact: Mr. Robert B. Briggs, Clearance Officer, United States Department of Justice, Information Management and Security Staff, Justice Management Division, Suite 850, Washington Center, 1001 G Street, NW, Washington, DC 20530.

Dated: November 19, 1996.

Robert B. Briggs,

Clearance Officer, U.S. Department of Justice.

[FR Doc. 96–29878 Filed 11–21–96; 8:45 am]

BILLING CODE 4410–19–M

Notice of Consent Judgments Pursuant to the Comprehensive Environmental Response, Compensation and Liability Act

In accordance with Departmental Policy, 28 CFR § 50.7, 38 FR 19029, and 42 U.S.C. § 9622(d), notice is hereby given that a proposed Consent Decree in *United States* v. *American Locker Group, Inc. et al.*, Civ. No. 92–CV–0700 (CGC), was lodged in the United States District Court for the Northern District of New York on November 5, 1996. The proposed Consent Decree resolves the United States' claims against American Locker Group, Incorporated, Bristol-Myers Squibb Company, Inc., General Electric Company, Inc., International Business Machines Corporation, and Pass & Seymour Corp. under Section 107(a) of the Comprehensive Environmental Response, Compensation and Liability Act (''CERCLA''), as amended, 42 U.S.C. § 9607(a), for past response costs incurred in connection with response actions at the Solvent Savers Superfund Site in Lincklaen, New York.

Under the terms of the Consent Decree, the Settling Defendants will pay $1,665,685.80 to the Superfund in reimbursement of past response costs. Also, the United States, on behalf of the U.S. Air Force, will pay $125,374.20 to the Superfund in reimbursement of past response costs. In return, the United States covenants not to sue Settling Defendants for past response costs.

The Department of Justice will receive, for a period of thirty (30) days from the date of this publication, written comments relating to the proposed Consent Decree. Comments should be addressed to the Assistant Attorney General for the Environment and Natural Resources Division, Department of Justice, Washington, D.C. 20530, and should refer to *United States* v. *American Locker Group, Inc. et al.*, Civ. No. 92–CV–0700 (CGC), DOJ, #90–11–3–704.

The proposed Consent Decree may be examined at the Office of the United States Attorney, Northern District of New York, James Foley U.S. Courthouse, 445 Broadway, Room 231, Albany, New York 12207; at the Region II Office of the U.S. Environmental Protection Agency, 290 Broadway, New York, New York 10278; and at the Consent Decree Library, 1120 G Street, N.W., 4th Floor, Washington, D.C. 20005, (202) 624–0892. Copies of the Consent Decree may be obtained in person or by mail from the Consent Decree Library, 1120 G Street, N.W., 4th Floor, Washington, D.C. 20005. In requesting a copy, please enclose a check in the amount of $6.00 (25 cents per page reproduction costs) payable to the Consent Decree Library.

Joel M. Gross,

Environmental Enforcement Section, Environment and Natural Resources Division.

[FR Doc. 96–29843 Filed 11–21–96; 8:45 am]

BILLING CODE 4410–01–M

Notice of Lodging of Consent Decree Pursuant to the Clean Air Act

In accordance with Departmental policy, 28 CFR 50.7, notice is hereby given that a proposed consent decree in *United States* v. *CITO Asphalt Refining Company*, Civil Action No. 96–5420 (SSB) was lodged on November 7, 1996, in the United States District Court of the District of New Jersey. The consent decree settles an action commenced in a complaint filed November 7, 1996, under the Clean Air Act, 42 U.S.C. § 7401 *et seq.*, arising out of operations at the CITO Asphalt Refining Company refinery in Paulsboro, New Jersey. The refinery's primary finished petroleum product is asphalt. The asphalt processes at the refinery also yield several useful byproducts, including marine diesel oil, vacuum gas oil and straight run gasoline.

The Complaint alleges that the CITO Asphalt Refining Company violated the Clean Air Act, the New Jersey State Implementation Plan, the New Source Performance Standards for petroleum refineries, 40 CFR Part 60, Subpart J, and the National Emissions Standards for Hazardous Air Pollutants, 40 CFR Part 61, Subpart FF, by: (1) Failing to install emissions monitoring equipment; (2) failing to submit emissions reports; (3) failing to conduct performance tests; (4) failing to comply with the sulfur oxide emissions limitation; (5) failing to submit a notification regarding benzene waste operations; (6) failing to obtain a permit for the construction and operation of a wastewater treatment plant; and (7) operating equ9pment in violation of permit restrictions.

Under the Consent Decree, the CITO Asphalt Refining Company will pay a civil penalty to the United States of $1.23 million. The Consent Decree also provides for substantial injunctive relief to bring the refinery into compliance with the Clean Air Act. Under the agreement, the CITO Asphalt Refining Company will comply with the Clean Air Act's sulfur oxide emissions standard; conduct a performance test at the refinery; install a desulfurization unit at the refinery; install a continuous emissions monitoring system; and submit excess emissions and monitoring system reports.

The Department of Justice will receive, for a period of thirty (30) days from the date of this publication, comments relating to the proposed consent decree. Comments should be addressed to the Assistant Attorney General forth Environment and Natural Resources Division, Department of Justice, Washington, D.C. 20530, and should refer to *United States* v. *CITO Asphalt Refining Company*, DOJ Ref. #90–5–2–1–2010.

The proposed consent decree may be examined at the office of the United States Attorney, Mitchell H. Cohen Courthouse, Fourth Street and Cooper Street, Camden, New Jersey; the Region II Office of the Environmental Protection Agency, 290 Broadway, New York, New York; and at the Consent Decree Library, 1120 G Street, N.W., 4th Floor, Washington, D.C. 20005, (202) 624–0892. A copy of the consent decree decree may be obtained in person or by mail from the Consent Decree Library, 1120 G Street, N.W., 4th Floor, Washington, D.C. 20005. In requesting a

copy please refer to the referenced case and enclose a check made payable to the Consent Decree Library in the amount of $6.50 (25 cents per page reproduction costs).

Joel M. Gross,

Section Chief, Environmental Enforcement Section, Environment and Natural Resources Division.

[FR Doc. 96–29844 Filed 11–21–96; 8:45 am]

BILLING CODE 4410–01–M

Notice of Lodging of Consent Decree Pursuant to the Comprehensive Environmental Response Compensation and Liability Act of 1980, As Amended

Notice is hereby given that a proposed consent decree in the action entitled *United States* versus *Peirce*, Civil Action No. 83–CV–1623, was lodged on November 6, 1996, with the United States District Court for the Northern District of New York. The United States has filed claims against eight direct defendants, pursuant to Section 107 of the Comprehensive Environmental Response, Compensation, and Liability Act (''CERCLA''), 42 U.S.C. § 9607, seeking to recover the approximately $5.3 million in past and future costs associated with the first operable unit at the York Oil Superfund Site (''Site''), located in Moira, New York, that will not be reimbursed pursuant to the consent decree that was entered by the United States District Court for the Northern District of New York on August 10, 1996. These eight direct defendants have filed third-party claims against about 40 third-party defendants. The United States has entered into a settlement with seven of the eight direct defendants and 17 of the 40 third-party defendants. Pursuant to the proposed settlement, the parties have agreed to pay to the EPA Hazardous Substance Superfund $2,225,000, plus interest running from August 1, 1996.

The Department of Justice will receive, for a period of thirty (30) days from the date of this publication, comments relating to the proposed consent decree. Any comments should be addressed to the Assistant Attorney General for the Environment and Natural Resources Division, Department of Justice, Washington, D.C. 20530, and should refer to *United States* versus *Peirce*, DOJ Ref. Number 90–5–2–1–585.

The proposed consent decree may be examined at EPA Region 2, (contact Doug Fischer, 212–637–3180); and the Consent Decree Library, 1120 G Street, N.W., 4th Floor, Washington, D.C. 20005, (202) 624–0892. A copy of the proposed consent decree may be obtained in person or by mail from the Consent Decree Library, 1120 G Street, N.W., 4th Floor, Washington, D.C. 20005. In requesting a copy, please refer to the referenced case and enclose a check in the amount of $13.25 (25 cents per page reproduction costs), payable to the Consent Decree Library.

Joel M. Gross,

Section Chief, Environmental Enforcement Section, Environment and Natural Resources Division.

[FR Doc. 96–29842 Filed 11–21–96; 8:45 am]

BILLING CODE 4410–01–M

DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Review; Comment Request

November 19, 1996.

The Department of Labor (DOL) has submitted the following public information collection requests (ICRs) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (P.L. 104–13, 44 U.S.C. Chapter 35). A copy of each individual ICR, with applicable supporting documentation, may be obtained by calling the Department of Labor Acting Departmental Clearance Officer, Theresa M. O'Malley ({202} 219–5096 × 166). Individuals who use a telecommunications device for the deaf (TTY/TDD) may call {202} 219–470 between 9:00 a.m. and 1:00 p.m. Eastern time, Monday through Friday.

Comments should be sent to Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for BLS/DM/ESA/ETA/MSHA/OSHA/PWBA/VETS, Office of Management and Budget, Room 1035, Washington, DC 20503 ({202} 395–7316), within 30 days from the date of this publication in the Federal Register.

The OMB is particularly interested in comments which:

- evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- enhance the quality, utility, and clarity of the information to be collected; and
- minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Agency: Employment and Training Administration.

Title: Job Corps Enrollee Allotment Determination.

OMB Number: 105–0030.

Agency Number: ETA 658.

Frequency: On occasion.

Affected Public: Individuals or households; Federal Government.

Number of Respondents: 7,200.

Estimated Time Per Respondent: 12 minutes.

Total Burden Hours: 1,440.

Total Annualized capital/startup costs: 0.

Total annual costs (operating/maintaining systems or purchasing services): 0.

Description: Job Corps enrollees may elect to have a portion of their readjustment allowance sent to a dependent monthly. This form provides the information necessary to administer those allotments.

Agency: Employment and Training Administration.

Title: Job Corps Health Questionnaire and Child Care Certification Form.

OMB Number: 1205–0033.

Agency Number: ETA 6–53, 6–82.

Frequency: One-time.

Affected Public: Individuals or households.

Number of Respondents: 103,000.

Estimated Time Per Respondent: 12 minutes.

Total Burden Hours: 20,600.

Total Annualized capital/startup costs: $6,500.

Total annual costs (operating/maintaining systems or purchasing services): 0.

Description: The ETA 6–53 is used to obtain the health history of applicants for the program to determine medical eligibility. The applicant must not have a health condition which represents a potential serious hazard to the youth or others, results in a significant interference with the normal performance of duties, requires frequent, or expensive, or prolonged treatment. The ETA 6–82 is used to certify an applicant's child care arrangements.

Agency: Employment and Training Administration.

Title: Unemployment Insurance, Employment Taxes.

OMB Number: 105–0164.

Agency Number: ETA 204.

Frequency: Annually.

Affected Public: State, Local and Tribal Government.

Number of Respondents: 53.

Estimated Time Per Respondent: 40 hours, 15 minutes.

Total Burden Hours: 2,134.

Total Annualized capital/startup costs: 0.

Total annual costs (operating/maintaining systems or purchasing services): 0.

Description: The ETA 204 provides data to ETA for the study of seasonality, employment or payroll fluctuations, and stabilization, expansion or contraction in operations on employment experience. The data are used to provide an indication of whether solvency problems exist in the State's Trust Fund accounts and in analyzing factors which give rise to solvency problems.

Theresa M. O'Malley,

Acting Departmental Clearance Officer.

[FR Doc. 96–29915 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–30–M

Employment and Training Administration

Goodyear Tire and Rubber Company, Green, Ohio; Dismissal of Application for Reconsideration

Pursuant to 29 CFR 90.18(C) an application for administrative reconsideration was filed with the Program Manager of the Office of Trade Adjustment Assistance for workers at Goodyear Tire and Rubber Company, Green, Ohio. The review indicated that the application contained no new substantial information which would bear importantly on the Department's determination. Therefore, dismissal of the application was issued.

TA–W–32,587; Goodyear Tire and Rubber Company, Green, Ohio (November 6, 1996)

Signed at Washington, D.C. this 7th day of November, 1996.

Curtis K. Kooser,

Acting Program Manager, Policy & Reemployment Services, Office of Trade Adjustment Assistance.

[FR Doc. 96–29914 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–30–M

Kingstree Knits, a Division of Texfi Industries, Incorporated; Amended Certification Regarding Eligibility to Apply for Worker Adjustment Assistance

In accordance with Section 223 of the Trade Act of 1974 (19 U.S.C. 2273) the Department of Labor issued a Certification of Eligibility to Apply for Worker Adjustment Assistance on September 17, 1996, applicable to all workers of Kingstree Knits, a Division of Texfi Industries, Incorporated located in Midway, Georgia. The notice was published in the Federal Register on October 1, 1996 (61 FR 51303).

At the request of petitioners, the Department reviewed the certification for workers of the subject firm. Company officials report that worker separations will occur at the subject firm's production facilities in Lane, Olanta, and Andrews, South Carolina. The workers are engaged in employment related to the production of tee shirts for women, men and boys.

The intent of the Department's certification is to include all workers of Kingstree Knits adversely affected by imports. Accordingly, the Department is amending the certification to include all workers at the subject firms' production facilities in Lane, Olanta, and Andrews, South Carolina.

The amended notice applicable to TA-W-32,561 is hereby issued as follows:

''All workers at Kingstree Knits, a Division of Texfic Industries, Incorporated, Midway, Georgia (TA-W–32,561), and in Lane (TA-W–32,561A), Olanta (TA-W–32,561B) and Andrews (TA-W–32,561C) South Carolina, who became totally or partially separated from employment on or after July 11, 1995 are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974.''

Signed at Washington, D.C. this 8th day of November 1996.

Curtis K. Kooser,

Acting Program Manager, Policy and Reemployment Services, Office of Trade Adjustment Assistance.

[FR Doc. 96–29911 Filed 11–21–96; 8:45 am]

BILLING CODE 4150–30–M

Mobile Exploration and Producing U.S., Inc. (MEPUS) Headquartered in Dallas, Texas, et al.; Amended Certification Regarding Eligibility to Apply for Worker Adjustment Assistance

In accordance with Section 223 of the Trade Act of 1974 (19 USC 2273) the Department of Labor issued a Notice of Certification Regarding Eligibility to Apply for Worker Adjustment Assistance on October 2, 1996, applicable to all workers of Mobile Exploration and Producing U.S., Inc., and other upstream operations, headquartered in Dallas, Texas, and operating at various U.S. locations. The notice was published in the Federal Register on October 29, 1996 (61 FR 55821).

At the request of the company, the Department reviewed the certification for workers of the subject firm. The company reports that workers of Mobile Natural Gas Inc. (MNGI), headquartered in Houston, Texas and operating at other sites in Oklahoma and Texas, were inadvertently excluded from the certification. The workers of Mobile Natural Gas Inc. were engaged in employment related to the marketing of crude oil and natural gas. Findings show that when the certification was issued, it was the Department's intent to include workers of MNGI. Accordingly, the Department is amending the certification to include workers of MNGI, headquartered in Houston, Texas, and operating at various sites in Texas and Oklahoma.

The amended notice applicable to TA–W–32,664 is hereby issued as follows:

''All workers of Mobile Exploration and Producing U.S. Inc. (MEPUS) headquartered in Dallas, Texas; and workers of Mobile Natural Gas Inc. (MNGI), headquartered in Houston, Texas (TA–W–32,664) and operating at other sites in Texas (TA–W–32,664A) and Oklahoma (TA–W–32,664H) engaged in employment related to the marketing of crude oil and natural gas who became totally or partially separated from employment on or after September 30, 1996 through two years from the date of certification are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974.''

Signed in Washington, D.C. this 13th day of November, 1996.

Russell T. Kile,

Program Manager, Policy and Reemployment Services, Office of Trade Adjustment Assistance.

[FR Doc. 96–29906 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–30–M

Amended Certification Regarding Eligibility To Apply for Worker Adjustment Assistance

In accordance with Section 223 of the Trade Act of 1974 (19 U.S.C. 2273) the Department of Labor issued a Notice of Certification Regarding Eligibility to Apply for Worker Adjustment Assistance on September 12, 1996, applicable to all workers of NordicTrack located in Chaska, Minnesota.

The notice was published in the Federal Register on October 1, 1996 (61 FR 51304).

At the request of the State Agency, the Department reviewed the certification for workers of the subject firm. New information shows that worker separations have occurred at the subject firms' St. Peter, Minnesota location. The workers provide support services related to the production of exercise equipment.

The intent of the Department's certification is to include all workers of NordicTrack who were adversely affected by imports.

Accordingly, the Department is amending the certification to cover the workers separated from NordicTrack, St. Peter, Minnesota.

The amended notice applicable to TA–W–32,707 is hereby issued as follows:

All workers of NordicTrack, Chaska, Minnesota (TA–W–32,707) and NordicTrack, St. Peter, Minnesota (TA–W–32,707C) who became totally or partially separated from employment on or after August 22, 1995 through two years from the date of certification are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974.

Signed at Washington, D.C. this 4th day of November 1996.

Russell T. Kile,

Program Manager, Policy and Reemployment Services, Office of Trade Adjustment Assistance.

[FR Doc. 96–29907 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–30–M

[TA–W–32,623]

Oakloom Clothes, Incorporated Baltimore, Maryland; Notice of Negative Determination Regarding Application for Reconsideration

By an application dated October 7, 1996, a petitioner requested administrative reconsideration of the subject petition for trade adjustment assistance (TAA). The denial notice was signed on October 1, 1996 and published in the Federal Register on October 16, 1996 (61 FR 53937).

The initial investigation findings showed that the workers produced men's tailored clothing, suits, coats and sportcoats. The Department's denial was based on the fact that all of the production workers were separated from the subject firm more than one year prior to the date of the petition and that the ''contributed importantly'' test of the Group Eligibility Requirements of the Trade Act was not met. In a follow-up conversation the petitioner, a former company official, indicated that the petition was filed only by managers who were laid off due to the fact that the company was sold. Managers were laid off by the new company and none of the production workers at the new company were affected.

Based on company official information the investigation revealed that criterion (1,2&3) of Section 223 of the Trade Act has not been met.

Conclusion

After reconsideration, I affirm the original notice of negative determination of eligibility to apply for adjustment assistance under Section 223 of the Trade Act to workers and former workers of Oakloom Clothes, Incorporated, Baltimore, Maryland.

Signed at Washington, D.C., this 4th day of November 1996.

Russell T. Kile,

Program Manager, Policy and Reemployment Services, Office of Trade Adjustment Assistance.

[FR Doc. 96–29910 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–30–M

[TA–W–32,691, TA–W–32,691A California, TA–W–32,691B Connecticut, TA–W–32,691C Georgia, TA–W–32,691D Maryland, TA–W–32,691E New Jersey, TA–W–32,691F New York, TA–W–32,691G Puerto Rico and TA–W–32,691H Texas]

Smith Corona Corporation, Cortland, New York; Amended Certification Regarding Eligibility To Apply for Worker Adjustment Assistance

In accordance with Section 223 of the Trade Act of 1974 (19 U.S.C. 2273) as amended by the Omnibus Trade and Competitiveness Act of 1988 (Pub. L. 100–418), the Department of Labor issued a Certification Regarding Eligibility to Apply for Worker Adjustment Assistance on October 10, 1996, applicable to all workers of Smith Corona Corporation engaged in employment related to the production of typewriters and word processors in Cortland, New York. The notice soon will be published in the Federal Register.

At the request of a company official, the Department reviewed the certification for workers of the subject firm. New information provided by Smith Corona Corporation reveals that support staff workers (sales, services and administrative) have been separated from employment at various field offices of the subject firm. Accordingly, the Department is amending the certification to include all of Smith Corona's support staff workers at various locations in the States of California, Connecticut, Georgia, Maryland, New Jersey, New York, Puerto Rico and Texas.

The intent of the Department's certification is to include all workers of Smith Corona Corporation who were adversely affected by increased imports.

The amended notice applicable to TA–W–32,691 is hereby issued as follows:

''All workers of Smith Corona Corporation, Cortland, New York and various field offices in California, Connecticut, Georgia, Maryland, New Jersey, New York, Puerto Rico and Texas engaged in employment related to the production of typewriters and word processors including support staff workers who became totally or partially separated from employment on or after October 6, 1996, are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974.''

Signed in Washington, DC, this 4th day of November 1996.

Russell T. Kile,

Program Manager, Policy and Reemployment Services, Office of Trade Adjustment Assistance.

[FR Doc. 96–29909 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–30–M

Snyder Oil Corporation Headquartered in Fort Worth, Texas, Operating Throughout the State of Texas and Farmington, NM; Amended Certification Regarding Eligibility To Apply for Worker Adjustment Assistance

In accordance with Section 223 of the Trade Act of 1974 (19 USC 2273) the Department of Labor issued a Certification of Eligibility to Apply for Worker Adjustment Assistance on February 2, 1996, applicable to all workers of Snyder Oil Corporation, headquartered in Fort Worth, Texas and operating throughout the State of Texas. The notice was published in the Federal Register on February 21, 1996 (61 FR 6660).

At the request of the company, the Department reviewed the certification for workers of the subject firm. New findings show that worker separations will occur at Snyder Oil's operations in Farmington, New Mexico. The workers are engaged in employment related to the production of crude oil, natural gas and natural gas liquids.

The intent of the Department's certification is to include all workers of Snyder Oil Corporation adversely affected by imports. Accordingly, the Department is amending the certification to include all workers at the subject firm's Farmington, New Mexico location.

The amended notice applicable to TA–W–31,694 is hereby issued as follows:

''All workers at Snyder Oil Corporation, headquartered in Fort Worth, Texas, operating throughout the State of Texas (TA–W–31,694), and Farmington, New Mexico (TA–W–31,694B), who became totally or partially separated from employment on or after November 17, 1994 are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974.''

Signed at Washington, DC, this 8th day of November 1996.

Curtis K. Kooser,

Acting Program Manager, Policy and Reemployment Services, Office of Trade Adjustment Assistance.

[FR Doc. 96–29912 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–30–M

[TA–W–32,598, TA–W–32,598A, TA–W–32–598B, TA–W–32,598C, TA–W–32,598D]

Strick Corporation, Casa Grande, Arizona, Fairless Hills, Pennsylvania, Berwick, Pennsylvania, Hughesville, Pennsylvania, Danville, Pennsylvania; Amended Certification Regarding Eligibility to Apply for Worker Adjustment Assistance

In accordance with Section 223 of the Trade Act of 1974 (19 USC 2273) the Department of Labor issued a Certification of Eligibility to Apply for Worker Adjustment Assistance on August 27, 1996, applicable to all workers of Strick Corporation located in Case Grande, Arizona. The notice was published in the Federal Register on September 25, 1996 (61 FR 50332).

At the request of the company, the Department reviewed the certification for workers of the subject firm. New information provided by the company shows that worker separations have occurred at the Strick Corporation production facilities in Fairless Hills, Berwick, Hughesville, and Danville, Pennsylvania. Workers at these plants produce truck trailers, trailer flooring and container chassis.

The intent of the Department's certification is to include all workers of the subject firm who were adversely affected by increased imports. Accordingly, the Department is amending the certification to cover all workers of Strick Corporation in Fairless Hills, Berwick, Hughesville, and Danville, Pennsylvania.

The amended notice applicable to TA–W–32,598 is hereby issued as follows:

All workers of Strick Corporation, Casa Grande, Arizona (TA–W–32,598) and the following locations in Pennsylvania: Fairless Hills (TA–W–32,598A), Berwick (TA–W–32,598B), Hughesville (TA–W–32,598C) and Danville (TA–W–32,598D), who became totally or partially separated from employment on or after July 18, 1995 are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974.

Signed at Washington, D.C., this 4th day of November 1996.

Russell T. Kile,

Program Manager, Policy and Reemployment Services, Office of Trade Adjustment Assistance.

[FR Doc. 96–29908 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–30–M

[TA–W–32,515]

Westmoreland Plastics Latrobe, Pennsylvania; Dismissal of Application for Reconsideration

Pursuant to 29 CFR 90.18(C) an application for administrative reconsideration was filed with the Program Manager of the Office of Trade Adjustment Assistance for workers at Westmoreland Plastics, Latrobe, Pennsylvania. The review indicated that the application contained no new substantial information which would bear importantly on the Department's determination. Therefore, dismissal of the application was issued.

TA–W–32,515; Westmoreland Plastics; Latrobe, Pennsylvania (November 5, 1996)

Signed at Washington, D.C. this 7th day of November, 1996.

Curtis K. Kooser,

Acting Program Manager, Policy & Reemployment Services, Office of Trade Adjustment Assistance.

[FR Doc. 96–29913 Filed 11–21–96; 8:45 am]

BILLING CODE 4010–30–M

Proposed Collection of the ETA 5159, Claims and Payment Activities; Comment Request

ACTION: Notice.

SUMMARY: The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) [44 U.S.C. 3506(c)(2)(A)]. This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Employment and Training Administration is soliciting comments concerning the proposed revision and extension of the collection of the ETA 5159, Claims and Payment Activities. The proposed change is the addition of data which identifies workload connected with agent interstate initial claims as well as total agent interstate initial claims activity. A copy of the proposed information collection request (ICR) can be obtained by contacting the office listed below in the addressee section of this notice.

DATES: Written comments must be submitted to the office listed in the addressee section below on or before January 21, 1997.

The Department of Labor is particularly interested in comments which:

- evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- enhance the quality, utility, and clarity of the information to be collected; and
- minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

ADDRESSEE: Cynthia Ambler, Unemployment Insurance Service, Employment and Training Administration, U.S. Department of Labor, Room S–4231, 200 Constitution Ave., N.W., Washington, DC, 20210; telephone number (202) 219–9204; fax (202) 219–8506 (these are not toll free numbers).

SUPPLEMENTARY INFORMATION:

I. Background

The ETA 5159 report contains information on claims activities including initial claims, weeks claimed, weeks compensated, and the amount of benefit payments. These data are used in budgetary and administrative planning, program evaluation, and reports to Congress and the public. The change being proposed concerns initial claims filed by interstate claimants. The current figure being reported represents all such claims. In the past, all claims were filed with the agent State and those States were reimbursed for the work associated with those claims. Several States have begun using the telephone for interstate claimants to file

directly with liable States, by-passing the agent State. In order to reimburse agent States only for work actually done, it is necessary to separately report the numbers of interstate agent initial claims which the agent State actually took. The request for a change adds that data item to the ETA 5159.

II. Current Actions

The ETA 5159 report continues to be needed for administrative, financing, program evaluation and public information.

Type of Review: Extension with change
Agency: Employment and Training Administration
Title: Claims and Payment Activities
OMB Number: 1205–0010
Agency Number: ETA 5159
Affected Public: State Government
Cite/Reference/Form/etc.: ETA 5159
Total Respondents: 53
Frequency: Monthly
Total Responses: 720
Average Time per Response: 2.6 hours
Estimated Total Burden Hours: 1359
Total Burden Cost (capital/start): estimated at $27,180 which is an allowable cost under the administrative grants awarded to States by the Federal Government.

Comments submitted in response to this comment request will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: November 18, 1996.

Mary Ann Wyrsch,

Director, Unemployment Insurance Service.

[FR Doc. 96–29903 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–30–M

Goodyear Tire and Rubber Company, et al., Amended Certification Regarding Eligibility To Apply for NAFTA Transitional Adjustment Assistance

In accordance with Section 250(a), Subchapter D, Chapter 2, Title II, of the Trade Act of 1974, as amended (19 U.S.C. 2273), the Department of Labor issued a Certification for NAFTA Transitional Adjustment Assistance on October 9, 1996, applicable to all workers of Goodyear Tire and Rubber Company located in Topeka, Kansas. The notice soon will be published in the Federal Register.

At the request of the State agency, the Department reviewed the certification for workers of the subject firm. The findings show that worker separations have occurred at Goodyear Tire and Rubber Company Logistic Center. The workers produce tires.

The intent of the Department's certification is to include all workers of Goodyear Tire and Rubber Company who were adversely affected by imports from Mexico. Accordingly, the Department is amending the certification to cover the workers separated from Goodyear Tire and Rubber Company Logistic Center, Topeka, Kansas which were inadvertently excluded from the certification.

The amended notice applicable to NAFTA–01216 is hereby issued as follows:

''All workers of Goodyear Tire and Rubber Company, Topeka, Kansas (NAFTA–01216) and Goodyear Tire and Rubber Company Logistic Center, Topeka, Kansas (NAFTA–01216A) who became totally or partially separated from employment on or after August 28, 1995 are eligible to apply for NAFTA-TAA under Section 250 of the Trade Act of 1974.''

Signed at Washington, D.C. this 4th day of November 1996.

Russell T. Kile,

Program Manager, Policy and Reemployment Services, Office of Trade Adjustment Assistance.

[FR Doc. 96–29905 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–30–M

Intercontinental Branded Apparel, Hialeah, Florida, et al.; Amended Certification Regarding Eligibility To Apply for NAFTA Transitional Adjustment Assistance

In accordance with Section 250(a), Subchapter D, Chapter 2, Title II, of the Trade Act of 1974, as amended (19 U.S.C. 2273), the Department of Labor issued a Certification for NAFTA Transitional Adjustment Assistance on January 18, 1996, applicable to all workers of Intercontinental Branded Apparel, located in Hialeah, Florida. The certification was published in the Federal Register February 6, 1996 (61 FR 4492).

At the request of the State agency, the Department reviewed the certification for workers of the subject firm. The findings show that worker separations have occurred at M.Wile and Company doing business as Intercontinental Branded Apparel plant in Dunkirk, New York. The workers produce men's pants.

The intent of the Department's certification is to include all workers of the subject firm who were adversely affected by increased imports. Accordingly, the Department is amending the certification to include workers at the Dunkirk, New York production facility. The amended notice applicable to NAFTA–00696 is hereby issued as follows:

''All workers of Intercontinental Branded Apparel, Hialeah, Florida (NAFTA–00696) and M.Wile and Company doing business as Intercontinental Branded Apparel, Dunkirk, New York (NAFTA–00696B) who became totally or partially separated from employment on or after November 15, 1994, are eligible to apply for NAFTA–TAA under Section 250 of the Trade Act of 1974.''

Signed in Washington, D.C., this 4th day of November 1996.

Russell T. Kile,

Program Manager, Policy and Reemployment Services, Office of Trade Adjustment Assistance.

[FR Doc. 96–29904 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–30–M

Employment Standards Administration

Wage and Hour Division

Minimum Wages for Federal and Federally Assisted Construction; General Wage Determination Decisions

General wage determination decisions of the Secretary of Labor are issued in accordance with applicable law and are based on the information obtained by the Department of Labor from its study of local wage conditions and data made available from other sources. They specify the basic hourly wage rates and fringe benefits which are determined to be prevailing for the described classes of laborers and mechanics employed on construction projects of a similar character and in the localities specified therein.

The determinations in these decisions of prevailing rates and fringe benefits have been made in accordance with 29 CFR Part 1, by authority of the Secretary of Labor pursuant to the provisions of the Davis-Bacon Act of March 3, 1931, as amended (46 Stat. 1494, as amended, 40 U.S.C. 276a) and of other Federal statutes referred to in 39 CFR Part 1, Appendix, as well as such additional statutes as may from time to time be enacted containing provisions for the payment of wages determined to be prevailing by the Secretary of Labor in accordance with the Davis-Bacon Act. The prevailing rates and fringe benefits determined in these decisions shall, in accordance with the provisions of the foregoing statutes, constitute the minimum wages payable on Federal and federally assisted construction projects to laborers and mechanics of the specified classes engaged on contract work of the character and in the localities described therein.

Good cause is hereby found for not utilizing notice and public comment

procedure thereon prior to the issuance of these determinations as prescribed in 5 U.S.C. 553 and not providing for delay in the effective date as prescribed in that section, because the necessity to issue current construction industry wage determinations frequently and in large volume causes procedures to be impractical and contrary to the public interest.

General wage determination decisions, and modifications and supersedes decisions thereto, contain no expiration dates and are effective from their date of notice in the Federal Register, or on the date written notice is received by the agency, whichever is earlier. These decisions are to be used in accordance with the provisions of 29 CFR Parts 1 and 5. Accordingly, the applicable decision, together with any modifications issued, must be made a part of every contract for performance of the described work within the geographic area indicated as required by an applicable Federal prevailing wage law and 29 CFR Part 5. The wage rates and fringe benefits, notice of which is published herein, and which are contained in the Government Printing Office (GPO) document entitled ''General Wage Determinations Issued Under The Davis-Bacon And Related Acts,'' shall be the minimum paid by contractors and subcontractors to laborers and mechanics.

Any person, organization, or governmental agency having an interest in the rates determined as prevailing is encouraged to submit wage rate and fringe benefit information for consideration by the Department. Further information and self-explanatory forms for the purpose of submitting this data may be obtained by writing to the U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division, Division of Wage Determinations, 200 Constitution Avenue, N.W., Room S–3014, Washington, D.C. 20210.

Modifications to General Wage Determination Decisions

The number of decisions listed in the Government Printing Office document entitled ''General Wage Determinations Issued Under the Davis-Bacon and Related Acts'' being modified are listed by Volume and State. Dates of publication in the Federal Register are in parentheses following the decisions being modified.

VOLUME I

New Hampshire
NH960001 (March 15, 1996)
NH960007 (March 15, 1996)
New Jersey
NJ960002 (March 15, 1996)
NJ960003 (March 15, 1996)
NJ960004 (March 15, 1996)
New York
NY960002 (March 15, 1996)
NY960003 (March 15, 1996)
NY960007 (March 15, 1996)
NY960008 (March 15, 1996)
NY960011 (March 15, 1996)
NY960013 (March 15, 1996)
NY960018 (March 15, 1996)
NY960021 (March 15, 1996)
NY960022 (March 15, 1996)
NY960026 (March 15, 1996)
NY960031 (March 15, 1996)
NY960032 (March 15, 1996)
NY960034 (March 15, 1996)
NY960037 (March 15, 1996)
NY960042 (March 15, 1996)
NY960044 (March 15, 1996)
NY960047 (March 15, 1996)
NY960049 (March 15, 1996)
NY960060 (March 15, 1996)
Vermont
VT960025 (March 15, 1996)

VOLUME II

Pennsylvania
PA960001 (March 15, 1996)
PA960002 (March 15, 1996)
PA960004 (March 15, 1996)
PA960005 (March 15, 1996)
PA960006 (March 15, 1996)
PA960017 (March 15, 1996)
PA960018 (March 15, 1996)
PA960020 (March 15, 1996)
PA960022 (March 15, 1996)
PA960027 (March 15, 1996)
PA960042 (March 15, 1996)
PA960065 (March 15, 1996)
West Virginia
WV960002 (March 15, 1996)
WV960006 (March 15, 1996)

VOLUME III

Florida
FL960017 (March 15, 1996)
Georgia
GA960003 (March 15, 1996)
GA960004 (March 15, 1996)
GA960023 (March 15, 1996)
GA960031 (March 15, 1996)
GA960032 (March 15, 1996)
GA960044 (March 15, 1996)
GA960050 (March 15, 1996)
GA960065 (March 15, 1996)
GA960073 (March 15, 1996)
GA960085 (March 15, 1996)
GA960086 (March 15, 1996)
GA960087 (March 15, 1996)
GA960088 (April 26, 1996)
Mississippi
MS960057 (March 15, 1996)

VOLUME IV

None

VOLUME V

New Mexico
NM960001 (March 15, 1996)
Texas
TX960011 (March 15, 1996)
TX960012 (March 15, 1996)
TX960014 (March 15, 1996)
TX960054 (March 15, 1996)
TX960069 (March 15, 1996)

VOLUME VI

California
CA960039 (March 15, 1996)
Washington
WA960001 (March 15, 1996)
WA960002 (March 15, 1996)

General Wage Determination Publication

General wage determinations issued under the Davis-Bacon and related Acts, including those noted above, may be found in the Government Printing Office (GPO) document entitled ''General Wage Determinations Issued Under The Davis-Bacon and Related Acts''. This publication is available at each of the 50 Regional Government Depository Libraries and many of the 1,400 Government Depository Libraries across the county.

The general wage determinations issued under the Davis-Bacon and related Acts are available electronically by subscription to the FedWorld Bulletin Board System of the National Technical Information Service (NTIS) of the U.S. Department of Commerce at (703) 487–4630.

Hard-copy subscriptions may be purchased from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, (202) 512–1800.

When ordering hard-copy subscription(s), be sure to specify the State(s) of interest, since subscriptions may be ordered for any or all of the six separate volumes, arranged by State. Subscriptions include an annual edition (issued in January or February) which includes all current general wage determinations for the States covered by each volume. Throughout the remainder of the year, regular weekly updates are distributed to subscribers.

Signed at Washington, D.C. this 15th day of November 1996

Philip J. Gloss,

Chief, Branch of Construction Wage Determinations.

[FR Doc. 96–29646 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–27–M

Pension and Welfare Benefits Administration

[Prohibited Transaction Exemption 96–85; Exemption Application No. D–10200, et al.]

Grant of Individual Exemptions; Chase Manhattan Bank

AGENCY: Pension and Welfare Benefits Administration, Labor.

ACTION: Grant of individual exemptions.

SUMMARY: This document contains exemptions issued by the Department of

Labor (the Department) from certain of the prohibited transaction restrictions of the Employee Retirement Income Security Act of 1974 (the Act) and/or the Internal Revenue Code of 1986 (the Code).

Notices were published in the Federal Register of the pendency before the Department of proposals to grant such exemptions. The notices set forth a summary of facts and representations contained in each application for exemption and referred interested persons to the respective applications for a complete statement of the facts and representations. The applications have been available for public inspection at the Department in Washington, D.C. The notices also invited interested persons to submit comments on the requested exemptions to the Department. In addition the notices stated that any interested person might submit a written request that a public hearing be held (where appropriate). The applicants have represented that they have complied with the requirements of the notification to interested persons. No public comments and no requests for a hearing, unless otherwise stated, were received by the Department.

The notices of proposed exemption were issued and the exemptions are being granted solely by the Department because, effective December 31, 1978, section 102 of Reorganization Plan No. 4 of 1978 (43 FR 47713, October 17, 1978) transferred the authority of the Secretary of the Treasury to issue exemptions of the type proposed to the Secretary of Labor.

Statutory Findings

In accordance with section 408(a) of the Act and/or section 4975(c)(2) of the Code and the procedures set forth in 29 CFR Part 2570, Subpart B (55 FR 32836, 32847, August 10, 1990) and based upon the entire record, the Department makes the following findings:

(a) The exemptions are administratively feasible;

(b) They are in the interests of the plans and their participants and beneficiaries; and

(c) They are protective of the rights of the participants and beneficiaries of the plans.

The Chase Manhattan Bank Located in New York, New York; Exemption [Prohibited Transaction Exemption 96–85; Exemption Application No. D–10200]

Section I—Transactions

The restrictions of sections 406(a) of the Act and the sanctions resulting from the application of section 4975 of the Code, by reason of section 4975(c)(1) (A) through (D) of the Code, shall not apply to the following transactions, provided that the conditions set forth in Section II below are met:

(a) Any acquisition or sale of ''emerging market'' securities (the Securities), and any repurchase agreement involving such Securities, which occurs between The Chase Manhattan Bank (Chase) or its Affiliates and the IBM Retirement Plan (the IBM Plan), to which Chase or an Affiliate is a party in interest under the Act at the time of the transaction; and

(b) Certain repurchase agreements involving the Securities which occurred between the IBM Plan and Chemical Bank (Chemical) that were outstanding as of March 31, 1996, the date of the merger between the holding companies of Chemical and Chase. (The merger of the two banks themselves (the Merger) occurred later on July 14, 1996, and all references herein to Chase which refer to the time period after July 14, 1996 shall include Chemical.)

Section II—Conditions

(a) The assets of the IBM Plan involved in the transactions described in Section I(a) and I(b) above are managed by WP Emerging Markets Asset Management, L.P. (WP), as the independent, qualified fiduciary for the IMB Plan;

(b) WP, as the IBM Plan's independent fiduciary and investment manager for the assets invested in the Securities, negotiates the terms of such transactions on behalf of the IBM Plan and makes the decision to have the IBM Plan enter into any such transactions with Chase;

(c) WP, as the IBM Plan's independent fiduciary and investment manager for the assets invested in the Securities, monitors the investments made by the IBM Plan in such Securities and takes whatever actions are necessary to protect the interests of the IBM Plan;

(d) Neither Chase nor an Affiliate has discretionary authority or control with respect to the investment of the IBM Plan's assets involved in the transactions or renders investment advice (within the meaning of 29 CFR 2510.3–21(c)) with respect to those assets;

(e) In any transaction where the IBM Plan acquires a Security from Chase, the IBM Plan pays a price which is no greater than the fair market value of such Security, as determined by WP in accordance with either WP's internal valuation process or independent third party sources (such as independent broker-dealers and market-makers dealing in such Securities);

(f) In any transaction where the IBM Plan sells a Security to Chase, the IBM Plan receives a price which is no less than the fair market value of such Security, as determined by WP in accordance with either WP's internal valuation process or independent third party sources (such as independent broker-dealers and market-makers dealing in such Securities);

(g) The repurchase agreements between the IBM Plan and Chase are entered into pursuant to a written agreement between the parties which describes all of the material terms and conditions for such transactions, including the rights and obligations of each party, and is consistent with the specific guidelines established by the IBM Plan's named fiduciary for transactions involving the Securities;

(h) All repurchase agreements between the IBM Plan and Chase, and those between the IBM Plan and Chemical which were in place as of March 31, 1996, have terms and conditions which are set least as favorable to the IBM Plan as terms and conditions which would exist in a similar transaction with an unrelated party;

(j) All other terms of each transaction described above in Section I(a) are not less favorable to the IBM Plan than the terms available in an arm's-length transaction between unrelated parties;

(j) WP does not engage in, or commit to sell, any uncovered put or call options (including, but not exclusive to, ''straddles'' and ''strangles'') in transactions with Chase on behalf of the IBM Plan;

(k) Any transactions involving the use of leverage by WP, on behalf of the IBM Plan, do not exceed the specific guidelines established by the IBM Plan's named fiduciary under its investment management agreement with WP;

(l) No brokerage commission, sales commission, or similar compensation, other than the particular dealer mark-up for the Security, is paid to Chase by the IBM Plan with regard to such transactions; and

(m) The amount of the IBM Plan's assets involved in the transactions described in Section I(a) and I(b) represents no more than two (2) percent of the total assets of the IBM Plan.

Section III—Definitions

(a) The term ''Chase'' refers to The Chase Manhattan Bank and its Affiliates, as defined below, including, as of July 14, 1996, Chemical Bank, pursuant to the Merger described in Section I(b) above which occurred on such date.

(b) The term ''Chemical'' refers to Chemical Bank, as it existed prior to the Merger on July 14, 1996.

(c) The term ''Affiliate'' refers to affiliates of Chase, including entities controlling, controlled by, or under common control with Chase as well as successors to such entities.

(d) The term ''control'' for purposes of the above definition of ''Affiliate'' means the power to exercise a controlling influence over the management or policies of an entity.

(e) The term ''emerging market'' or ''emerging markets'' refers to capital markets in developing or less developed countries that are, with the exception of Mexico, not member countries of the Organization for Economic Cooperation and Development.

(f) The term ''Security'' refers to certain ''emerging market'' securities and instruments issued in, or on behalf of, an ''emerging market'' (including both corporate and sovereign issuers of debt securities as well as corporate issuers of equity securities). For purposes of the proposed exemption, such ''Securities'' would include publicly traded or privately placed debt, equity, or convertible securities, certain put and call options (as described herein), collateralized bonds, Brady Bonds and Eurobonds.

(g) The term ''IBM Plan'' refers to the IBM Retirement Plan, a defined benefit pension plan covering employees of the International Business Machines Corporation and its affiliates (IBM), which is an employee benefit plan covered by the Act.

(h) The term ''WP'' refers to WP Emerging Markets Asset Management, L.P. and its affiliates, including the Emerging Capital Markets Division of Wasserstein Perella Securities, Inc.

EFFECTIVE DATE: The exemption is effective as of September 6, 1996 for all transactions described in Section I(a), and as of March 31, 1996, for the transactions described in Section I(b).

For a more complete statement of the facts and representations supporting the Department's decision to grant this exemption, refer to the notice of proposed exemption published on September 6, 1996 at 61 FR 47195.

Written Comments

The Department received two written comments with respect to the notice of proposed exemption.

The first written comment was submitted by the Applicant, who wished to clarify the details of its merger with Chemical and the precise names of the banks involved. On March 31, 1996, a merger of the holding companies of the two banks occurred; the merger of the banks themselves occurred on July 14, 1996. Specifically, on March 31, 1996, the Chase Manhattan Corporation was merged with and into Chemical Banking Corporation, which entity simultaneously changed its name to The Chase Manhattan Corporation. On July 14, 1996, the Chase Manhattan Bank (National Association) was merged with and into Chemical Bank, which entity simultaneously changed its name to The Chase Manhattan Bank. Accordingly, the words ''National Association'' are no longer part of the Applicant's name. The Applicant also notes that the Chemical Bank to which the notice of proposed exemption referred did not include ''National Association'' as part of its name. The Department has modified the language in this exemption to reflect the Applicant's corrections to the record.

The second written comment was submitted by WP and also concerns a clarification to the notice of proposed exemption. First, WP notes that its precise name is WP Emerging Markets Asset Management, L.P. Secondly, WP notes, in Paragraph 5 of the Summary of Facts and Representations (the Summary), that the second full sentence on page 47198 should be revised to read, ''WP states that WPS's Emerging Capital Markets Division [not its equities division], has been a manager on [eliminate ''significant''] syndicate transactions involving emerging market securities.'' Thirdly, WP notes, in paragraph 10 of the Summary, the final subparagraph therein on page 47199, which discusses WP's customary approach to REPO financing and negotiation, that a REPO is collateralized by a specific asset and the REPO does not provide the counterparty with a lien on the IBM Trust's general assets. Accordingly, the sentence beginning, ''Because the credit-standing of the IBM Trust is excellent * * *,'' should be eliminated, as well as the phrase ''of similar credit standing'' in the following sentence. Finally, WP notes, in Paragraph 16 of the Summary, that the parenthetical at the beginning of page 47202 should be revised to begin ''currently, 150 percent * * *,'' to reflect the fact that the Guidelines for the IBM Plan are subject to modification by IBM.*

* As previously noted in Footnote 9, on page 47200 of the notice of propose exemption, the Department expresses no opinion as to whether WP's use of leverage would violate any of the provisions of Part 4 of Title I in the Act. The Department notes that WP is required, under section 404(a) of the Act, to make investment decisions on behalf of the IBM Plan prudently and solely in the interests of the participants and beneficiaries of such Plan.

FOR FURTHER INFORMATION CONTACT: Ms. Karin Weng of the Department, telephone (202) 219–8881. (This is not a toll-free number.)

Acme 401(k) Retirement Savings Plan (the Plan) Located in Scottsdale, Arizona; Exemption

[Prohibited Transaction Exemption 96–86; Exemption Application No. D–10270]

The restrictions of sections 406(a), 406(b)(1) and (b)(2) of the Act and the sanctions resulting from the application of section 4975 of the Code, by reason of section 4975(c)(1) (A) through (E) of the Code, shall not apply to the cash sale (the Sale) by the Plan of a 2.86 [percent interest (the Interest) in the Arizona Equities V Real Estate Investment Trust to RSC Holdings, Inc., the sponsor of the Plan and a party in interest with respect to the Plan; provided that the following conditions are satisfied:

(1) The sale is a one-time transaction for cash;

(2) The Plan does not incur any expenses in connection with the Sale; and

(3) The Plan receives as consideration from the sale the greater of: (a) the fair market value of the Interest as determined by a qualified independent appraiser at the time of the Sale; or (b) the Plan's total investment in the Interest in the amount of $50,572.

For a more complete statement of the facts and representations supporting this exemption, refer to the notice of proposed exemption published on September 6, 1996 at 61 FR 47204.

FOR FURTHER INFORMATION CONTACT: Ms. Marianne H. Cole or Mr. Ronald Willett of the Department, telephone (202) 219–8881. (This is not a toll-free number.)

General Information

The attention of interested persons is directed to the following:

(1) The fact that a transaction is the subject of an exemption under section 408(a) of the Act and/or section 4975(c)(2) of the Code does not relieve a fiduciary or other party in interest or disqualified person from certain other provisions to which the exemptions does not apply and the general fiduciary responsibility provisions of section 404 of the Act, which among other things require a fiduciary to discharge his duties respecting the plan solely in the interest of the participants and beneficiaries of the plan and in a prudent fashion in accordance with section 404(a)(1)(B) of the Act; nor does it affect the requirement of section 401(a) of the Code that the plan must operate for the exclusive benefit of the

employees of the employer maintaining the plan and their beneficiaries;

(2) These exemptions are supplemental to and not in derogation of, nay other provisions of the Act and/or the Code, including statutory or administrative exemptions and transactional rules. Furthermore, the fact that a transaction is subject to an administrative or statutory exemption is not dispositive of whether the transaction is in fact a prohibited transaction; and

(3) The availability of these exemptions is subject to the express condition that the material facts and representations contained in each application accurately describes all material terms of the transaction which is the subject of the exemption.

Signed at Washington, D.C., this 19th day of November, 1996.

Ivan Strasfeld,

Director or Exemption Determinations, Pension and Welfare Benefits Administration, U.S. Department of Labor.

[FR Doc. 96–29901 Filed 11–21–96; 8:45 am]

BILLING CODE 4510–29–M

NATIONAL SCIENCE FOUNDATION

Proposed Collection; Comment Request

Title of Proposed Collection: An Evaluation of Design and Manufacturing Research Program Awards made in FY1986.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Science Foundation (NSF) is publishing this announcement of its intention to collect evaluation data from Principal Investigators receiving awards under the Design, Manufacture and Industrial Innovation (DMII) program for the fiscal year cited above. To request more information on the proposed project, or to obtain a copy of the data collection plans and instruments, call Herman Fleming, NSF Clearance officer, at (703) 306–1243.

Comments are invited on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information from respondents, including the use of automated collection techniques or other forms of information technology.

Proposed Project: An Evaluation of DMII Awards made in FY 1986. The ability of the National Science Foundation to continue a high level of support for university-based research is becoming increasingly dependent on the ability of the NSF and its research partners to explain the impact of funded research on the lives of the U.S. citizens who provide those funds. While NSF has anecdotal accounts of manufacturing-related NSF projects that ultimately led to major new technologies with a significant impact on commerce, the Foundation has no systematic evidence regarding the frequency of such events, nor the process by which these outcomes may have occurred. Therefore, the NSF Director has requested that a pilot project be initiated to perform an exhaustive study of the outcomes of design and manufacturing-related awards made in FY1986.

Some 200 Principal Investigators who were recipients of an award from DMII in FY1986 will be asked to provide a one-page narrative describing the impact of their work. They will need to consider their project in light of their knowledge of progress in the broad field in which it may have been applied. For instance, did their work provide key insights which led to important follow-on projects, in their lab or at other labs, carried out by the PI, by his or her students or industry engineers with whom they consulted? If so, they will asked to describe the chain of discovery in their narrative.

The DMII is asking that PIs assist in this evaluation by providing the following information:

(1) a brief one page narrative regarding the outcomes and impacts of the project;

(2) citations to no more than 3 key journal articles, books or patents that resulted from the project, or in which the project played an important role;

(3) the names, addresses and telephone numbers of between 3 and 5 other individuals who are familiar with the work carried out under the project, and who could provide additional insights as to its outcomes and impacts; and

(4) one hard copy of each of the journal articles and patent(s) that are cited. With regard to the narrative materials, the following information will be requested:

(A) Complete project title.

(B) PI, Co–PI and institutional affiliations.

(C) Time frame during which project was conducted.

(D) Principal outputs or results of the project.

(E) Longer term outcomes and follow-on impacts of the project.

(F) The PI's best assessment of the impact of this NSF-funded research on the current (1996) state of design and manufacturing technology, including any known commercial implementations.

(G) Any other observations that the PI wishes to make (e.g., regarding the promotion of a significant discovery, creation of a significant research capability, promotion of new knowledge flowing to society).

The narratives, citations, and names of others knowledgeable about the project may be submitted using the Internet or regular mail.

The DMII will organize a panel of experts in the field who are knowledgeable about the types of projects funded, and the nature of innovations that have occurred over the past decades. The expert panel's first assignment will be to conduct a thorough review and assessment of the narratives submitted by the PIs. Once the narratives have been reviewed, a subset of 20 outstanding examples of awards with significant impacts will be chosen, and brief case studies will be prepared by the contractor in order to better understand the process by which the impacts occurred.

Under the final phase of this evaluation, the expert panel will then review the case studies and, based upon findings from both the project narratives and the individual case studies, prepare an overall assessment of the contributions made by these awards.

The DMII program staff will then review the findings and assess their implications for future program priorities and actions.

DMII has contracted with Abt Associates Inc. of Cambridge, Massachusetts, to assist it in the survey and reports preparation process.

Use of Information: The information collected will be used to assist the Foundation in the evaluation of this program, and in considering various program priorities and selection procedures for future projects in this area. NSF will also consider how best to satisfy the Government Performance and Results Act (GPRA) in reporting outcomes and impacts of programs of this type. Finally, NSF will determine how to improve future evaluation activities applied to subsequent awards made under this program.

Confidentiality: Copies of the narratives will be reviewed by a panel of experts selected by NSF. The subsequent case studies will also be reviewed by this expert panel. Some materials may be disseminated by NSF

as a part of the program evaluation process. No sensitive information is being requested in the survey.

Burden on the Public: The Foundation estimates that, on average, two hours will be required to prepare the narratives, or a total of 400 hours for all PIs. In addition, it anticipates 4 hours of interviews for each of 20 case studies, or 80 hours. Thus, total burden is estimated at 480 hours.

Send comments to Herman Fleming, Clearance Office, National Science Foundation, 4201 Wilson Boulevard, Suite 485, Arlington, VA 2230. Written comments should be received by January 22, 1997.

Dated: November 19, 1996.

Herman G. Fleming,

Reports Clearance Officer.

[FR Doc. 96–29876 Filed 11–21–96; 8:45 am]

BILLING CODE 7555–01–M

NUCLEAR REGULATORY COMMISSION

[Docket No. 50–483]

Callaway Plant, Unit 1, Union Electric Company; Environmental Assessment and Finding of No Significant Impact

The U.S. Nuclear Regulatory Commission (the Commission) is considering approval under 10 CFR 50.80(a) of the application concerning the corporate merger agreement between Union Electric Company (the licensee), holder of Facility Operating License No. NPF–30, issued for operation of the Callaway Plant, Unit 1, located in Callaway County, Missouri, and CIPSCO Incorporated.

Environmental Assessment

Identification of the Proposed Action

The proposed action would approve the application concerning the merger agreement between Union Electric Company (UEC) and CIPSCO Incorporated (CIPSCO), which would provide for UEC to become a wholly-owned operating company of Ameren Corporation (Ameren), which is now owned equally by UEC and CIPSCO. Ameren would hold all common stock in UEC upon completion of the merger. UEC would continue to remain the owner/operator of Callaway Plant, Unit 1. The proposed action is in accordance with UEC's application dated February 23, 1996, as supplemented by letter dated April 24, 1996.

The Need for the Proposed Action

The proposed action is required to enable UEC to consummate the merger agreement with CIPSCO as described above. UEC has submitted that the merger will enable UEC and CIPSCO to reduce the combined operating costs for UEC and CIPSCO, that both companies have been aggressively pursuing cost reductions to remain competitive, and have reached the practical limits of that strategy, and that by combining utility operations, both companies have an opportunity to achieve more cost efficiency than either company could achieve independently.

Environmental Impacts of the Proposed Action

The Commission has completed its evaluation of the proposed corporate merger and concludes that there will be no physical or operational changes to the Callaway Plant. The corporate merger will not affect the qualifications or organization affiliation of the personnel who operate the facility, as UEC will continue to be responsible for the operation of the Callaway Plant, Unit 1.

The Commission has evaluated the environmental impact of the proposed action and has determined that the probability or consequences of accidents would not be increased by the merger, and that post-accident radiological releases would not be greater than previously determined. Further, the Commission has determined that the corporate merger would not affect routine radiological plant effluents and would not increase occupational radiological exposure. Accordingly, the Commission concludes that there are no significant radiological environmental impacts associated with the proposed action.

With regard to potential nonradiological impacts, the merger would not affect nonradiological plant effluents and would have no other environmental impact. Therefore, the Commission concludes that there are no significant nonradiological environmental impacts associated with the proposed action.

Alternative to the Proposed Action

Since the Commission concluded that there are no significant environmental effects that would result from the proposed action, any alternative with equal or greater environmental impacts need not be evaluated.

The principal alternative would be to deny the requested action. Denial of the application would result in no change in current environmental impacts. The environmental impacts of the proposed action and the alternative action are identical.

Alternative Use of Resources

This action does not involve the use of any resources not previously considered in the Final Environmental Statement for the Callaway Plant, dated March 1975.

Agencies and Persons Contacted

In accordance with its stated policy, on October 30, 1996, the staff consulted with the Missouri State official, Tom Lange, for the Department of Natural Resources, regarding the environmental impact of the proposed action. The State official had no comments.

Finding of No Significant Impact

Based upon the environmental assessment, the Commission concludes that the proposed action will not have a significant effect on the quality of the human environment. Accordingly, the Commission has determined not to prepare an environmental impact statement for the proposed action.

For further details with respect to the proposed action, see the licensee's application dated February 23, 1996, as supplemented by letter dated April 24, 1996, which are available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, and at the local public document room located at the Callaway County Public Library, 710 Court Street, Fulton, Missouri 65251.

Dated at Rockville, Maryland, this 18th day of November 1996.

For the Nuclear Regulatory Commission.

Kristine M. Thomas,

Project Manager, Project Directorate IV–2, Division of Reactor Projects III/IV, Office of Nuclear Reactor Regulation.

[FR Doc. 96–29899 Filed 11–21–96; 8:45 am]

BILLING CODE 7590–01–P

[Dockets Nos. 50–335 and 50–389]

Florida Power & Light Co., St. Lucie, Units 1 and 2; Issuance of Director's Decision Under 10 CFR 2.206

Notice is hereby given that the Director, Office of Nuclear Reactor Regulation, has taken action with regard to a Petition for action under 10 CFR 2.206 dated June 12, 1996, by Mr. Thomas J. Saporito, Jr. and on behalf of the National Litigation Consultants. The Petition pertains to St. Lucie, Units 1 and 2.

The Petitioners requested the Commission (1) to issue a confirmatory order requiring that the Florida Power and Light Company (Licensee) not operate the St. Lucie Nuclear Station, Unit 1 above 50% of its power level

capacity, (2) to require the Licensee to specifically identify the ''root cause'' for the premature failure of the steam generator tubing, and (3) to require the Licensee to specifically state what corrective measures will be implemented to prevent recurrence of steam generator tube failures in all the steam generators in Unit 1 and Unit 2.

The Director of the Office of Nuclear Reactor Regulation has determined to deny the Petition. The reasons for this denial are explained in the ''Director's Decision Pursuant to 10 CFR 2.206'' (DD–96–19), the complete text of which follows this notice, and is available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC.

A copy of the Decision will be filed with the Secretary of the Commission for the Commission's review in accordance with 10 CFR 2.206(c) of the Commission's regulations. As provided by this regulation, the Decision will constitute the final action of the Commission 25 days after the date of issuance unless the Commission, on its own motion, institutes a review of the Decision within that time.

Dated at Rockville, Maryland, this 18th day of November 1996.

For the Nuclear Regulatory Commission.

Frank J. Miraglia, Jr.,

Acting Director, Office of Nuclear Reactor Regulation.

Director's Decision Under 10 CFR 2.206

I. Introduction

On June 12, 1996, Mr. Thomas J. Saporito, Jr., on behalf of himself and the National Litigation Consultants (Petitioners), filed a Petition with the U.S. Nuclear Regulatory Commission (NRC or Commission) pursuant to 10 CFR 2.206. The Petitioners requested the Commission (1) to issue a confirmatory order requiring that the Florida Power & Light Company (FP&L or licensee) not operate St. Lucie Plant, Unit 1, above 50 percent of its power-level capacity, (2) to require the Licensee to specifically identify the ''root cause'' for the premature failure of the steam generator tubing, and (3) to require the licensee to specifically state what corrective measures will be implemented to prevent recurrence of steam generator tube failures in all the steam generators in Unit 1 and Unit 2.

The Petitioners' requests are based on assertions that (1) the licensee's Unit 1 steam generator tubes have degraded to the extent that more than 2,500 of the tubes have been plugged, (2) the licensee has not identified the root cause for the premature failure of the steam generator tubing, (3) the licensee will most likely experience similar tube ruptures on other steam generators at the station, and (4) the licensee's ''FSAR's [Final Safety Analysis Reports] and the NRC's CFR's [Code of Federal Regulations] require that the integrity of the primary systems on Unit 1 and Unit 2 not be breached.

The Petition has been referred to my office pursuant to 10 CFR 2.206 of the Commission's regulations. By letter dated July 8, 1996, an acknowledgement of receipt of the Petition was sent to the Petitioners. In that letter, the Petitioners were informed that the NRC would take appropriate action within a reasonable time. I have completed my evaluation of the matters raised by the Petitioners and have determined that, for the reasons stated below, the Petition is denied.

II. Discussion

The NRC staff's evaluation of the Petitioners' requests follows.

(a) Issue a confirmatory order requiring that the licensee not operate Unit 1 above 50 percent of its power-level capacity.

In a meeting held at NRC Headquarters on July 3, 1996, the licensee presented the inspection and repair history for the Unit 1 steam generator tubes.[1] The licensee has performed 15 inspections since commercial operation began in December 1976. For the most recent inspection, completed in June 1996, the licensee inspected the full length of all active tubes using a bobbin coil.[2] In addition, the licensee used a motorized rotating pancake coil [3] (MRPC) to inspect all expansion transition joints and drilled support intersections in the hot and cold legs, all free-span locations having bobbin coil indications,[4] and free-span tube regions in the upper two support areas in the hot legs. The inspection was based on the Electric Power Research Institute (EPRI) report ''PWR Steam Generator Examination Guidelines,'' dated November 1992. Defective tubes having circumferential indications, axial indications, or volumetric indications [5] were plugged and removed from service.

Including tubes plugged during earlier outages, 2,159 of 8,519 tubes (25.3 percent) in the ''A'' steam generator and 1,834 of 8,519 tubes (21.5 percent) in the ''B'' steam generator have been plugged and removed from service. The licensee performed an evaluation that showed that the plant could be safely operated at full power with the reduced reactor coolant flow resulting from the increased number of plugged tubes.[6] The NRC reviewed the licensee's evaluation and concluded that it was acceptable and that the units could be operated at full power. The staff's evaluation is documented in a safety evaluation dated July 9, 1996.

In the meeting on July 3, 1996, the licensee presented a preliminary run-time analysis for Unit 1, which was used to determine the length of steam generator operation before the need for further tube inspections to ensure adequate tube integrity. The licensee stated that the preliminary results of its analysis support a tube inspection interval of 15 months for the current Unit 1 cycle that started in July 1996. The licensee also stated that in situ pressure testing of the steam generator tubes during the spring 1996 outage indicated that the most severely degraded tubes had adequate structural integrity and satisfied the safety margins in NRC's Regulatory Guide 1.121, ''Bases for Plugging Degraded PWR Steam Generator Tubes.'' On the basis of the results of the *in situ* pressure tests, the staff concluded that adequate assurance of tube integrity existed to allow operation pending completion of the licensee's run-time analysis. The NRC is currently reviewing the licensee's analysis, which was submitted October 24, 1996.

The plant Technical Specifications for each of the units specify leakage limits for the reactor coolant pressure boundary, including steam generator tube leakage. If a tube leaks beyond the allowed limits, the unit must be shut down. The plant off-normal operating procedures for St. Lucie Units 1 and 2 also include criteria for shutdown based on EPRI TR–104788, ''PWR Primary to Secondary Leak Guidelines,'' dated May 1995, which are more conservative than the limits in the plant Technical Specifications. Finally, if a tube fails, the plant's Emergency Operating Procedures contain the specific actions necessary for the operators to shut down

[1] NRC Meeting Summary, Subject: ''Steam Generator Inspection, Repair and Operating Issues—St. Lucie Unit 1,'' dated July 16, 1996.

[2] The bobbin coil is used for a general screening of tubes for indications of possible defects, while the motorized rotating pancake coil (MRPC) probe is used to further characterize bobbin coil indications. The MRPC is also used to inspect regions susceptible to circumferentially orientated degradation.

[3] See note 2.

[4] See note 2.

[5] Circumferential indications are crack-like indications orientated on the diameter of the tube. Axial indications are crack-like indications orientated on the long axis of the tube. Volumetric indications are areas of general reduction in tube wall thickness with no specific orientation.

[6] FP&L letter, ''Thermal Margin and RCS Flow Limits,'' dated June 1, 1996.

and cool down the plant to mitigate the consequences of the event.

Thus, as required, the licensee has implemented measures for both units to protect public health and safety in the unlikely event that tube integrity is compromised. These measures include a primary-to-secondary leakage monitoring program and emergency operating procedures. The leakage monitoring program provides early warning of tube leakage. The steam generator blowdown monitor and condenser air ejector monitor at each of the units continuously monitors the radioactivity level in the main steamline. A significant increase in the instrument readings, which would result from a relatively small tube leak, will cause an alarm to alert the operators to the change in radioactivity levels and potential tube leakage.

On the basis of the information submitted, the NRC staff has concluded that the operation of the Unit 1 steam generators at full power poses no undue risk to public health and safety.

(b) Require the licensee to specifically identify the ''root cause'' for the premature failure of the steam generator tubing.

It is not clear how the Petitioners define ''premature failure''; however, since there have not been any steam generator tube ruptures at St. Lucie Units 1 or 2, it is assumed the reference is to tube degradation. Many of the tubes in the Unit 1 steam generators have degraded as a result of corrosion and/or mechanical conditions. The root cause of tube degradation in steam generators is the interaction of water chemistry, thermal-hydraulic design, materials selection, fabrication methods, and operating conditions. The causes of tube degradation are well understood by the industry and are documented in the public record. The root causes for the St. Lucie steam generator tube degradations were presented to the NRC staff in a meeting on August 27, 1986.[7]

The licensee has identified to the NRC modes of degradation that have affected the steam generator tubes in both St. Lucie Units 1 and 2 in its response of June 23, 1995, to NRC Generic Letter 95–03, ''Circumferential Cracking of Steam Generator Tubes,'' and in the meeting of July 3, 1996. The degradation modes identified include intergranular attack, stress-corrosion cracking and denting. Intergranular attack refers to localized attack at and adjacent to grain boundaries of tube material, with relatively little corrosion of the grains. Intergranular stress-corrosion cracking refers to cracking caused by the simultaneous presence of stress and a specific corrosive medium. Denting is the accumulation of corrosion products at the tube-to-tube support plate that causes plastic deformation of the tube. The licensee has identified locations of these degradations in the tubes during the most recent steam generator inspection of St. Lucie Unit 1.[8] They include egg crate and drilled tube support plates, free spans, expansion transition regions, and sludge pile areas. In every case, the root cause of tube degradation can be attributed to material selection, water chemistry, fabrication methods, or residual stresses at the affected location.

The staff concludes that the licensee understands and has identified the root cause of tube degradation at St. Lucie Units 1 and 2.

(c) Require the licensee to specifically state what corrective measures will be implemented to prevent recurrence of steam generator tube failures in all the steam generators in Unit 1 and Unit 2.

As previously discussed, degradation of the steam generator tubing is caused by the interaction of water chemistry, thermal-hydraulic design, materials selection, fabrication methods, and operating conditions. The licensee has applied corrective measures in order to reduce the rate of tube degradation. For example, the rate of tube degradation may be reduced through improvements in water chemistry. The licensee follows industry guidelines[9] on secondary water chemistry for both units, and these guidelines represent a significant improvement over the guidelines followed when Unit 1 began operating. The guidelines have stringent requirements and limitations on specific types and amounts of chemicals in the primary and secondary water to mitigate corrosion. Replacement steam generators having improved design, for example, better material selection and tube support configuration, have had much better operating experience than the earlier steam generators, such as those at St. Lucie. The licensee plans to replace the Unit 1 steam generators in October 1997 with steam generators that incorporate these design improvements.

The NRC staff focuses on ensuring adequate tube integrity by requiring licensee compliance with applicable regulations and Technical Specification requirements. The staff uses its field inspections, meetings with the licensee, and licensing reviews to ensure that the licensee satisfies the regulations[10] and plant Technical Specifications as they apply to steam generator tube integrity and that appropriate inspection methods and repair criteria are used to address specific forms of degradation. Plant Technical Specifications define degraded and defective tubes, specify the scope of inspections and reporting requirements and set forth tube plugging criteria and limits for allowable leakage in the reactor coolant system. NRC regulations and plant Technical Specifications require that steam generator tube degradation be managed through a combination of inservice inspection, repair of tubes exceeding the plugging criteria in the plant Technical Specifications, primary-to-secondary leakage monitoring, and structural and run-time analyses to ensure that safety objectives are met. On the basis of the information provided by the licensee in the meeting on July 3, 1996, and the staff's onsite inspection, the staff has concluded that the licensee is in compliance with these requirements.

In summary, the licensee's corrective measures to reduce the rate of steam generator tube degradation and continued compliance with NRC regulations and plant Technical Specification requirements provide reasonable assurance that steam generator tube integrity at St. Lucie Units 1 and 2 will be maintained.

III. Conclusion

On the basis of the fact that (1) the licensee has performed adequate steam generator tube inspections that identified areas of degradation, (2) the licensee has completed analyses and repairs of degraded tubes, (3) the licensee's in situ pressure testing of degraded tubes indicated adequate structural integrity remains, (4) the licensee is monitoring primary-to-secondary leakage on a continuing basis, and (5) the licensee is complying with NRC regulations and plant Technical Specifications, I have concluded that a confirmatory order limiting St. Lucie Unit 1 to 50 percent of its power-level capacity is not warranted and that the

[7] NRC Meeting Summary, Subject: ''Summary of August 27, 1986 Meeting with FP&L and NRC Staff Regarding Steam Generator Tube Degradation Mechanism,'' dated September 12, 1986.

[8] See note 1.

[9] FP&L letter, ''Generic Letter 95–03 Response,'' dated June 23, 1995.

[10] The NRC regulations that require steam generator tube integrity be maintained include 10 CFR Part 50, Appendix A, General Design Criteria for Nuclear Power Plants, Criterion 1—Quality Standards and Records, Criterion 14—Reactor Coolant Pressure Boundary, Criterion 30—Quality of Reactor Coolant Pressure Boundary, Criterion 31—Fracture Prevention of Reactor Coolant Pressure Boundary, and Criterion 32—Inspection of Reactor Coolant Pressure Boundary; 10 CFR Part 50, Appendix B, Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plants; and 10 CFR Part 50.55a, which specifies codes and standards for nuclear power plants.

licensee has identified the root cause of tube degradation and implemented adequate corrective measures to provide reasonable assurance that steam generator tube integrity will be maintained at St. Lucie Units 1 and 2.

For the reasons previously discussed, no basis exists for taking any further action in response to the Petition. As provided in 10 CFR 2.206(c), a copy of the Decision will be filed with the Secretary of the Commission for the Commission's review. This Decision will constitute the final action of the Commission 25 days after issuance unless the Commission, on its own motion, institutes a review of the Decision within that time.

Dated at Rockville, Maryland, this 18th day of November 1996.

For the Nuclear Regulatory Commission.

Frank J. Miraglia, Jr.,

Acting Director, Office of Nuclear Reactor Regulation.

[FR Doc. 96–29898 Filed 11–21–96; 8:45 am]

BILLING CODE 7590–01–P

NUCLEAR WASTE TECHNICAL REVIEW BOARD

Privacy Act; Systems of Records

AGENCY: Nuclear Waste Technical Review Board.

ACTION: Annual Notice of Systems of Records.

SUMMARY: Each Federal agency is required by Privacy Act of 1974, 5 U.S.C. 552a, to publish annually a description of the systems of records it maintains containing personal information. In this notice the Board provides the required information on two systems of records.

FOR FURTHER INFORMATION CONTACT: Michael Carroll, Director of Administration, Nuclear Waste Technical Review Board, 1100 Wilson Boulevard, Suite 910, Arlington, VA 22209, (703) 235–4473.

SUPPLEMENTARY INFORMATION: The Board currently maintains two systems of records under the Privacy Act. Each system is described below.

NWTRB–1

SYSTEM NAME:

Administrative and Travel Files

SECURITY CLASSIFICATION:

Unclassified.

SYSTEM LOCATION:

Nuclear Waste Technical Review Board, 1100 Wilson Boulevard, Suite 910, Arlington, VA 22209.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Employees and applicants for employment with the Board, including NWTRB contractors and consultants.

CATEGORIES OF RECORDS IN THE SYSTEM:

Records containing the following information:

(1) Time and attendance;

(2) Payroll actions and deduction information requests;

(3) Authorizations for overtime and night differential;

(4) Credit cards and telephone calling cards issued to individuals;

(5) Destination, itinerary, mode and purpose of travel;

(6) Date(s) of travel and all expenses;

(7) Passport number;

(8) Request for advance of funds and voucher with receipts;

(9) Travel authorizations;

(10) Name, address, social security number, and birth date; and,

(11) Employee public transit subsidy applications and vouchers.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

Pub. L. 100–203, Part E.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:

Information is used ''in house.'' Notwithstanding the above, access may also be gained under the following conditions:

(a) In the event that a system of records maintained by this agency to carry out its functions indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule or order issued pursuant thereto, the relevant records in the system of records may be referred, as a routine use, to the appropriate agency, whether Federal, State, local or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statutes, or rule, regulation or order issued pursuant thereto.

(b) A record from the system of records may be disclosed as a ''routine use'' to a Federal, State or local agency maintaining civil, criminal or other relevant enforcement information or other pertinent information, such as current licenses, if necessary to obtain information relevant to an agency decision concerning the hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant or other benefit.

(c) A record from this system of records may be disclosed to a Federal agency, in response to this request, in connection with the hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefits by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Paper records and computer disk.

RETRIEVABILITY:

By type of document, then name.

SAFEGUARDS:

Access is limited to employees having a need to know. Records are stored in locked file cabinets in a controlled access area in accordance with Federal guidelines or in password protected electronic databases.

RETENTION AND DISPOSAL:

Records retention and disposal authorities are contained in the ''General Records Schedules'' published by national Archives and Records Administration, Washington, DC. Records within NWTRB are destroyed by shredding or purging.

SYSTEM MANAGER AND ADDRESS:

Nuclear Waste Technical Review Board, 1100 Wilson Boulevard, Suite 910, Arlington, VA 22209, Attention: Director of Administration.

NOTIFICATION PROCEDURE:

Requests by an individual to determine if NWTRB–1 contains information about him/her should be directed to the system Manager listed above. Required identifying information: complete name, social security number, and date of birth.

RECORD ACCESS PROCEDURE:

Same as notification procedures above, except individual must show official photo identification before viewing records.

CONTESTING RECORD PROCEDURE:

Same as notification procedure.

RECORD SOURCE CATEGORIES:

Subject individuals, timekeepers, travel officers, official personnel records, GSA for accounting and payroll, and travel agency contract.

SYSTEM EXEMPTED FROM CERTAIN PARTS OF THE ACT:

None.

NWTRB–2

SYSTEM NAME:

Mailing Lists.

SYSTEM CLASSIFICATION:

Unclassified.

SYSTEM LOCATION:

Nuclear Waste Technical Review Board, 1100 Wilson Boulevard, Suite 910, Arlington, VA 22209.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Those who receive reports in compliance with statutory authority and those individuals who have requested Board reports, newsletters, meeting transcripts and/or press releases.

CATEGORIES OF RECORDS IN THE SYSTEM:

List of names, addresses and materials requested.

AUTHORITY FOR MAINTENANCE OF THE FILES:

Pub. L. 100–203, Part E.

ROUTINE USES OF THE RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USE:

Distribution of Board reports, newsletters, meeting transcripts, and press releases. Information is used ''in house.'' Notwithstanding the above, access may also be gained under the following condition.

In the event that a system of records maintained by this agency to carry out its functions indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule or order issued pursuant thereto, the relevant records in the system of records may be referred, as a routine use, to the appropriate agency, whether Federal, State, local or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statutes, or rule, regulation or order issued pursuant thereto.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

STORAGE:

Computer disk.

RETRIEVABILITY:

By name and type of information requested.

SAFEGUARDS:

Access is limited to employees having a need to know. Lists are kept in password protected electronic databases.

RETENTION AND DISPOSAL:

Requesters are sent periodic requests to update their records and/or remain on the mailing list. Nonrespondents and all asking to be deleted are purged from the list.

SYSTEM MANAGER(S) AND ADDRESS:

Nuclear Waste Technical Review Board, 1100 Wilson Boulevard, Suite 910, Arlington, VA 22209, Attention: Office of Administration.

NOTIFICATION PROCEDURES:

Requests by an individual to determine if NWTRB–2 contains information about him/her should be directed to the System Manager (above). Required identifying information: complete name and address.

RECORD ACCESS PROCEDURE:

Same as notification procedure above, except individual must show official photo identification before viewing records.

CONTESTING RECORD PROCEDURE:

Same as notification procedure.

RECORD SOURCE CATEGORIES:

Statutory reporting authority and requests from individuals to be placed on a distribution.

SYSTEM EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.

Dated: November 12, 1996

William Barnard,

Executive Director, Nuclear Waste Technical Review Board.

[FR Doc. 96–29845 Filed 11–21–96; 8:45 am]

BILLING CODE 6820–AM–M

UNITED STATES POSTAL SERVICE

Board of Governors; Notice of a Sunshine Act Meeting

The Board of Governors of the United States Postal Service, pursuant to its Bylaws (39 C.F.R. Section 7.5) and the Government in the Sunshine Act (5 U.S.C. 552b), hereby gives notice that it intends to hold a meeting at 1:00 p.m. on Monday, December 2, 1996, and at 8:30 a.m. on Tuesday, December 3, 1996, in Washington, D.C.

The December 2 meeting is closed to the public (see 61 FR 58431, November 14, 1996). The December 3 meeting is open to the public and will be held at U.S. Postal Service Headquarters, 475 L'Enfant Plaza, S.W., in the Benjamin Franklin Room. The Board expects to discuss the matters stated in the agenda which is set forth below. Requests for information about the meeting should be addressed to the Secretary of the Board, Thomas J. Koerber, at (202) 268–4800.

Agenda

Monday Session

December 2—1:00 p.m. (Closed)

1. Consideration of a Proposed Filing with the Postal Rate Commission for Limited Changes in Mail Classification, Postal Rates, and Fees. (John H. Ward, Vice President, Marketing Systems)

Tuesday Session

December 3—8:30 a.m. (Open)

1. Minutes of the Previous Meetings, November 4–5, 1996.
2. Remarks of the Postmaster General/Chief Executive Officer. (Marvin Runyon)
3. Consideration of Semiannual Report of the Postal Inspection Service. (Kenneth J. Hunter, Chief Inspector)
4. Consideration of the Fiscal Year 1996 Audited Financial Statements. (Governor Einar V. Dyhrkopp, Chairman, Audit Committee; and Michael J. Riley, Chief Financial Officer)
5. Final Fiscal Year 1998 Appropriations Request. (Michael J. Riley, Chief Financial Officer)
6. Capital Investments.
   a. Multiline Optical Character Reader (MLOCR) Co-Processor. (William J. Dowling, Vice President, Engineering)
   b. 240 Flat Sorting Machines 1000 (FSM 1000). (William J. Dowling, Vice President, Engineering)
   c. Computerized On-Site Data Entry System (CODES) Replacement Project. (Michael J. Riley, Chief Financial Officer)
7. Briefing on 1997 Stamp Program. (Azeezaly Jaffer, Manager, Stamp Services)
8. Tentative Agenda for the January 6–7, 1997, meeting in Washington, D.C.

Thomas J. Koerber,

Secretary.

[FR Doc. 96–30072 Filed 11–20–96; 3:03 pm]

BILLING CODE 7710–12–M

THE PRESIDENT'S COUNCIL ON SUSTAINABLE DEVELOPMENT

The Thirteenth Meeting of the President's Council on Sustainable Development (PCSD) in Washington, DC

Summary: The President's Council on Sustainable Development (PCSD), a partnership of industry, government, and environmental, labor, and Native American organizations, will convene its thirteenth meeting in Washington,

D.C. on December 11, 1996. The Council transmitted its report, entitled Sustainable America: A New Consensus for Prosperity, Opportunity, and a Healthy Environment for the Future, to President Clinton on March 7, 1996. The text of the Council's report can be found on the Internet at http://www.whitehouse.gov/PCSD. The Council met on October 16, 1996 to discuss the progress of activities underway to implement recommendations contained in its report. It is due to report in December to the President on the progress of these implementation efforts.

During the upcoming meeting, the Council will discuss this report and the future role of the PCSD.

The discussion will be guided by the following agenda items:

I. Discussion PCSD Council report to the President.
II. Discussion of the future role of the PCSD.
III. Public comment period.

Dates/Times: Wednesday, December 11, 1996, 2:00–4:30 p.m.

Place: The Ballroom at The Hotel Washington, Pennsylvania Avenue at 15th Street, NW., Washington, D.C. 20004; 202/638–5900.

Status: Open to the Public: Public comments are welcome. Comments may be submitted orally on December 11 or in writing any time prior to or during the December 11 meeting. Please submit written comments prior to meeting to: PCSD, Public Comments, 730 Jackson Place, N.W., Washington, D.C. 20503, or fax to: 202/408–6839.

Contact: Patricia Sinicropi, Administrative Officer, 202/408–5296.

Sign Language interpreter: Please call the contact if you will need a sign language interpreter.

Keith Laughlin,

Executive Director, President's Council on Sustainable Development.

[FR Doc. 96–29873 Filed 11–21–96; 8:45 am]

BILLING CODE 3125–01–P

SECURITIES AND EXCHANGE COMMISSION

[Rel. No. IC–22340; 812–10126]

Fremont Mutual Funds, Inc., et al.; Notice of Application

November 18, 1996.

AGENCY: Securities and Exchange Commission (''SEC'').

ACTION: Notice of Application for Exemption Under the Investment Company Act of 1940 (the ''Act'').

APPLICANTS: Fremont Mutual Funds, Inc. (''Company'') and Fremont Investment Advisors, Inc. (''Advisor'').

RELEVANT ACT SECTIONS: Exemption requested under section 6(c) of the Act from section 15(a) of the Act and rule 18f–2 thereunder.

SUMMARY OF APPLICATION: Applicants seek an order permitting subadvisers approved by the Company's board of directors to serve as portfolio managers (''Managers'') for the Company's series of shares without obtaining shareholder approval of the agreements with the Managers.

FILING DATES: The application was filed on May 6, 1996, and amended on November 12, 1996.

HEARING OR NOTIFICATION OF HEARING: An order granting the application will be issued unless the SEC orders a hearing. Interested persons may request a hearing by writing to the SEC's Secretary and serving applicants with a copy of the request, personally or by mail. Hearing requests should be received by the SEC by 5:30 p.m. on December 13, 1996, and should be accompanied by proof of service on applicants, in the form of an affidavit, or for lawyers, a certificate of service. Hearing requests should state the nature of the writer's interest, the reason for the request, and the issues contested. Persons may request notification of a hearing by writing to the SEC's Secretary.

ADDRESSES: Secretary, SEC, 450 Fifth Street, N.W., Washington, D.C. 20549. Applicants, 333 Market Street, Suite 2600, San Francisco, CA 94105.

FOR FURTHER INFORMATION CONTACT: Christine Y. Greenless, Senior Counsel, at (202) 942–0581 or Mary Kay Frech, Branch Chief, at (202) 942–0564 (Division of Investment Management, Office of Investment Company Regulation).

SUPPLEMENTARY INFORMATION: The following is a summary of the application. The complete application is available for a fee from the SEC's Public Reference Branch.

Applicants' Representations

1. The Company, a Maryland corporation, is registered under the Act as an open-end, diversified management investment company. The Advisor is investment adviser to the Company and is a registered investment adviser. The Company currently offers nine portfolios (''Funds''), each with distinct investment objectives, policies, and restrictions. The Company's board of directors (''Board of Directors'') has the authority to create additional Funds and may do so from time to time.[1]

2. General management of the Company's investment operations is provided by the Advisor pursuant to investment advisory agreements with the Company, which have been approved by the shareholders of the Funds. Specific portfolio management for the Company is provided by the Advisor and/or a Manager for each Fund. The Managers are recommended to the Board of Directors by the Advisor. Each Manager performs services pursuant to a written portfolio management agreement (''Portfolio Management Agreement''). For Funds managed by the Advisor and a Manager, the Advisor is responsible for the allocation, and reallocation from time to time, of a Fund's assets among the Advisor and the Manager. More than one Manager could be engaged for a Fund, but this has not been done to date. The Advisor also is responsible for recommending to the Board of Directors the termination of a Manger when deemed in the best interests of a Fund.

3. Each Fund pays an investment advisory fee to the Advisor, payable monthly based on a average daily net assets. The Advisor, out of these fees, pays the fees of the Managers at no additional cost to the Funds. Administrative services for the Company are provided by the Advisor and various unaffiliated third-party service providers.

4. The specific investment decisions for five Funds are presently made by different Managers, each of which has discretionary authority to invest all or a portion of the assets of a particular Fund, subject to general supervision by the Advisor and the Board of Directors. Each Manager is an ''investment adviser,'' as defined in section 2(a)(20) of the Act. Applicants currently do not anticipate that the overall number of Managers will be reduced, although some Managers may in the future be terminated and replaced. The overall number of Managers may be increased if more Managers are added for existing Funds and if new Funds are created and Managers are engaged for those Funds.

5. The Advisor currently seeks to enhance performance and reduce market risk by allocating the Fund's assets among itself and a Manager for one of the Funds (a ''Multiple Manager Arrangement''). Under a Multiple Manager Arrangement, which may be

[1] Applicants also request relief with respect to (a) any additional Fund organized in the future and (b) any other open-end management investment company (''Future Company'') advised by the Advisor, or a person controlling, controlled by or under common control with the Advisor, in the future, provided that such Future Company operates in substantially the same manner as the Funds and complies with the conditions of the requested order.

employed with other Funds, the Advisor may allocate portions of a Fund's assets among multiple Managers, including itself, with dissimilar investment styles and security selection disciplines.

6. Applicants request an exemption from section 15(a) of the Act and rule 18f–2 thereunder to permit applicants to enter into and amend, and Managers to act pursuant to, written advisory contracts without approval by a majority of the outstanding voting securities of each Fund.

Applicants' Legal Analysis

1. Section 15(a) of the Act and rule 18f–2 thereunder provide, together and in substance, that it is unlawful for any person to act as an investment adviser to one of the Funds except pursuant to a written contract, which has been submitted to and approved by the vote of a majority of the outstanding voting securities of the Fund.

2. Applicants assert that the Company's structure is different from that of most registered investment companies. A Fund using a Multiple Manager Arrangement has its assets divided among two (or more) Managers (which may include the Advisor). The Advisor has overall oversight and allocation responsibility as to portfolio management. The Advisor may allocate and reallocate the proportion of a Fund's assets subject to particular Manager styles (or may hire new Managers in response to changing market conditions or Manager performance), in an attempt to improve the Fund's overall performance.

3. Applicants believe that investors in a Fund are, in effect, electing to have the Advisor select one or more Managers, including the Advisor, best suited to achieve that Fund's investment objectives. Part of such investor's investment decision is a decision to have those selections made by the Advisor, a professional management organization with substantial experience in making such evaluations, selections, and terminations. Applicants state that Managers are engaged solely for selection of portfolio investments in accordance with a Fund's investment objectives and policies, and do not have broader supervisory, management, or administrative responsibilities with respect to a Fund or the Company. Applicants assert, therefore, that there are no policy reasons which require investors in the Company to approve the relationship, and terms of the relationship, with a Manager, any more than shareholders of a registered investment company should be required to approve its adviser's internal change of a portfolio manager or revision of the portfolio manager's salary or conditions of employment.

4. Applicants believe that relief from the Act's shareholder approval requirements with respect to the Portfolio Management Agreements is appropriate because such requirements in this case do not serve the purposes intended by the Act and place costs and burdens on the Company and its shareholders that do not materially advance their interests. Applicants argue that requiring shareholder approval of the Portfolio Management Agreements only serves to increase the Company's expenses and delay the prompt implementation of actions deemed advisable by the Advisor and the Board of Directors, both of which results are disadvantageous to shareholders. Applicants state that, without the requested relief, the Company has been (and would be) required to call a meeting of shareholders whenever it decides to employ new or additional Managers, or to approve a new Portfolio Management Agreement after an ''assignment,'' or due to a material change in terms. Applicants believe that, given the nature of the Company's operations and investors' reasons for investing in various of the Funds, such expenses provide little, if any, benefit to the Company's shareholders.

5. Section 6(c) of the Act authorizes the Commission to exempt any person or transaction or any class or classes of persons or transactions from any provision of the Act, if and to the extent that such exemption is necessary or appropriate in the public interest and consistent with the protection of investors and the purposes fairly intended by the policy and provisions of the Act. Applicants believe that the section 6(c) standards for exemption have been met.

Applicants' Conditions

Applicants agree that the order granting the requested relief shall be subject to the following conditions:

1. The Advisor will not enter into a Portfolio Management Agreement with any Manager that is an ''affiliated person,'' as defined in section 2(a)(3) of the Act, of the Company or the Advisor other than by reason of serving as a Manager to one or more of the Funds (an ''Affiliated Manager'') without such agreement, including the compensation to be paid thereunder, being approved by the shareholders of the applicable Fund.

2. At all times, a majority of the Company's directors will be persons each of whom is not an ''interested person'' of the Company as defined in section 2(a)(19) of the Act (''Independent Directors''), and the nomination of new or additional Independent Directors will be placed with the discretion of the then existing Independent Directors.

3. When a Manager change is proposed for a Fund with an Affiliated Manager, the Company's directors, including a majority of the Independent Directors, will make a separate finding, reflected in the Company's board minutes, that such change is in the best interests of the Fund and its shareholders and does not involve a conflict of interest from which the Advisor or the Affiliated Manager derives an inappropriate advantage.

4. The Advisor will provide general management services to the Company and the Funds and, subject to review and approval by the Board of Directors, will: (i) set the Funds' overall investment strategies; (ii) select Managers; (iii) allocate and, when appropriate, reallocate a Fund's assets among the Advisor and one or more Managers; (iv) monitor and evaluate the performance of Managers; and (v) seek to ensure that the Managers comply with the Funds' investment objectives, policies, and restrictions.

5. Within 60 days of the hiring of any new Manager or the implementation of any proposed material change in a Portfolio Management Agreement, the Advisor will furnish shareholders all information about the new Manager or Portfolio Management Agreement that would be included in a proxy statement. Such information will include any change in such disclosure caused by the addition of a new Manager or any proposed material change in a Portfolio Management Agreement. The Advisor will meet this condition by providing shareholders with an information statement which meets the requirements of Regulation 14C and Schedule 14C under the 1934 Act. The information statement will also meet the requirements of item 22 of Schedule 14A.

6. The Company, and any Future Company, will disclose in their respective Prospectuses the existence, substance, and effect of any order granted pursuant to this application.

7. Before a Fund may rely on the order requested by applicants, the operations of the Fund in the manner described in the application will be approved by a majority of each Fund's outstanding voting securities, as defined in the Act, or, in the case of a Future Company whose public shareholders purchase shares on the basis of a prospectus containing the disclosure

contemplated by condition 6 above, by the sole shareholder before offering shares of the Future Company to the public.

8. No director or officer of the Company or the Advisor will own directly or indirectly (other than through a pooled investment vehicle that is not controlled by any such director or officer) any interest in a Manager except for: (i) ownership of interest in the Advisor or any entity that controls, is controlled by or is under common control with the Advisor; or (ii) ownership of less than 1% of the outstanding securities of any class of equity or debt of a publicly-traded company that is either a Manager or an entity that controls, is controlled by, or is under common control with a Manager.

For the SEC, by the Division of Investment Management, under delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 96–29934 Filed 11–21–96; 8:45 am]

BILLING CODE 8010–01–M

Agency Sunshine Act Meeting

Notice is hereby given, pursuant to the provisions of the Government in the Sunshine Act, Pub. L. 94–409, that the Securities and Exchange Commission will hold the following meeting during the week of November 25, 1996.

A closed meeting will be held on Tuesday, November 26, 1996, at 10:00 a.m.

Commissioners, Counsel to the Commissioners, the Secretary to the Commission, and recording secretaries will attend the closed meeting. Certain staff members who have an interest in the matters may also be present.

The General Counsel of the Commission, or his designee, has certified that, in his opinion, one or more of the exemptions set forth in 5 U.S.C. 552b(c)(4), (8), (9)(A) and (10) and 17 CFR 200.402(a)(4), (8), (9)(i) and (10), permit consideration of the scheduled matters at the closed meeting.

Commissioner Johnson, as duty officer, voted to consider the items listed for the closed meeting in a closed session.

The subject matter of the closed meeting scheduled for Tuesday, November 26, 1996, at 10:00 a.m., will be:

Institution and settlement of injunctive actions.

Institution and settlement of administrative proceedings of an enforcement nature.

Opinions.

At times, changes in Commission priorities require alterations in the scheduling of meeting items. For further information and to ascertain what, if any, matters have been added, deleted or postponed, please contact: The Office of the Secretary at (202) 942–7070.

Dated: November 20, 1996.

Jonathan G. Katz,

Secretary.

[FR Doc. 96–30085 Filed 11–20–96; 3:52 pm]

BILLING CODE 8010–01–M

[File No. 500–1]

Omnigene Diagnostics, Inc., Order of Suspension of Trading

November 19, 1996.

It appears to the Securities and Exchange Commission that there is a lack of current and accurate information concerning the securities of OmniGene Diagnostics, Inc. (''ODI''), because of questions regarding the accuracy of assertions by ODI, and by others, in documents sent to, and statements made to, market-makers of the stock of ODI, other broker-dealers, and to investors concerning, among other things, ODI's alleged ownership and other rights as to certain patents and trademarks, ODI's sales, past and projected, ODI's operations and facilities, and the number of freely traded shares of ODI common stock.

The Commission is of the opinion that the public interest and the protection of investors require a suspension of trading in the securities of the above-listed company.

Therefore, it is ordered, pursuant to Section 12(k) of the Securities Exchange Act of 1934, that trading in the above-listed company is suspended for the period from 9:30 a.m. EST, November 20, 1996 through 11:59 p.m. EST, on December 4, 1996.

By the Commission.

Jonathan G. Katz,

Secretary.

[FR Doc. 96–30023 Filed 11–20–96; 12:41 pm]

BILLING CODE 8010–01–M

[Release No. 34–37958; File No. SR–Amex–96–42]

November 15, 1996.

Self-Regulatory Organizations; Notice of Filing of, and Order Granting Accelerated Approval to, Proposed Rule Change by the American Stock Exchange, Inc. Relating to a Pilot Program for Execution of Specialists' Liquidating Transactions

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (''Act''),[1] notice is hereby given that on November 12, 1996, the American Stock Exchange, Inc. (''Amex'' or ''Exchange'') filed with the Securities and Exchange Commission (''SEC'' or ''Commission'') the proposed rule change as described in Items I and II below, which Items have been prepared by the self-regulatory organization. The Exchange submitted Amendment No. 1 on November 15, 1996.[2] The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons and to grant accelerated approval to the proposed rule change.

I. Self-Regulatory Organization's Statements of the Terms of Substance of the Proposed Rule Change

The Amex is proposing permanent approval of the pilot program that amended Exchange Rule 170 to permit a specialist to effect a liquidating transaction on a zero minus tick,[3] in the case of a ''long'' position, or a zero plus tick,[4] when covering a ''short'' position, without Floor Official approval. The pilot program also amended Rule 170 to set forth the affirmative action that specialists are required to take subsequent to effecting various types of liquidating transactions. In the alternative, the Exchange is requesting a three-month extension of the pilot program.

The text of the proposed rule change is available at the Office of the Secretary, the Amex, and at the Commission.

II Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, the self-regulatory organization included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item III below. The self-regulatory organization has prepared summaries, set forth in Sections A, B, and C below, of the most significant aspects of such statements.

[1] 15 U.S.C. 78s(b)(1).

[2] *See* letter from Claudia Crowley, Special Counsel, Amex, to Anthony P. Pecora, Attorney, Division of Market Regulation, SEC, dated November 15, 1996. Amendment No. 1 removed a footnote detailing the Amex's perception of how this rule is supposed to be enforced.

[3] A zero minus tick is a price equal to the last sale where the last preceding transaction at a different price was at a higher price.

[4] A zero plus tick is a price equal to the last sale where the last preceding transaction at a different price was at a lower price.

A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

1. Purpose

On September 19, 1996, the Commission approved an extension until November 15, 1996 of a pilot program that amended Exchange Rule 170 to permit a specialist to effect a liquidating transaction on a zero minus tick, in the case of a ''long'' position, or a zero plus tick, when covering a ''short'' position, without Floor Official approval.[5] The amendments also set forth the affirmative action that specialists are required go take subsequent to effecting various types of liquidating transactions.

During the course of the pilot program, the exchange has monitored compliance with the requirements of the Rule, and its findings in this regard have been forwarded to the Commission under separate cover. The Amex believes the amendments have provided specialists with flexibility in liquidating specialty stock positions in order to facilitate their ability to maintain fair and orderly markets, particularly during unusual market conditions. In addition, the specialist's concomitant obligation to participate as a dealer on the opposite side of the market after a liquidating transaction has been strengthened.

The Exchange is therefore proposing permanent approval of the amendments to Rule 170 or, in the alternative, a three-month extension of the pilot program.

2. Statutory Basis

The Exchange believes the proposed rule change is consistent with Section 6(b) of the Act[6] in general and furthers the objectives of Section 6(b)(5)[7] in particular in that it is designed to promote just and equitable principles of trade, remove impediments to and perfect the mechanism of a free and open market, and, in general, protect investors and the public interest. The Exchange also believes the proposed rule change is consistent with Section 11(b) of the Act[8] which allows exchanges to promulgate rules relating to specialists in order to maintain fair and orderly markets.

[5] Securities Exchange Act Release No. 37704 (Sept. 19, 1996), 61 FR 50525 (approving File No. SR–Amex–96–33) (''September 1996 Approval Order'').

[6] 15 U.S.C. 78f(b).

[7] 15 U.S.C. 78f(b)(5).

[8] 15 U.S.C. 78k(b).

B. Self-Regulatory Organization's Statement on Burden on Competition

The Exchange believes the proposed rule change will impose on burden on competition.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants, or Others

The Exchange has neither solicited nor received written comments with respect to the proposed rule change.

III. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing. Persons making written submissions should file six copies thereof with the Secretary, Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies of the submission, all subsequent amendments, all written statements with respect to the proposed rule change that are filed with the Commission, and all written communications relating to the proposed rule change between the Commission and any person, other than those that may be withheld from the public in accordance with the provisions of 5 U.S.C. § 552, will be available for inspection and copying at the Commission's Public Reference Section, 450 Fifth Street, N.W., Washington, D.C. 20549. Also, copies of such filing will be available for inspection and copying at the principal office of the Amex. All submissions should refer to File No. SR–Amex–96–42 and should be submitted by December 13, 1996.

IV. Commission's Findings and Order Granting Accelerated Approval to the Proposed Rule Change

The Commission finds that the Exchange's proposal to extend its pilot program concerning the execution of specialists' liquidating transactions until February 14, 1997, is consistent with the requirements of the Act and the rules and regulations thereunder applicable to a national securities exchange. Specifically, the Commission believes the proposal is consistent with the Section 6(b)(5)[9] requirements that the rules of an exchange be designed to promote just and equitable principles of trade, to remove impediments to and perfect the mechanism of a free and open market, and, in general, to protect investors and the public interest. The Commission also believes the proposal is consistent with Section 11(b) of the Act[10] and Rule 11b–1[11] thereunder, which allow exchanges to promulgate rules relating to specialists in order to maintain fair and orderly markets.

The Exchange originally proposed to amend Amex Rule 170 in File No. SR–Amex–92–26.[12] The proposed rule change, filed as a one-year pilot program, amended Amex Rule 170 to permit specialists to ''reliquidate'' a dealer position by selling stock on a direct minus tick or by purchasing stock on a direct plus tick, but only if such transactions are reasonably necessary for the maintenance of a fair and orderly market and only if the specialist has obtained the prior approval of a Floor Official. Under the pilot program, a specialist also may sell ''long'' on a zero minus tick, or by purchasing on a zero plus tick to cover a ''short'' position, without Floor Official approval. Although liquidations on a zero minus or on a zero plus tick can be effected under the pilot procedures without a Floor Official's prior approval, such liquidations are still subject to the restriction that they be effected only when reasonably necessary to maintain a fair and orderly market. In addition, the specialist must maintain a fair and orderly market during the liquidation.

After the liquidation, the specialist is required to reenter the market on the opposite side of the market from the liquidating transaction to offset any imbalances between supply and demand. During any period of volatile or unusual market conditions resulting in significant price movement in a specialist's specialty stock, the specialist's re-entry into the market must reflect, at a minimum, his or her usual level of dealer participation in the specialty stock. In addition, during such periods of volatile or unusual price movements, re-entry into the market following a series of transactions must reflect a significant level of dealer participation.

In the 1994 Approval Order, the Commission requested that the Amex submit a report setting forth the criteria developed by the Exchange to determine whether any reliquidation by specialists

[9] 15 U.S.C. 78f(b)(5).

[10] 15 U.S.C. 78k(b).

[11] 17 CFR 240.11b–1.

[12] *See* Securities Exchange Act Release No. 33957 (Apr. 22, 1994), 59 FR 22188 (''1994 Approval Order'') (approving File No. SR–Amex–92–26). *See also* Securities Exchange Act Release No. 35635 (Apr. 21, 1995), 60 FR 20780 (''April 1995 Approval Order'') (approving File No. SR–Amex–95–11); Securities Exchange Act Release No. 36014 (July 21, 1995), 60 FR 38870 (''July 1995 Approval Order'') (approving File No. SR–Amex–95–19); Securities Exchange Act Release No. 37448 (July 17, 1996), 61 FR 38487 (approving File No. SR–Amex–96–19) (''July 1996 Approval Order''); September 1996 Approval Order, *supra* note 5.

were necessary and appropriate in connection with fair and orderly markets.[13] The Commission also asked, among other things, that the Exchange provide information regarding the Exchange's monitoring of liquidation transactions effected by specialists on any destabilizing tick. In both of the 1995 approval orders, the Commission requested that the Amex continue to monitor the pilot and update its report where appropriate.[14] In particular, the Commission asked the Amex to report any noncompliance with the Rule and the action the Amex took as a result of such noncompliance.

The Amex submitted it reports concerning the pilot program to the Commission in May 1995 and April 1996. As noted above, the Amex believes the pilot procedures appear to be working well in enabling specialists to reliquidate appropriately to meet the needs of the market. After reviewing the date, the Commission agrees with the Exchange that the pilot program generally is working well. In particular, the Commission believes the report indicates that specialists generally are entering the aftermarket after effecting liquidating transactions when appropriate.

Nevertheless, the Commission believes certain issues concerning the pilot program need to be revisited before permanent approval can be granted. In this regard, the Exchange should continue to emphasize the requirements of Amex Rule 170, including the necessity for Floor Official approval of specialists' purchases and sales on direct plus or minus ticks and that such transactions can only be effected if reasonably necessary for the maintenance of fair and orderly markets. In addition, where proper procedures are not followed, the Amex should take appropriate disciplinary action.[15] Finally, the Amex should prepare an additional report as described above and submit the data to the Commission for its consideration of whether the pilot program should be granted permanent approval.[16]

The Commission finds good cause for approving the proposed rule change prior to the thirtieth day after the date of publication of notice of filing thereof. This will permit the pilot program to continue on an uninterrupted basis. In addition, the Exchange proposes to continue using the identical procedures contained in the pilot program. These procedures have been published in the Federal Register on several occasions for the full comment period,[17] and no comments have been received. Furthermore, the Commission approve a similar rule change for the NYSE also without receiving comments on the proposal.[18] For these reasons, the Commission finds that accelerating approval of the proposed rule change is consistent with Section 19(b)(2) of the Act.[19] Any requests to modify this pilot program, to extend its effectiveness, or to seek permanent approval for the pilot program also should include an update on the disciplinary actions taken for violations of these procedures.

V. Conclusion

It is therefore ordered, pursuant to Section 19(b)(2) of the Act,[20] that the proposed rule change (SR-Amex-96-42), as amended, is approved for a pilot period ending on February 14, 1997.

For the Commission, by the Division of Market Regulations, pursuant to delegated authority.[21]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 96–29933 Filed 11–21–96; 8:45 am]

BILLING CODE 8010–01–M

[13] *See* 1994 Approval Order, *supra* note 12.

[14] *See* April 1995 Approval Order and July 1995 Approval Order, *supra* note 12.

[15] All technical violations of this rule (*e.g.,* failure to obtain the required Floor Official approval when such approval, if sought, would have been granted) should be referred to the Minor Floor Violation Disciplinary Committee, as required by Amex Rule 590. Also, as the Amex has indicated previously, all substantive violations of this rule (*e.g.,* failure to properly reenter the market or failure to obtain the required Floor Official approval when such approval, if sought, would not have been granted) will be dealt with according to the Exchange's formal disciplinary procedures.

[16] The Commission request that this report be submitted by January 7, 1997, along with any requests for extension or permanent approval of the pilot.

[17] *See* 1994 Approval Order, *supra* note 12; April 1995 Approval Order, *supra* note 12; July 1995 Approval Order, *supra* note 12; July 1996 Approval Order, *supra* note 12; September 1996 Approval Order *supra* note 5.

[18] *See* Securities Exchange Act Release No. 31797 (Jan 29, 1993), 58 FR 7277 (approving File No. SR–NYSE–92–20).

[19] 15 U.S.C. 78s(b)(2).

[20] *Id.*

[21] 17 CFR 200.30–3(a)(12).

[Release No. 34–37959; File No. SR–NSCC–96–16]

November 15, 1996.

Self-Regulatory Organizations; National Securities Clearing Corporation; Order Granting Accelerated Approval of a Proposed Rule Change Relating to the Fund/Serv Service

On August 15, 1996, the National Securities Clearing Corporation (''NSCC'') filed with the Securities and Exchange Commission (''Commission'') a proposed rule change (File No. SR–NSCC–96–16) under Section 19(b)(1) of the Securities Exchange Act of 1934 (''Act'')[1] seeking to allow members to transfer assets within an individual retirement account (''IRA'') to another mutual fund through NSCC's Fund/Serv.[2] On September 10, 1996, and on September 30, 1996, NSCC filed amendments to the proposed rule change.[3] Notice of the proposal was published in the Federal Register on October 24, 1996.[4] The Commission received one comment letter in response to the filing.[5] On November 13, 1996, NSCC filed a third amendment to the proposed rule change.[6] For the reasons discussed below, the Commission is approving the proposed rule change on an accelerated basis.

I. Description

The proposed rule change will enable NSCC settling members and fund members to transfer between each other the value of mutual fund shares held in IRAs on an automated basis.[7] Pursuant to this rule change, the member to whom the value of IRA mutual funds shares is to be transferred (''Receiving Fund Member'') will initiate a transfer by submitting a transfer request to NSCC indicating the member from whom the value of IRA mutual fund shares is to be transferred (''Delivering Fund Member''). The transfer request should contain the CUSIP number, the customer Tax I.D. number, the customer account number, the customer account registration, and the plan type (*e.g.,* IRA, IRA rollover, or Simplified Employee Pension IRA) as established at the Receiving Fund Member.

Upon receipt of the information from NSCC, the Delivering Fund Member

[1] 15 U.S.C. § 78(b)(1) (1988).

[2] Fund/Serv, which is part of NSCC's Mutual Fund Services, is an NSCC service that permits NSCC members to process and to settle on an automated basis mutual fund purchase and redemption orders and to transmit registration instructions.

[3] Letters from Anthony H. Davidson, Associate Counsel, NSCC, to Christine Sibille, Special Counsel, Division of Market Regulation, Commission (September 6, 1996, and September 27, 1996).

[4] Securities Exchange Act Release No. 37841 (October 18, 1996), 61 FR 55178.

[5] Letter from Donald J. Boteler, Vice President, Operations and Training, Investment Company Institute, to Jonathan G. Katz, Secretary, Commission (November 1, 1996).

[6] Letter from Anthony H. Davidson, Associate Counsel, NSCC, to Christine Sibille, Special Counsel, Division of Market Regulation, Commission (November 8, 1996). This amendment was a technical amendment that did not require republication of notice.

[7] Currently, the mutual fund industry relies on telephonic and paper communications to process these transfers.

must either acknowledge or reject the transfer within two days. An acknowledgment must contain the customer account information as the information appears on the records of the Delivering Fund Member. The acknowledgment must also contain the customer's current dollar and share balance at the time of the acknowledgment. A rejection must indicate the reason(s) (*e.g.*, stop code on account, invalid plan type, or invalid percentage rate) why the Delivering Fund Member is rejecting the transfer request. A transfer request that is not responded to within two days by a Delivering Fund Member will be deleted from Fund/Serv.

In order for a transfer to be scheduled for settlement after a transfer request has been acknowledged, the Delivering Fund Member must submit a confirmation to NSCC no earlier than two days and no later than sixty days after the submission of the acknowledgment. Such confirmation will provide information on the price at which the position is liquidated. An acknowledged transfer request that is not confirmed by a Delivering Fund Member within sixty days from the submission of the acknowledgment will be deleted from Fund/Serv. If a Delivering Fund Member wants to change any information contained in the confirmation it will be permitted to submit a reconfirmation prior to 11 a.m. on the day of settlement. Similarly, a Receiving Fund Member may cancel a transfer request by submitting an exit instruction to NSCC prior to 11 a.m. on the day of settlement.

A transfer request that has been confirmed or reconfirmed and not exited will settle on the next settlement cycle after such confirmation or reconfirmation.[8] On the settlement date, NSCC will debit the Delivering Fund Member's account and credit the Receiving Fund Member's account for the dollar value of the liquidated mutual fund shares.

Members may also need to make adjustments after the transfer to account for items such as dividend and commission payments. A member may make such adjustments with another member in the same fashion as with other Fund/Serv orders. NSCC will charge members the same fee for these transfer requests as it charges for other Fund/Serv orders.[9]

[8] The settlement cycle occurs at 11:00 a.m. each business day.

[9] The proposed rule change modifies Addendum A of NSCC's rules to reflect a fee of $.35 per side per transfer request.

II. Comment Letter

The Commission received one comment letter in response to the proposed rule change.[10] The commenter believes that the proposal provides for a timelier and more efficient processing of IRA account transfers through the exchange of electronic records. The commenter notes that such electronic transfers should result in a streamlined processing cycle during which customer proceeds should be uninvested for a maximum of one night. The commenter compares this electronic efficiency with the current, cumbersome manual transfer procedure which is subject to varied, idiosyncratic processing requirements and practices as well as a reliance on the U.S. Postal Service. The commenter believes that the movement of this transfer process to a paperless, automated system can only improve the timeliness and accuracy of IRA account transfers.

III. Discussion

The Commission believes that NSCC's proposal is consistent with Section 17A of the Act[11] and specifically with Sections 17A(b)(3) (A) and (F) thereunder[12] Sections 17A(b)(3) (A) and (F) require that a clearing agency be organized and its rules be designed to facilitate and to promote the prompt and accurate clearance and settlement of securities transactions and to assure the safeguarding of securities and funds which are in the custody or control of NSCC or for which it is responsible.

Under NSCC's proposed rule change, an electronic transfer of the value of mutual fund shares held in IRAs can be used in place of a manual transfer.[13] The proposal should help alleviate the inefficiencies associated with the physical exchange of hardcopy documentation and should make account transfers more efficient and expeditious. By processing the transfers of IRAs in a more efficient manner, the proposal should promote the prompt and accurate clearance and settlement of securities transactions. Furthermore, the Commission believes that by requiring the Delivering Fund Member to acknowledge and to confirm the transfer request and by providing the Delivering Firm Member with the ability to edit information contained in the confirmation and the Receiving Fund Member with the ability to cancel a request, the proposal reduces the possibility of errors. This system provides more safeguards than the current system where the delivering firm delivers funds after the receipt of the transfer request. Thus, it is consistent with the goal of safeguarding securities and funds contained in Section 17A.

NSCC has requested that the Commission find good cause for approving the proposed rule change prior to the thirtieth day after the date of publication of notice of the filing. The Commission finds good cause for approving the proposed rule change prior to the thirtieth day after publication because this will allow NSCC to begin implementing the Fund/Serv IRA transfer service in order that NSCC and its members can take advantage in a more timely fashion of the benefits of the service.

IV. Conclusion

The Commission finds that NSCC's proposal is consistent with the requirements of the Act and particularly with Section 17A and the rules and regulations thereunder.

It is therefore ordered, pursuant to Section 19(b)(2) of the Act, that the proposed rule change (File No. SR–NSCC–96–16) be and hereby is approved on an accelerated basis.

For the Commission by the Division of Market Regulation, pursuant to delegated authority.[14]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 96–29860 Filed 11–21–96; 8:45 am]

BILLING CODE 8010–01–M

[10] *Supra* note 5.

[11] 15 U.S.C. § 78q–1 (1988).

[12] 15 U.S.C. §§ 78q–1(b)(3) (A) and (F) (1988).

[13] Currently, the transfer of an IRA account from one mutual fund company to another requires the exchange of hardcopy documentation. Specifically, the receiving fund mails the letter of acceptance to the delivering fund. If the delivering fund finds the letter of acceptance in good order, it sends the proceeds, typically via U.S. mail to the receiving fund. However, if the letter of acceptance is not in good order, the delivering fund sends a letter to the receiving fund with a description of the elements required to bring the letter of acceptance in accordance with good order standards.

[14] 17 CFR 200.30–3(a)(12) (1996).

SMALL BUSINESS ADMINISTRATION

[License No. 02/72–0570]

Notice of Issuance of a Small Business Investment Company License; Penny Lane Partners, L.P.

On June 14, 1994, an application was filed by Penny Lane Partners, L.P., One Palmer Square—Suite 510, Princeton, New Jersey, with the Small Business Administration (SBA) pursuant to § 107.102 of the Regulations governing small business investment companies (13 CFR 107.102 (1996)) for a license to

operate as a small business investment company.

Notice is hereby given that, pursuant to Section 301(c)of the Small Business Investment Act of 1958, as amended, after having considered the application and all other pertinent information, SBA issued License No. 02/72–0570 on November 1, 1996, to Penny Lane Partners, L.P. to operate as a small business investment company.

(Catalog of Federal Domestic Assistance Program No. 59.011, Small Business Investment Companies)

Dated: November 18, 1996.

Don A. Christensen,

Associate Administrator for Investment.

[FR Doc. 96–29880 Filed 11–21–96; 8:45 am]

BILLING CODE 8025–01–P

DEPARTMENT OF STATE

[Public Notice 2471]

Bureau of Oceans and International Environmental and Scientific Affairs; Evaluation and Assessment of the U.S. Initiative on Joint Implementation

ACTION: Request for public comments.

SUMMARY: The U.S. Climate Change Action Plan, announced by President Clinton on October 19, 1993, set forth a series of measures designed to return U.S. greenhouse gas emissions to 1990 levels by the year 2000 largely through voluntary domestic actions. Recognizing the enormous potential for cost-effective greenhouse gas emission reductions in other countries, the Administration also called for a pilot program—the U.S. Initiative on Joint Implementation (USIJI)—to help establish an empirical basis for considering approaches to joint implementation internationally and thus help realize the potential of joint implementation both to combat the threat of global climate change and to promote sustainable development.

Department of State Public Notice 1918 (58 FR 66057–66059, December 17, 1993) set forth the draft Groundrules for the U.S. Initiative on Joint Implementation as directed by the President in the U.S. Climate Change Action Plan, to provide for the operation of a pilot program. In this notice, interested parties were invited to provide comment on the draft Groundrules. Following the public comment period, Department of State Public Notice 2015 (59 FR 28442–28446, June 1, 1994) published the revised final Groundrules for the United States Initiative on Joint Implementation, together with a summary of the response to comments on the draft Groundrules.

USIJI is the first and currently most developed joint implementation pilot program worldwide. Through fiscal year 1996, USIJI had received 51 proposals from 23 countries for projects which were designed to reduce, avoid, or sequester greenhouse gases utilizing a diverse set of technologies, including renewable, fuel switching, energy, efficiency, methane recovery, and land-use related technologies. Of these, the eight-member federal agency Evaluation Panel has approved 15 projects representing a diverse set of innovative technologies and practices in six countries, including developing renewable energy sources such as solar, biomass, and hydroelectric, and land-use change projects leading to better forest management, reforestation, and afforestation. Project developers estimate that these projects will cumulatively reduce nearly 30 million metric tons of carbon equivalent. Presently, USIJI activities focus on the expansion of the geographic and technological diversity of its project portfolio to reinforce further to the international community that joint implementation projects can produce real, measurable greenhouse gas reductions that provide global environmental benefits while providing economic, social, and development benefits to the project participants in both the host country and the United States.

As required by Section II of the Groundrules, an assessment of the program has been initiated, including consideration of the criteria with which a project must comply to be accepted into the U.S. Initiative on Joint Implementation. In support of this assessment, interested parties are invited to provide their comments on any aspect of the pilot program, e.g., suggestions to improve certain elements of the program, identification of those elements of the program which parties have been found to be of value, and, areas which should possibly be strengthened. Comments will be made available to the public.

PUBLIC COMMENT: Written comments on any aspect of the pilot program, including the criteria, are invited. Comments should be submitted to the Department of State no later than January 24, 1997. Comments or questions should be directed to: Mr. Daniel A. Reifsnyder, Director, Office of Global Change, OES/EGC, Room 4330, Department of State, 2201 C Street, N.W., Washington, D.C. 20520–7818, (202) 649–4069, facsimile (202) 647–0191. Comments may also be submitted via electronic mail using the following address: csmt@igc.apc.org.

SUPPLEMENTARY INFORMATION: For the convenience of the reader, the final Groundrules as published in the Federal Register on June 1, 1994, are reprinted below.

Groundrules

The following describes the U.S. Initiative on Joint Implementation (USIJI), which shall be established as a pilot program.

Section I—Purpose

The purpose of the pilot program shall be to:

(1) Encourage the rapid development and implementation of cooperative, mutually voluntary, cost-effective projects between U.S. and foreign partners aimed at reducing or sequestering emissions of greenhouse gases, particularly projects promoting technology cooperation with and sustainable development in developing countries and countries with economies in transition to market economies;

(2) Promote a broad range of cooperative, mutually voluntary projects to test and evaluate methodologies for measuring, tracking and verifying costs and benefits;

(3) Establish an empirical basis to contribute to the formulation of international criteria for joint implementation;

(4) Encourage private sector investment and innovation in the development and dissemination of technologies for reducing or sequestering emissions of greenhouse gases; and

(5) Encourage participating countries to adopt more complete climate action programs, including national inventories, baselines, policies and measures, and appropriate specific commitments.

Section II—Evaluation and Reassessment of Pilot Program

The pilot program shall be evaluated and reassessed within two years of its inception or within six months of adoption of international criteria for joint implementation by the Conference of the Parties to the United Nations Framework Convention on Climate Change, whichever is earlier.

Section III—Eligible Participants

A. Domestic.

(1) Any U.S. citizen or resident alien;

(2) Any company, organization or entity incorporated under or recognized by the laws of the United States, or group thereof; or

(3) Any U.S. federal, state or local government entity.

B. Foreign.
(1) Any country that has signed, ratified or acceded to the United Nations Framework Convention on Climate Change;
(2) Any citizen or resident alien of a country identified in B(1) of this section;
(3) Any company, organization or entity incorporated under or recognized by the laws of a country identified in B(1) of this section, or group thereof; or
(4) Any national, provincial, state, or local government entity of a country identified in B(1) of this section.

Section IV—Evaluation Panel

A. An Evaluation Panel is hereby established.
B. The Evaluation Panel shall consist of eight members, of whom:
(1) One shall be an employee of the Department of Energy, who shall serve as Co-Chair;
(2) One shall be an employee of the Environmental Protection Agency, who shall serve as Co-Chair;
(3) One shall be an employee of the Agency for International Development;
(4) One shall be an employee of the Department of Agriculture;
(5) One shall be an employee of the Department of Commerce;
(6) One shall be an employee of the Department of Interior;
(7) One shall be an employee of the Department of State; and
(8) One shall be an employee of the Department of the Treasury.
C. The Panel shall be responsible for:
(1) Advising and assisting prospective U.S. and foreign participants on the technical parameters (including with respect to baselines, measuring and tracking) of projects submitted for inclusion in the USIJI;
(2) Accepting project submissions from eligible U.S. participants and their foreign partners;
(3) Reviewing and evaluating project submissions, including baseline projections;
(4) Approving or rejecting project submissions for inclusion in the USIJI, based on criteria contained in section V;
(5) Providing written reasons for its decisions, which shall be made publicly available, within 90 days of receipt of a complete submission or resubmission;
(6) Certifying emissions reduced or sequestered estimated to result from projects;
(7) Developing operational modalities for the implementation of the Program; and
(8) Preparing an annual report of its activities, including a summary of approved projects.

Section V—Criteria

A. To be included in the USIJI, the Evaluation Panel must find that a project submission:
(1) Is acceptable to the government of the host country;
(2) Involves specific measures to reduce or sequester greenhouse gas emissions initiated as the result of the U.S. Initiative on Joint Implementation, or in reasonable anticipation thereof;
(3) Provides data and methodological information sufficient to establish a baseline of current and future greenhouse gas emissions.
(1) In the absence of the specific measures referred to in A.(2) of this section;
(b) As the result of the specific measures referred to in A.(2) of this section;
(4) Will reduce or sequester greenhouse gas emissions beyond those referred to in A.(3)(a) of this section, and if federally funded, is or will be undertaken with funds in excess of those available for such activities in fiscal year 1993;
(5) Contains adequate provisions for tracking the greenhouse gas emissions reduced or sequestered resulting from the project, and on a periodic basis, for modifying such estimates and for comparing actual results with those originally projected;
(6) Contains adequate provisions for external verification of the greenhouse gas emissions reduced or sequestered by the project;
(7) Identifies any associated non-greenhouse gas environmental impacts/benefits;
(8) Provides adequate assurance that greenhouse gas emissions reduced or sequestered over time will not be lost or reversed; and
(9) Provides for annual reports to the Evaluation Panel on the emissions reduced or sequestered, and on the share of such emissions attributed to each of the participants, domestic and foreign, pursuant to the terms of voluntary agreements among project participants.
B. In determining whether to include projects under the USIJI, the Evaluation Panel shall also consider:
(1) The potential for the project to lead to changes in greenhouse gas emissions elsewhere;
(2) The potential positive and negative effects of the project apart from its effect on greenhouse gas emissions reduced or sequestered;
(3) Whether the U.S. participants are emitters of greenhouse gases within the United States and, if so, whether they are taking measures to reduce or sequester such emissions; and
(4) Whether efforts are underway within the host country to ratify or accede to the United Nations Framework Convention on Climate Change, to develop a national inventory and/or baseline of greenhouse gas emissions by sources and removals by sinks, and whether the host country is taking measures to reduce its emissions and enhance its sinks and reservoirs of greenhouse gases.

Michael Metelits,

Acting Deputy Assistant Secretary of State for the Environment and Development, Bureau of Ocean and International Environmental and Scientific Affairs.

[FR Doc. 96–29838 Filed 11–21–96; 8:45 am]

BILLING CODE 4710–09–M

[Public Notice No. 2477]

Defense Trade Advisory Group; Notice of Upcoming Partially Closed Meeting

The Defense Trade Advisory Group (DTAG) will meet beginning at 9:00 a.m. on Thursday, December 5, 1996 in the Dean Acheson Auditorium, U.S. Department of State, 2201 C Street, N.W., Washington, D.C. 20520. This advisory committee consists of private sector defense trade specialists who advise the Department on policies, regulations, and technical issues affecting defense trade.

The DTAG will first meet in open session. The open session will include a presentation by representatives of the Department of State and the Department of Defense. Reports on DTAG Working Group progress, accomplishments, and future projects will also be presented.

Members of the public may attend the open session as seating capacity allows, and will be permitted to participate in the discussion in accordance with the Chairman's instructions.

As access to the Department of State is controlled, persons wishing to attend the meeting must notify the DTAG Executive Secretariat by COB Monday, November 25, 1996. If you notify the DTAG Secretariat after this date, the DTAG Secretariat cannot guarantee that State's Bureau of Diplomatic Security can complete the necessary background checks required for you to attend the December 5 plenary.

Each person should provide his/her name, company or organizational affiliation, date of birth, and social security number to the DTAG Secretariat at telephone number (202) 647–4231 or fax number (202) 647–4232 (Attention: Catherine Shelton). A list will be made up for Diplomatic Security and the Reception Desk at the C-Street Diplomatic entrance. Attendees must carry a valid photo ID with then. They should enter the building through the C-

Street diplomatic entrance (22nd and C Streets, N.W.) where Department personnel will direct them to the Dean Acheson auditorium.

Following the open portion of the meeting, a working lunch and briefings that the Department of State will arrange for DTAG members will involve discussions of classified and/or proprietary information pursuant to Executive Order 12958. The disclosure of classified and/or proprietary information essential to formulating U.S. defense trade policies would substantially undermine U.S. defense trade relations with foreign competitors. Therefore, these segments of the meeting will be closed to the public, pursuant to section 10(d) of the Federal Advisory Committee Act (FACA), 5 U.S.C. Appendix and 5 U.S.C. 552b(c)(1), and 5 U.S.C. 552b(c)(9)(B).

For further information, contact Catherine Shelton of the DTAG Secretariat, U.S. Department of State, Office of Arms Transfer and Export Control Policy (PM/ATEC), Room 2422 Main State, Washington, D.C. 20520–2422. She may be reached at telephone number (202) 647–4231 or fax number (202) 647–4232.

Dated: November 15, 1996.

Martha C. Harris,

Deputy Assistant Secretary for Export Controls, Bureau of Political-Military Affairs.

Determination for a Partially Closed Meeting of the Defense Trade Advisory Group

In accordance with Section 10(d) of the Federal Advisory Committee Act (P.L. 92–463), as amended, I hereby determine that the afternoon portions of the meeting of the Defense Trade Advisory Group (DTAG) on Thursday, December 5, 1996 in the Department of States Dean Acheson Auditorium, 2201 C Street, N.W., Washington, D.C. 20520 will be devoted to discussion of matters recognized as not subject to public disclosure pursuant to P.L. 92–463 and 5 U.S.C. 552b(c)(1), and 5 U.S.C. 552b(c)(9)(B), and in accordance with Section 10(d) of the Federal Advisory Committee Act, and that the public interest requires such discussion to be withheld from public disclosure.

The reasons supporting this determination are:

(1) Documents classified in accordance with Executive Order 12958 will be discussed; and

(2) Discussions will include classified and/or proprietary information concerning defense trade issues, the public disclosure of which would adversely affect future actions of the Department.

Other matters not requiring such protection may be discussed during the initial open portion of the meeting.

[FR Doc. 96–29828 Filed 11–21–96; 8:45 am]

BILLING CODE 4710–25–M

Bureau of Oceans and International Environmental and Scientific Affairs

[Public Notice 2469]

Certifications Pursuant to Section 609 of Public Law 101–162

SUMMARY: On April 30, 1995, the Department of State certified, pursuant to Section 609 of Public Law 101–162, that 36 countries with commercial shrimp trawl fisheries have adopted programs to reduce the incidental capture of sea turtles in such fisheries comparable to the program in effect in the United States, or that the fishing environment in the countries does not pose a threat of the incidental taking of species of sea turtles protected under U.S. law and regulations. The Department also certified Honduras on August 1, 1996. The Department was unable to issue a certification on April 30 for Thailand and, as a result, imports of shrimp harvested in Thailand in a manner harmful to sea turtles were prohibited effective May 1, 1996. The Department of State subsequently issued a certification for Thailand on November 8, 1996 and, as a result, the ban on shrimp imports that had been in effect since May 1, 1996, was lifted.

EFFECTIVE DATE: November 22, 1996.

FOR FURTHER INFORMATION CONTACT: Hollis Summers, Office of Marine Conservation, Bureau of Oceans and International Environmental and Scientific Affairs, Department of State, Washington, DC 20520–7818; telephone: (202) 647–3940.

SUPPLEMENTARY INFORMATION: Section 609 of Public Law 101–162 prohibits imports of shrimp unless the President certifies to the Congress by May 1 of each year either: (1) that the harvesting nation has adopted a program governing the incidental capture of sea turtles in its commercial shrimp fishery comparable to the program in effect in the United States and has an incidental take rate comparable to that of the United States; or (2) that the fishing environment in the harvesting nation does not pose a threat of the incidental taking of sea turtles. The President has delegated the authority to make this certification to the Department of State. Revised State Department guidelines for making the required certifications were published in the Federal Register on April 19, 1996 (61 FR 17342).

On April 30, 1996, the Department of State certified that 36 shrimp harvesting nations have met, for the current year, the requirements of the law. The Department of State was unable to certify Thailand at that time. As a result, imports of shrimp from Thailand that were harvested in ways harmful to sea turtles were prohibited pursuant to Public Law 101–162 effective May 1, 1996.

The Department did not previously certify Thailand because the Government of Thailand had not required all commercial shrimp trawl vessels subject to its jurisdiction that operated in waters where there is a likelihood of intercepting sea turtles to use turtle excluder devices at all times. The Department of State has determined that Thailand has now instituted such a requirement. Shrimp trawl vessels in Thailand are now required to use turtle excluder devices comparable in effectiveness to those used in the United States. The requirement to use them is being enforced. The Department of State, therefore, was able to certify to Congress that Thailand is in accordance with the provisions of Section 609 of Public Law 101–162.

Dated: November 8, 1996.

Larry L. Snead,

Deputy Assistant Secretary for Oceans.

[FR Doc. 96–29847 Filed 11–21–96; 8:45 am]

BILLING CODE 4710–09–M

DEPARTMENT OF TRANSPORTATION

Coast Guard

[CGD8–96–050]

Lower Mississippi River Waterway Safety Advisory Committee

AGENCY: Coast Guard, DOT.

ACTION: Notice of meeting.

SUMMARY: The Lower Mississippi River Waterway Safety Advisory Committee will meet to discuss various navigation safety matters affecting the Lower Mississippi River area. The meeting will be open to the public.

DATES: The meeting will be held from 9 a.m. to approximately 11 a.m. on Tuesday, December 17, 1996.

ADDRESSES: The meeting will be held in the basement GSA conference room of the Hale Boggs Federal Building, 501 Magazine Street, New Orleans, Louisiana.

FOR FURTHER INFORMATION CONTACT: Mr. Monty Ledet, USCG, Administrator, Lower Mississippi River Waterway Safety Advisory Committee, c/o

Commander, Eighth Coast Guard District (m), Room 1341, Hale Boggs Federal Building, 501 Magazine Street, New Orleans, LA 70130–3396, telephone (504) 589–4686.

SUPPLEMENTARY INFORMATION: Notice of this meeting is given pursuant to the Federal Advisory Committee Act, 5 U.S.C. App. 2 § 1 et seq. The meeting is open to the public. Members of the public may present written or oral statements at the meeting. The agenda for the meeting consists of the following items:

(1) Presentation of the minutes from the September 17, 1996 full Committee meeting.
(2) Subcommittee Reports.
(3) New Business.
(4) Adjournment.

INFORMATION ON SERVICES FOR INDIVIDUALS WITH DISABILITIES: For information on facilities or services for individuals with disabilities or to request special assistance at the meeting, contact the Executive Director as soon as possible.

Dated: October 22, 1996.

T.W. Josiah,

RADM USCG.

[FR Doc. 96–29950 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–14–M

Federal Highway Administration

[FHWA Docket No. MC–96–48]

Notice of Request for Extension of Currently Approved Information Collection; Hours of Service (HOS)

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501, 3506(c)(2)(A)), the FHWA solicits comments on its intent to request the Office of Management and Budget (OMB) to extend information collections that require motor carriers and drivers to accurately track their HOS and prove that they operate in compliance with the HOS regulations.

DATES: Comments must be submitted on or before January 21, 1997.

ADDRESSES: All signed, written comments should refer to the docket number that appears at the top of this document and must be submitted to: Docket Clerk, Attn: FHWA Docket No. MC–96–48, Federal Highway Administration, Department of Transportation, Room 4232, Office of Chief Counsel, 400 Seventh Street, SW., Washington, DC 20590. Persons who require acknowledgment of the receipt of their comments must enclose a stamped, self-addressed postcard. Comments may be reviewed at the above address from 8:30 a.m. through 3:30 p.m. Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Mr. David R. Miller, Office of Motor Carrier Research and Standards, (202) 366–4009, Federal Highway Administration, Department of Transportation, 400 Seventh Street, SW., Washington, DC 20590. Office hours are from 7:45 a.m. to 4:15 p.m., e.t., Monday through Friday, except Federal holidays.

SUPPLEMENTARY INFORMATION: *Electronic Availability.* An electronic copy of this document may be downloaded using a modem and suitable communications software from the Federal Register electronic bulletin board service (telephone number: 202–512–1661). Internet users may reach the Federal Register's web page at: http://www.access.gpo.gov/su__docs.

Title: Time Records.

OMB Number: 2125–0196.

Background: Title 49 U.S.C. 31502 authorizes the Secretary of Transportation to promulgate regulations that establish maximum HOS for employees of motor carriers. The Secretary has adopted regulations that establish HOS limitations for commercial motor vehicle (CMV) drivers. Time records generally used by motor carriers are time cards or time sheets. Time records may be used in lieu of records of duty status by drivers who operate within a 100 air-mile radius of their normal work reporting location, 49 CFR 395.1(e). Time records must show: (1) The time the driver reports for duty each day; (2) The total number of hours the driver is on duty each day; (3) The time the driver is released from duty each day; and (4) The total time on duty for the preceding 7 days (for drivers used intermittently or for the first time).

The time record is used by the FHWA and its State and local partners in the Motor Carrier Safety Assistance Program to determine whether CMV drivers have violated the HOS limitations. The regulations allow motor carriers to prepare electronic time records, in lieu of preparing paper time records.

Respondents: Approximately 632,000 CMV drivers.

Average Burden per Response: Because the necessary HOS information is contained in time records that are created and kept by the covered motor carriers in the ordinary course of business, there is no burden attributable to this recordkeeping requirement.

Estimated Total Annual Burden: No annual burden.

Frequency: Time records are required to be prepared for every day of work.

Interested parties are invited to send comments regarding any aspect of this collection of information, including, but not limited to: (1) Whether the collection of information is necessary for the proper performance of the functions of the FHWA, including whether the information will have practical utility; (2) The accuracy of the estimated burden; (3) Ways to enhance the quality, utility, and clarity of the collected information; and (4) Ways to minimize the collection burden without reducing the quality of the collected information.

Authority: 23 U.S.C. 315 and 49 CFR 1.48.

Issued on: November 12, 1996.

G. Moore,

Associate Administrator for Administration.

[FR Doc. 96–29850 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–22–P

[FHWA Docket No. 97–2]

Notice of Request for Extension of Currently Approved Information Collection; Federal-Aid Highway Construction Equal Employment Opportunity

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, this notice announces the intention of the FHWA to request the Office of Management and Budget (OMB) to extend the approval of the information collection for FHWA's Federal-aid Highway Construction Equal Employment Opportunity.

DATES: Comments must be submitted on or before January 21, 1997.

ADDRESSES: All signed, written comments should refer to the docket number that appears at the top of this document and must be submitted to HCC–10, Room 4232, Office of the Chief Counsel, Federal Highway Administration, 400 Seventh Street, SW., Washington, DC 20590. All comments received will be available for examination at the above address from 8:30 a.m. to 3:30 p.m., e.t., Monday through Friday, except Federal holidays. Those desiring notification of receipt of comments must include a self-addressed, stamped postcard/envelope.

FOR FURTHER INFORMATION CONTACT: Ms. Aretha Carr, Office of Civil Rights,

Program Operations Division, (202) 366–1585, Federal Highway Administration, Department of Transportation, 400 Seventh Street, SW., Room 4132, Washington, DC 20590. Office hours are from 6:30 a.m. to 4:00 p.m., e.t., Monday through Friday, except Federal holidays.

SUPPLEMENTARY INFORMATION:

Title: Federal-Aid Highway Construction Equal Employment Opportunity.

OMB Number: 2125–0019.

Background: Public comment is requested regarding the burden associated with collection of Federal-Aid project workforce statistics. This data is collected under authority of 23 U.S.C. 140, which places the responsibility on the Secretary of Transportation for ensuring nondiscrimination and equal opportunity employment in all States benefiting from the use of Federal funds.

23 CFR 230.121 provides the FHWA with the authority to request employment reports in conjunction with monitoring and administering the Federal-Aid Highway Program. Data collected from contractors and State Departments of Transportation is extracted and analyzed by FHWA to determine overall percentages of minorities and females, based upon the total project workforce in each State. By comparing yearly reports, FHWA is able to: (1) Monitor the progress; (2) Evaluate employment trends; and (3) Ensure commitment to the provisions of Title VI of the Civil Rights Act of 1964 and the PR–1273 (Federal-aid contract) agreement between FHWA and prime contractors awarded Federal-aid projects.

Interested parties are invited to send comments regarding any aspect of the collection of this data, including, but not limited to: Ways to improve the accuracy of data currently being collected, amendments or inclusions to the existing form, other options in reporting methods.

Respondents: Federal-aid Prime Contractors and State Highway Administration (SHA) in the 50 States, the District of Columbia, and Puerto Rico.

Estimated Total Annual Burden: The estimated burden hours for this information collection is 6,580 hours.

Frequency: The data is collected by the respondents and submitted to FHWA annually.

Authority: 23 U.S.C. 140; 23 CFR 230.121; sec. 3506(c)(2)(A) of Pub. L. 104–13; 49 CFR 1.48.

Issued on: November 12, 1996.

G. Moore,

Associate Administrator for Administration.

[FR Doc. 96–29851 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–22–P

[FHWA Docket No. MC–96–35]

Notice of Request for Extension of Currently Approved Information Collection; Transportation of Hazardous Materials; Highway Routing

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3051, 3506(c) (2) (A)), the FHWA solicits comment on its intent to request the Office of Management and Budget (OMB) to extend the information collection for FHWA's Transportation of Hazardous Materials, Highway Routing.

DATES: Comments must be submitted on or before January 21, 1997.

ADDRESSES: All signed, written comments should refer to the docket number that appears at the top of this document and must be submitted to HCC–10, Room 4232, Office of the Chief Counsel, Federal Highway Administration, 400 Seventh Street, SW., Washington, DC 20590. All comments received will be available for examination at the above address from 8:30 a.m. to 3:30 p.m., e.t., Monday through Friday, except Federal holidays. Those desiring notification of receipt of comments must include a self-addressed, stamped postcard/envelope.

FOR FURTHER INFORMATION CONTACT: Mr. Kevin Toth, Safety and Hazardous Materials Division, Office of Motor Carriers (202) 366–6121, Department of Transportation, Federal Highway Administration, 400 Seventh Street, SW., Washington, DC 20590. Office hours are from 7:30 a.m. to 4:00 p.m., e.t., Monday through Friday, except Federal holidays.

SUPPLEMENTARY INFORMATION:

Title: Transportation of Hazardous Materials; Highway Routing.

OMB Number: 2125–0554.

Background: Public comment is requested regarding the burden associated with this collection of information. The data for the Transportation of Hazardous Materials; Highway Routing designations are collected under authority of 49 U.S.C. 5112 and 5125, which places the responsibility on the Secretary of Transportation to specify and regulate standards for establishing, maintaining, and enforcing routing designations. The Federal Highway Administrator has the authority, as required in 49 CFR 397.73, to request that each State and Indian tribe, through its routing agency, provide information identifying hazardous materials routing designations within their respective jurisdictions. This information will be consolidated by the FHWA and published annually in whole or as updates in the Federal Register.

Interested parties are invited to send comments regarding any aspect of these information collections, including, but not limited to: (1) Ways to enhance the quality, utility, and clarity of the collected information; (2) the accuracy of the estimated burden; and (3) ways to minimize the collection burden without reducing the quality of the collected information. Comments submitted in response to this notice will be summarized and/or included in the request for an OMB extension of this information collection.

Respondents: The reporting burden is shared by the 50 States, the District of Columbia, Puerto Rico, American Samoa, Guam, Northern Marianas, and the Virgin Islands.

Estimated Total Annual Burden: The annual reporting burden is estimated to be 63 hours.

Frequency: The data is collected by the respondents and submitted to FHWA initially and 60 days thereafter if any changes occur.

Authority: 49 U.S. Code 5112 and 5125; Section 3506 (c)(2)(A) of Pub. L. 104–13; 49 CFR 1.48.

Issued on: November 12, 1996.

G. Moore,

Associate Administrator for Administration.

[FR Doc. 96–29852 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–22–P

[FHWA Docket No. MC–97–6]

Notice of Request for Extension of Currently Approved Information Collection; Controlled Substances and Alcohol Testing

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Notice and request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501, 3506(c)(2)(A)), the FHWA solicits comments on its intent to request the Office of Management and Budget (OMB) to extend information collections that require motor carriers to test their commercial motor vehicle (CMV) drivers to show that they operate

in compliance with the alcohol and controlled substances testing regulations.

DATES: Comments submitted to the FHWA must be received on or before January 21, 1997.

ADDRESSES: All signed, written comments should refer to the docket number that appears at the top of this document and must be submitted to: Docket Clerk, Attn: FHWA Docket No. MC–97–6, Federal Highway Administration, Department of Transportation, Room 4232, 400 Seventh Street, SW., Washington, DC 20590. Persons who require acknowledgment of the receipt of their comments must enclose a stamped, self-addressed postcard. Comments may be reviewed at the above address from 8:30 a.m. through 3:30 p.m. Monday through Friday, except Federal holidays.

A copy of the comments may be sent to: Attention: Desk Officer for Federal Highway Administration/DOT, Office of Information and Regulatory Affairs, OMB, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Mr. David R. Miller, Office of Motor Carrier Research and Standards, (202) 366–4009, Federal Highway Administration, Department of Transportation, 400 Seventh Street, SW., Washington, DC 20590. Office hours are from 7:45 a.m. to 4:15 p.m., e.t., Monday through Friday, except Federal holidays.

SUPPLEMENTARY INFORMATION: *Electronic Availability.* An electronic copy of this document may be downloaded using a modem and suitable communications software from the Federal Register electronic bulletin board service (telephone number: 202–512–1661). Internet users may reach the Federal Register's web page at: http://www.access.gpo.gov/su__docs.

Title: Controlled Substances and Alcohol Testing.

OMB Number: 2125–0543.

Background: Title 49 U.S.C. 31306 requires the Secretary of Transportation to promulgate regulations that require motor carriers to test their drivers for the use of alcohol and controlled substances. The Secretary has adopted regulations that require commercial motor vehicle (CMV) drivers to submit to testing by motor carriers.

The information collection is required for motor carriers to document compliance with the controlled substances and alcohol testing regulations, show driver's Constitutional rights and privacy are sufficiently protected, show that drug-positive drivers and drivers with any alcohol concentration of 0.02 or greater in their body, are not being used to operate CMVs on public roads, and show that drivers who have tested positive have received necessary assistance in resolving their use problem. The records are used by the FHWA, and its State and local partners in the Motor Carrier Safety Assistance Program, to determine whether drivers have driven CMVs while using alcohol and drugs in violation of the law.

Respondents: 553,238 motor carriers.

Average Burden per Response: The FHWA estimates that each carrier will be subject to approximately 5 hours of burden annually.

Estimated Total Annual Burden: The FHWA estimates a total annual burden of 2,309,703 hours.

Frequency: Records are required to be prepared and maintained at: Program start-up, quarterly, annually, before driver's first safety-sensitive function for new motor carriers, certain CMV accidents, supervisor's reasonable suspicion of use, random selections, professional assessment, returning to duty after verified use, and follow-up test episodes.

Interested parties are invited to send comments regarding any aspect of this collection of information, including, but not limited to: (1) Whether the collection of information is necessary for the proper performance of the functions of the FHWA, including whether the information will have practical utility; (2) The accuracy of the estimated burden; (3) Ways to enhance the quality, utility, and clarity of the collected information; and (4) Ways to minimize the collection burden without reducing the quality of the collected information.

Authority: 23 U.S.C. and 49 CFR 1.48

Issued on: November 12, 1996.

G. Moore,

Associate Administrator for Administration.

[FR Doc. 96–29853 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–22–P

FEDERAL RAILROAD ADMINISTRATION

Custom Software for Railroad Accident Reporting

AGENCY: Federal Railroad Administration (FRA), Department of Transportation (DOT).

ACTION: Notice of availability of Custom Software for Railroad Accident Reporting.

SUMMARY: The Federal Railroad Administration (FRA) is preparing custom software for reporting railroad accidents/incidents pursuant to 49 CFR part 225. The software will facilitate production of all the monthly reports and logs required by the accident reporting rules, as amended in 61 FR 30940 (June 18, 1996). The FRA will also have an electronic bulletin board for submission of reports.

This software will permit complete editing of reports and logs, have tables with all the applicable codes, and have help screens. This software will be ready for use by January 1, 1997. The software will be available to all reporting railroads at no cost. The minimum configuration is 8 megabytes of random access memory (RAM), 30 megabytes of available hard disk space, a modem, and Windows 3.1x or Windows 95. An application to register for the software will be available. Requests should be submitted by facsimile to (301) 587–9442. Software will be provided only to railroads that provide accident/incident reports to the FRA.

FOR FURTHER INFORMATION CONTACT: Robert L. Finkelstein, Staff Director, Office of Safety Analysis, Office of Safety, FRA, 400 Seventh Street, S.W., Washington, D.C. 20590 (telephone 202–632–3386).

Issued in Washington, D.C., on November 18, 1996.

Bruce M. Fine,

Associate Administrator for Safety.

[FR Doc. 96–29887 Filed 11–12–96; 8:45 am]

BILLING CODE 4910–06–P

DEPARTMENT OF TRANSPORTATION

Federal Transit Administration

Environmental Impact Statement on the 27th Avenue Project, Dade County, Florida

AGENCY: Federal Transit Administration, DOT.

ACTION: Notice of intent to prepare an Environmental Impact Statement (EIS).

SUMMARY: The Federal Transit Administration (FTA), the Florida Department of Transportation (FDOT), and the Metro-Dade Transit Agency (MDTA) intend to prepare an Environmental Impact Statement (EIS) in accordance with the National Environmental Policy Act (NEPA) on the proposed 27th Avenue transit project in Dade County, Florida.

The EIS will evaluate the following alternatives: a no-build alternative; a Transportation Systems Management alternative defined as low cost, operationally oriented improvements to address the identified transportation problems in the corridor; an exclusive

buslane alternative; a transit system alternative in the median of 27th Avenue; and a transit system alternative along side 27th Avenue. Scoping will be accomplished through meetings and correspondence with interested persons, organizations, the general public, Federal, State and local agencies.

DATES: *Comment Due Date:* Written comments on the scope of alternatives and impacts to be considered should be sent to the Metro-Dade Transit Agency by January 6, 1997. See **ADDRESSES** below. *Scoping Meetings:* A joint FTA and Metro-Dade Transit Agency public scoping meeting will be held on Tuesday, December 11, 1996 at 7:00 p.m. at the North Dade Regional Library located at 2455 NW 183rd Street, Miami, Florida; and on December 12, 1996, 6:00 p.m. at the North Central Library located at 9590 NW 27th Avenue, Miami, Florida. See **ADDRESSES** below.

ADDRESSES: Written comments on the project scope should be sent to Mr. Wilson Fernandez, Metro-Dade Transit Agency, 111 NE First Street, Suite 910, Miami, Florida 33128–1970. Scoping meetings will be held at the following locations:

North Dade Regional Library, 2455 NW 183rd Street, Miami, Florida; and
North Central Library, 9590 NW 27th Avenue, Miami, Florida

See **DATES** above.

FOR FURTHER INFORMATION CONTACT: Ms. Elizabeth Martin, Community Planner, Federal Transit Administration, Region 4, (404) 562–3509.

SUPPLEMENTARY INFORMATION:

I. Scoping

The FTA, the Florida Department of Transportation, and MDTA invite written comments for a period of 45 days after publication of this notice (See **DATES** and **ADDRESSES** above.) During scoping, comments should focus on identifying specific social, economic, or environmental impacts to be evaluated, and suggesting alternatives that are less costly or less environmentally damaging which achieve similar objectives. Comments should focus on the issues and alternatives for analysis, and not on a preference for a particular alternative. Individual preference for a particular alternative should be communicated during the comment period for the Draft EIS.

If you wish to be placed on the mailing list to receive further information as the project continues, contact Mr. Wilson Fernandez at the Metro-Dade Transit Agency (see **ADDRESSES** above).

II. Description of Study Area and Project Need

The proposed project corridor extends from Metrorail's Martin Luther King, Jr. station at NW 62nd Street north to the Dade/Broward County line at NW 215th Street. The corridor extends 9.5, covers an area one quarter mile east and west of NW 27th Avenue.

NW 27th Avenue is a major north-south thoroughfare with six lanes, a median, and left turn lanes. From NW 79th Street to NW 106th Street, where used car dealers are located, the curb lanes are used for parking, right turns, and bus stops, leaving two through lanes in each direction. The remainder of the avenue north of 106th Street has three through lanes in each direction. Land use along NW 27th Avenue is mostly commercial or institutional.

As South Florida has grown in recent years, streets and highways in northern Dade County have become increasingly congested. Suburban growth in southwestern Broward County has led to heavy through traffic bound for the employment centers in central Dade County. Moreover, this condition will grow steadily worse as the area continues to grow into the next century. In addition, there is increasing desire for transportation options in the North Corridor which offer convenient, rapid, and safe travel alternatives to the private automobile. Dade County has been identified as a moderate air quality attainment area (maintenance status). Project need is based on increasing travel in north Dade County, increasing through traffic from Broward County, and on providing attractive transportation options to North Corridor residents and visitors.

In response to this need, MDTA has completed a Major Investment Study (MIS) for the North Corridor. The results of the MIS study resulted in a recommended design concept and scope consisting of two heavy rail transit alternatives and one exclusive bus lane alternative to be studied in the EIS stage to provide the required mobility for the north Corridor.

III. Alternatives

The alternatives proposed for evaluation include: (1) No-Build, which involves no change to transportation services or facilities in the corridor beyond already committed projects; (2) A Transportation Systems Management (TSM) Alternative is defined as low cost, operationally oriented improvements to address the identified transportation problems in the corridor, and provides a baseline against which all of the ''Build'' alternatives are evaluated. It includes additional Metrorail service along Stage I and the Palmetto station; (3) A single-lane, reversible busway in the median of NW 27th Avenue from NW 79th Street to NW 199th Street. Express, limited-stop buses would operate southbound on the busway in the AM peak period and northbound in the PM peak period. Local buses and buses operating in the opposite direction during those periods would continue to operate in mixed traffic on NW 27th Avenue. Buses would connect with Metrorail at the Martin Luther King Jr. station; (4) An extension of the Metrorail line north over the median of NW 27th Avenue to NW 215th Street, at the existing Stage I structure north of Dr. Martin Luther King Jr. station. Stations are located over the middle of streets, except for the Miami Dade Community College (MDCC) station located west of NW 27th Avenue, and the Pro Player Stadium station located east of NW 27th Avenue in the stadium parking lot area. This alternative would leave four through lanes on NW 27th Avenue in most areas; (5) An extension of the Metrorail line elevated along side NW 27th Avenue to NW 215th Street, right-of-way is purchased alongside NW 27th Avenue, and the Metrorail structure is constructed in the new right-of-way. For the majority of the alignment, the new right-of-way would lie immediately adjacent and to the west of the existing NW 27th Avenue right-of-way, occupying a strip approximately 50 feet wide (except at station areas, where somewhat more land would be required). North of the intersection of NW 183rd Street, however, the alignment swings across to the east side of NW 27th Avenue, and continues further east to preserve as much of the street frontage of the large undeveloped tract lying east of NW 27th Avenue between NW 185th Street (approximately) and NW 199th Street. The alignment continues across NW 199th Street and returns to the median of NW 27th Avenue north of Pro Player Stadium. It then remains in the median to the county line. This alternative preserves six through lanes for the entire length of NW 27th Avenue in the project area.

IV. Probable Effects

FTA, FDOT, and the MDTA will evaluate all significant environmental, social, and economic impacts of the alternatives analyzed in the EIS. Primary environmental issues include: neighborhood protection, aesthetics, bicycle facilities, trails, recreational greenways, alternative modes of transportation, hydrology and

stormwater management, archaeological and historic resources, ecological issues. Environmental and social impacts proposed for analysis include land use and neighborhood impacts, traffic and parking impacts near stations, visual impacts, impacts on cultural resources, and noise and vibration impacts. Impacts on natural areas, rare and endangered species, air and water quality, groundwater and potentially contaminated sites will also be covered. The impacts will be evaluated both for the construction period and for the long-term period of operation. Measures to mitigate any significant adverse impact will be developed.

Issued on: November 19, 1996.

Susan E. Schruth,

Regional Administrator.

[FR Doc. 96–29948 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–57–P

National Highway Traffic Safety Administration

[Docket No. 96–119; Notice 1]

Michelin North America, Inc.; Receipt of Application for Decision of Inconsequential Noncompliance

Michelin North America, Inc. (Michelin) of Greenville, South Carolina, has determined that some of its tires fail to comply with the labeling requirements of 49 CFR 571.119, Federal Motor Vehicle Safety Standard (FMVSS) No. 119, ''New Pneumatic Tires for Vehicles Other Than Passenger Cars,'' and has filed an appropriate report pursuant to 49 CFR Part 573, ''Defect and Noncompliance Reports.'' Michelin has also applied to be exempted from the notification and remedy requirements of 49 U.S.C. Chapter 301—''Motor Vehicle Safety'' on the basis that the noncompliance is inconsequential to motor vehicle safety.

This notice of receipt of an application is published under 49 U.S.C. 30118 and 30120 and does not represent any agency decision or other exercise of judgment concerning the merits of the application.

FMVSS No. 119, Paragraph S6.5, Tire markings, requires that tires be marked on each sidewall with specific information. The markings shall be placed between the maximum section width (exclusive of sidewall decorations or curb ribs) and the bead on at least one sidewall, unless the maximum section width of the tire is located in an area which is not more than one-fourth of the distance from the bead to the shoulder of the tire. If the maximum section width falls within that area, the markings shall appear between the bead and a point one-half the distance from the bead to the shoulder of the tire, on at least one sidewall.

Michelin's description of non-compliance follows: ''During the period of the 48th week of 1995 through the 1st week of 1996, the Opelika, Alabama, plant of Uniroyal Goodrich Tire Manufacturing, a division of Michelin North America, Inc., produced tires with the markings required by 49 CFR § 571.119 S6.5 (f) and (g) marked only on one side of the tire. Additionally, on the same side of the tire as the missing information, the word ''Radial'' as required by S6.5(i) appears above the maximum section width instead of between the maximum section width and the bead. However, all marking on the opposite side of the tire meets the requirements of S6.5. Furthermore, all performance requirements of FMVSS #119 are met or exceeded.

''Approximately 1,041 LT245/75R16 Uniroyal Laredo LTL LR E tires were produced without the aforementioned information on one sidewall of the tire. Of this total, as many as 559 were shipped to an Original Equipment Vehicle Manufacturer or to the replacement market. The remaining 482 tires have been isolated in our warehouses and will be brought into full compliance with the marking requirements of FMVSS #119 or scrapped.''

Michelin supported its application for inconsequential noncompliance with the following:

''[Michelin] does not believe that this minor error on the one tire sidewall will impact motor vehicle safety:

''1. The marking of number and composition of ply cord material required by S6.5(f) is contained on one side of the tire instead of both sides. When previously granting a petition for inconsequential noncompliance (see e.g., Bridgestone, IP82–8, 47 FR 51269, November 12, 1982) NHTSA has concluded that ''...the number of plies, and the composition of the ply material had an inconsequential relationship to motor vehicle safety...'' and has stated that ''...the failure to state the number of plies and composition of ply material is an informational failure and does not affect the ability of the tires to meet the performance requirements....''

''2. The absence of the word ''tubeless'' on one tire sidewall (as required by S6.5(g) for both sidewalls) will not impact motor vehicle safety since it is merely an informational failure on one sidewall and does not impact tire performance. The tires in question are only produced in a ''tubeless'' configuration. However, should these tires be mounted with a tube, performance of the tires would be perfectly satisfactory.

''3. The word ''radial'' on one sidewall of the tire appears above the maximum section width instead of between the bead and maximum section width. Again, this does not affect the ability of the tire to perform. Additionally, the ''R'' located in the size designation LT245/75R16 which is marked between the bead and sidewall is recognized by the International Standards Organization, the Tire and Rim Association, the Rubber Manufacturers Association and others, including the general public, as being the standard designation for a radial tire. Thus it would be obvious to anyone looking at either sidewall of this tire that it was indeed a radial tire.''

Interested persons are invited to submit written data, views, and arguments on the application of Michelin, described above. Comments should refer to the docket number and be submitted to: Docket Section, National Highway Traffic Safety Administration, Room 5109, 400 Seventh Street, SW., Washington, D.C., 20590. It is requested but not required that six copies be submitted.

All comments received before the close of business on the closing date indicated below will be considered. The application and supporting materials, and all comments received after the closing date, will also be filed and will be considered to the extent possible. When the application is granted or denied, the notice will be published in the Federal Register pursuant to the authority indicated below. Comment closing date: December 23, 1996.

(49 U.S.C. 30118, 30120; delegations of authority at 49 CFR 1.50 and 501.8)

Issued on: November 18, 1996.

L. Robert Shelton,

Associate Administrator for Safety Performance Standards.

[FR Doc. 96–29949 Filed 11–21–96; 8:45 am]

BILLING CODE 4910–59–P

DEPARTMENT OF VETERANS AFFAIRS

Advisory Committee on Women Veterans, Notice of Meeting

The Department of Veterans Affairs gives notice under Public Law 92–463 that a meeting of the Advisory Committee on Women Veterans will be held December 3–5, 1996, at the Department of Veterans Affairs, in Washington, DC. The purpose of the Advisory Committee on Women

Veterans is to advise the Secretary regarding the needs of women veterans with respect to health care, rehabilitation, compensation, outreach and other programs administered by the Department of Veterans Affairs, and the activities of the Department of Veterans Affairs designed to meet such needs. The Committee will make recommendations to the Secretary regarding such activities.

The sessions will convene on December 3, 10:15 a.m. to 5:00 p.m.; December 4, 9:00 a.m. to 5:00 p.m.; and conclude on December 5, 9:00 a.m to 3:00 p.m. The Committee will meet in conference room 630, VA Central Office Building, 810 Vermont Avenue, NW, Washington, DC. All sessions will be open to the public up to the seating capacity of the room. Because this capacity limited, it will be necessary for those wishing to attend to contact Ms. Maryanne Carson, Department of Veterans Affairs prior to November 20, 1996, by letter or phone on 202/273–6193.

Tentative Agenda

December 3, 1996, Tuesday
10:15 a.m.—Welcome and remarks from Deputy Secretary
10:30 a.m.—Briefings from VA organizations
12 noon—lunch
1:00 p.m.—Briefings from VA organizations Department of Labor
5:00 p.m.—Adjourn
December 4, 1996, Wednesday
9:00 a.m.—Briefings on: Summit on Women Veterans, Women veterans activities, Legislative initiatives, Site visit reports, 1996 Advisory Committee Report, Site visit to Los Angeles, CA
1:00 p.m.—Lunch
2:15 p.m.—Briefings continue
5:00 p.m.—Adjourn
December 5, 1996, Thursday
9:00 a.m.—Executive Session

Dated: November 15, 1996.

By Direction of the Secretary.

Eugene A. Brickhouse,

Committee Management Office.

[FR Doc. 96–29839 Filed 11–21–96; 8:45 am]

BILLING CODE 8320–01–M

Federal Register

Friday
November 22, 1996

Part II

Department of Health and Human Services

Health Care Financing Administration

42 CFR Parts 410 and 415

Medicare Program; Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1997, Final Rule; Physician Fee Schedule Update for Calendar Year 1997 and Physician Volume Performance Standard Rates of Increase for Federal Fiscal Year 1997, Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 410 and 415

[BPD–852–FC]

RIN 0938–AH40

Medicare Program; Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1997

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

ACTION: Final rule with comment period.

SUMMARY: This final rule makes several policy changes affecting Medicare payment for physician services, including payment for diagnostic services and transportation in connection with furnishing diagnostic tests. The final rule also makes changes in geographic payment areas (localities) and changes in the procedure status codes for a variety of services. Since we established the physician fee schedule on January 1, 1992, our experience indicates that some of our policies may need to be reconsidered. This final rule is intended to correct several inequities in physician payment.

This final rule also makes changes to work relative value units (RVUs) affecting payment for physician services. Section 1848(c)(2)(B)(i) of the Social Security Act requires that we review all work RVUs no less often than every 5 years. Since we implemented the physician fee schedule effective for services furnished beginning January 1, 1992, we have completed the 5-year review of work RVUs that will be effective for services furnished beginning January 1, 1997. In addition, we are finalizing the 1996 interim RVUs and are issuing interim RVUs for new and revised procedure codes for 1997.

DATES: *Effective Date:* This rule is effective January 1, 1997, as provided by the Medicare statute. Ordinarily, 5 U.S.C. section 801 requires that agencies submit major rules to Congress 60 days before the rules are scheduled to become effective. However, the 104th Congress adjourned on October 4, 1996, and the 105th Congress is not scheduled to convene until January 7, 1997. The Department has concluded that, in this instance, a further delay in this rule's effective date in order to satisfy section 801 would not serve the law's intent, since Congress will not be in session during this period, and such delay in the effective date established by the Medicare statute is unnecessary and contrary to the public interest. The Department finds, on this basis, that there is good cause for establishing this effective date pursuant to 5 U.S.C. section 808(2).

Comment Date: We will accept comments on interim RVUs for selected procedure codes identified in Addendum C. Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on January 21, 1997.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD–852–FC, P.O. Box 26688, Baltimore, MD 21207–0488.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room C5–09–26, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Comments may also be submitted electronically to the following e-mail address: BPD852FC@hcfa.gov. E-mail comments must include the full name and address of the sender and must be submitted to the referenced address to be considered. All comments must be incorporated in the e-mail message because we may not be able to access attachments. Electronically submitted comments will be available for public inspection at the Independence Avenue address below.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code BPD–852–FC. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

Copies: To order copies of the Federal Register containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Specify stock number 069–001–00097–1 and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 (or toll-free at 1–888–293–6498) or by faxing to (202) 512–2250. The cost for each copy is $8. As an alternative, you can view and photocopy the Federal Register document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the Federal Register.

Copies of the source files for this document can also be purchased on high density 3.5 inch personal computer diskettes for $20. Send your request to: Superintendent of Documents, Attention: Electronic Products, P.O. Box 37082, Washington, DC 20013–7082. Enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders for the diskettes can also be placed by calling (202) 512–1530 or by faxing to (202) 512–1262. The file formats on the diskettes are EXCEL and WordPerfect 6.1.

This Federal Register document is also available from the Federal Register online database through *GPO Access*, a service of the U.S. Government Printing Office. Free public access is available on a Wide Area Information Server (WAIS) through the Internet and via asynchronous dial-in. Internet users can access the database by using the World Wide Web; the Superintendent of Documents home page address is http://www.access.gpo.gov/su__docs/, by using local WAIS client software, or by telnet to swais.access.gpo.gov, then login as guest (no password required). Dial-in users should use communications software and modem to call (202) 512–1661; type swais, then login as guest (no password required).

FOR FURTHER INFORMATION CONTACT: Stanley Weintraub, (410) 786–4498.

SUPPLEMENTARY INFORMATION: In this final rule, we provide background on the statutory authority for and development of the physician fee schedule. We also explain in detail the process by which certain interim work relative value units (RVUs) are reviewed and, in some cases, revised.

Section 1848(c)(2)(B) of the Social Security Act (the Act) provides that adjustments in RVUs resulting from an annual review of those RVUs may not cause total physician fee schedule payments to differ by more than $20 million from what they would have been had the adjustments not been made. Thus, the statute allows a $20 million tolerance for increasing or reducing total expenditures under the

physician fee schedule. This year we are making the budget neutrality adjustment required by changes in payment policy and CPT through the conversion factors (CFs) and the adjustment required by the 5-year review through a separate adjuster to the work RVUs. We have determined that net increases because of changes to the physician fee schedule would have added to projected expenditures in calendar year 1997 by approximately $2.7 billion. Therefore, it is necessary to make budget-neutrality adjustments.

We have made the two adjustments in such a manner as to achieve budget neutrality as we were best able to estimate. As a result, the total projected expenditures from the revised fee schedule are estimated to be the same as they would have been had we not changed the RVUs for any individual codes or added new codes to the fee schedule. We have adjusted all CFs by a uniform adjustment factor of 0.985, which results in a uniform reduction of 1.5 percent to the CFs for all services. The new work adjuster factor is 0.917, which results in a reduction of −8.3 percent to all work RVUs.

A CF is a national value that converts RVUs into payment amounts. There are three separate CFs: one for surgical services, one for primary care services, and one for nonsurgical services other than primary care. The CFs are updated annually.

Addenda to this rule provide the following information:

Addendum A—Explanation and Use of Addenda B through D.

Addendum B—1997 Relative Value Units and Related Information Used in Determining Medicare Payments for 1997.

Addendum C—Codes with Interim Relative Value Units.

Addendum D—1997 Geographic Practice Cost Indices by Medicare Carrier and Locality.

The RVUs and revisions to payment policies in this final rule apply to physicians' services furnished on or after January 1, 1997.

To assist readers in referencing sections contained in this final rule, we are providing the following table of contents. Some of the issues discussed in this preamble affect the payment policies but do not require changes to the regulations in the Code of Federal Regulations.

Table of Contents

I. Background
A. Legislative History
B. Published Changes to the Fee Schedule
C. Components of the Fee Schedule Payment Amounts
D. Summary of the Development of the Relative Value Units
1. Work Relative Value Units
2. Practice Expense and Malpractice Expense Relative Value Units
II. Specific Proposals for Calendar Year 1997 and Responses to Public Comments
A. Payment Area (Locality) and Corresponding Geographic Practice Cost Index Changes
B. Special Rules for the Payment of Diagnostic Tests, Including Diagnostic Radiologic Procedures
C. Transportation in Connection with Furnishing Diagnostic Tests
D. Bundled Services
1. Hot or Cold Packs
2. Dermatology Procedures
a. Bundling of Repair Codes into Excision Codes
b. Skin Lesion Destruction Codes
E. Change in Coverage Status for Screening and Obsolete Procedures
1. Vital Capacity Testing
2. Certain Cardiovascular Procedures
F. Payments for Supervising Physicians in Teaching Settings
1. Definition of Approved Graduate Medical Education Programs
2. Evaluation and Management Services Furnished in Certain Settings
G. Change in Global Periods for Four Percutaneous Biliary Procedures
III. Refinement of Relative Value Units for Calendar Year 1997 and Responses to Public Comments on the Five-Year Review of Work Relative Value Units
A. Summary of the Development of Physician Work Relative Value Units
B. Scope of the Review
C. Review of Comments (Includes Table 1—Work Relative Value Unit Refinements of Five-Year Review Codes Commented on in Response to the May 3, 1996 Proposed Notice)
IV. Discussion of Comments and Decisions
A. Discussion of Comments by Clinical Area
1. Integumentary System
2. Orthopedic Surgery
3. Otolaryngology and Maxillofacial Surgery
4. Podiatry
5. Cardiology and Interventional Radiology
6. General Surgery, Colon and Rectal Surgery, and Gastroenterology
7. Urology
8. Gynecology
9. Neurosurgery
10. Ophthalmology
11. Imaging
12. Cardiothoracic and Vascular Surgery
13. Pathology and Laboratory Procedures
14. Psychiatry
15. Other Medical and Therapeutic Services
16. Speech/Language/Hearing
B. Other Comments
1. Evaluation and Management Services
2. Pediatrics
3. Anesthesia
4. Codes Without Work Relative Value Units
5. Potentially Overvalued Services
C. Other Issues
1. Budget Neutrality
2. Impact of Work Relative Value Unit Changes for Evaluation and Management Services on Work Relative Value Units for Global Surgical Services
3. Codes Referred to the Physicians' Current Procedural Terminology Editorial Panel
4. Future Review
V. Refinement of Relative Value Units for Calendar Year 1997 and Responses to Public Comments on Interim Relative Value Units for 1996
A. Summary of Issues Discussed Related to the Adjustment of Relative Value Units
B. Process for Establishing Work Relative Value Units for the 1997 Fee Schedule
1. Work Relative Value Unit Refinements of Interim and Related Relative Value Units
a. Methodology (Includes Table 2—Work Relative Value Unit Refinements of 1996 Interim and Related Relative Value Units)
b. Interim 1996 Codes
2. Establishment of Interim Work Relative Value Units for New and Revised Physicians' Current Procedural Terminology Codes and New HCFA Common Procedure Coding System Codes for 1997
a. Methodology (Includes Table 3—American Medical Association Specialty Society Relative Value Update Committee and Health Care Professionals Advisory Committee Recommendations and HCFA's Decisions for New and Revised 1997 CPT Codes)
b. Discussion of Interim Relative Value Units for Chiropractic Manipulative Treatment
c. Discussion of Codes for Which the RUC Recommendations Were Not Accepted
d. New HCFA Common Procedure Coding System Codes
VI. Provisions of the Final Rule
VII. Collection of Information Requirements
VIII. Response to Comments
IX. Regulatory Impact Analysis
A. Regulatory Flexibility Act
B. Budget Neutrality
C. Payment Area (Locality) and Corresponding Geographic Practice Cost Index Changes
D. Special Rules for the Payment of Diagnostic Tests, Including Diagnostic Radiologic Procedures
E. Transportation in Connection with Furnishing Diagnostic Tests
F. Bundled Services
1. Hot or Cold Packs
2. Dermatology Procedures
a. Bundling of Repair Codes into Excision Codes
b. Skin Lesion Destruction Codes
G. Change in Coverage Status for Screening and Obsolete Procedures
1. Vital Capacity Testing
2. Certain Cardiovascular Procedures
H. Payments for Supervising Physicians in Teaching Settings
I. Change in Global Periods for Four Percutaneous Biliary Procedures
J. Impact of Payment Policy Changes, Including Establishment of Interim and Final RVUs for CPT Coding Changes

K. Effects of Changes Resulting from the Five-Year Review of Work Relative Value Units
L. Net Impact of Changes on Medicare Specialties
1. Impact Estimation Methodology
2. Overall Fee Schedule Impact
3. Specialty Level Effect (Includes Table 4—Five-Year Review Impact on Medicare Payments by Specialty)
M. Rural Hospital Impact Statement
Addendum A—Explanation and Use of Addenda B through D.
Addendum B—1997 Relative Value Units and Related Information Used in Determining Medicare Payments for 1997.
Addendum C—Codes with Interim Relative Value Units.
Addendum D—1997 Geographic Practice Cost Indices by Medicare Carrier and Locality

In addition, because of the many organizations and terms to which we refer by acronym in this final rule, we are listing these acronyms and their corresponding terms in alphabetical order below:

AMA—American Medical Association
CF—Conversion factor
CFR—Code of Federal Regulations
CPT—[Physicians'] Current Procedural Terminology [4th Edition, 1996, copyrighted by the American Medical Association]
CY—Calendar year
EKG—Electrocardiogram
FSA—Fee Schedule Area
FY—Fiscal year
GAF—Geographic adjustment factor
GPCI—Geographic practice cost index
HCFA—Health Care Financing Administration
HCPAC—Health Care Professionals Advisory Committee
HCPCS—HCFA Common Procedure Coding System
HHS—[Department of] Health and Human Services
MSA—Metropolitan Statistical Area
MVPS—Medicare Volume Performance Standards
OBRA—Omnibus Budget Reconciliation Act
OMB—Office of Management and Budget
PC—Professional component
RUC—[American Medical Association Specialty Society] Relative [Value] Update Committee
RVU—Relative value unit
TC—Technical component

I. Background

A. Legislative History

Since January 1, 1992, Medicare has paid for physician services under section 1848 of the Act, ''Payment for Physicians' Services.'' This section contains three major elements: (1) A fee schedule for the payment of physician services; (2) a Medicare volume performance standard for the rates of increase in Medicare expenditures for physician services; and (3) limits on the amounts that nonparticipating physicians can charge beneficiaries. The Act requires that payments under the fee schedule be based on national uniform relative value units (RVUs) based on the resources used in furnishing a service. Section 1848(c) of the Act requires that national RVUs be established for physician work, practice expense, and malpractice expense.

Section 1848(c)(2)(B)(ii)(II) of the Act provides that adjustments in RVUs because of changes resulting from a review of those RVUs may not cause total physician fee schedule payments to differ by more than $20 million from what they would have been had the adjustments not been made. If this tolerance is exceeded, we must make adjustments to preserve budget neutrality.

B. Published Changes to the Fee Schedule

In the May 3, 1996 and July 2, 1996 proposed rules (61 FR 19993 and 61 FR 34615, respectively), we listed all of the final rules published through December 8, 1995 relating to the updates to the RVUs and revisions to payment policies under the physician fee schedule. In the May 3, 1996 proposed notice (61 FR 19992), we discussed proposed changes to work RVUs affecting payment for physician services in keeping with the requirement under section 1848(c)(2)(B)(i) of the Act that we review all work RVUs no less often than every 5 years. Since we implemented the physician fee schedule effective for services furnished beginning January 1, 1992, we have completed the 5-year review of work RVUs that will be effective for services furnished beginning January 1, 1997. In the July 1996 proposed rule (61 FR 34614), we discussed several policy changes affecting Medicare payment for physician services including payment for diagnostic services and transportation in connection with furnishing diagnostic tests. The proposed rule also discussed comprehensive locality changes and changes in the procedure status codes for a variety of services.

This final rule with comment period affects the regulations set forth at 42 CFR part 410, which consists of regulations on supplementary medical insurance benefits and part 415, which contains regulations on services of physicians in provider settings, supervising physicians in teaching settings, and residents in certain settings. It also discusses changes to work RVUs affecting payment for physician services. The information in this final rule updates information in the final Federal Register documents listed in the May 1996 and July 1996 proposed rules (61 FR 19993 and 61 FR 34615, respectively).

C. Components of the Fee Schedule Payment Amounts

Under the formula set forth in section 1848(b)(1) of the Act, the payment amount for each service paid for under the physician fee schedule is the product of three factors: (1) A nationally uniform relative value for the service; (2) a geographic adjustment factor (GAF) for each physician fee schedule area; and (3) a nationally uniform conversion factor (CF) for the service. There are three CFs—one for surgical services, one for nonsurgical services, and one for primary care services. The CFs convert the relative values into payment amounts.

For each physician fee schedule service, there are three relative values: (1) An RVU for physician work; (2) an RVU for practice expense; and (3) an RVU for malpractice expense. For each of these components of the fee schedule there is a geographic practice cost index (GPCI) for each fee schedule area. The GPCIs reflect the relative costs of practice expenses, malpractice insurance, and physician work in an area compared to the national average for each component. In addition, for 1997, there is an added adjustment for budget neutrality to work reflecting the results of the 5-year review of work RVUs. The work adjuster is explained in section IV.C.1. of this final rule.

The general formula for calculating the Medicare fee schedule amount for a given service in a given fee schedule area can be expressed as:

$$\text{Payment}=[(RVU_{work}\times\text{work adjuster}\times GPCI_{work}) + (RVU_{\text{practice expense}}\times GPCI_{\text{practice expense}}) + (RVU_{malpractice}\times GPCI_{malpractice})]\times CF$$

The CFs for calendar year 1997 appear in Addendum A. The RVUs for calendar year 1997 are in Addendum B. The GPCIs are in Addendum D.

Section 1848(e) of the Act requires the Secretary to develop GAFs for all physician fee schedule areas. The total GAF for a fee schedule area is equal to a weighted average of the individual GPCIs for each of the three components of the service. Thus, the GPCIs reflect the relative costs of practice expenses, malpractice insurance, and physician work in an area compared to the national average. In accordance with the law, however, the GAF for the physician's work reflects one-quarter of the relative cost of physician's work compared to the national average.

For the first year of the fee schedule, the law required a base-year CF that was budget-neutral relative to 1991 estimated expenditures. The Secretary is required to recommend to the Congress updates to the CFs by April 15 of each year as part of the Medicare volume performance standards and annual fee schedule update process. The Congress may choose to enact the Secretary's recommendation, enact another update amount, or not act at all. If the Congress does not act, the annual fee schedule update is set according to a ''default'' mechanism in the law. Under this mechanism, the update will equal the Medicare Economic Index adjusted by the amount actual expenditures for the second previous fiscal year (FY) were greater or less than the performance standard rate of increase for that FY. (The Medicare Economic Index is a physician input price index, in which the annual percent changes for the direct-labor price component are adjusted by an annual percent change in a 10-year moving average index of labor productivity in the nonfarm business sector.) The Medicare volume performance standard for FY 1997 and the physician fee schedule update for calendar year (CY) 1997 are published elsewhere in this Federal Register issue as a final notice (BPD–853–FN).

D. Summary of the Development of the Relative Value Units

1. Work Relative Value Units

Approximately 7,500 codes represent services included in the physician fee schedule. The work RVUs established for the implementation of the fee schedule in January 1992 were developed with extensive input from the physician community. The original work RVUs for most codes were developed by a research team at the Harvard School of Public Health in a cooperative agreement with us. In constructing the vignettes for the original RVUs, Harvard worked with panels of expert physicians and obtained input from physicians from numerous specialties.

The RVUs for radiology services are based on the American College of Radiology (ACR) relative value scale, which we integrated into the overall physician fee schedule. The RVUs for anesthesia services are based on RVUs from a uniform relative value guide. We established a separate CF for anesthesia services while we continue to recognize time as a factor in determining payment for these services. As a result, there is a separate payment system for anesthesia services.

Proposed RVUs for services were published in a proposed rule in the Federal Register on June 5, 1991 (56 FR 25792). We responded to the comments in the November 25, 1991 final rule. Since many of the RVUs were published for the first time in the final rule, we considered the RVUs to be interim during the first year of the fee schedule and gave the public 120 days to comment on all work RVUs. In response to the final rule, we received comments on approximately 1,000 services. We responded to those comments and listed the new RVUs in the November 25, 1992 notice for the 1993 fee schedule for physicians' services. We considered these RVUs to be final and did not request comments on them.

The November 25, 1992 notice (57 FR 55914) also discussed the process used to establish work RVUs for codes that were new or revised in 1993. The RVUs for these codes, which were listed in Addendum C of the November 25, 1992 notice, were considered interim in 1993 and open to comment through January 26, 1993.

We responded to comments received on RVUs listed in Addendum C of the November 25, 1992 notice (57 FR 56152) in the December 2, 1993 final rule (58 FR 63647) for the 1994 physician fee schedule. The December 2, 1993 final rule discussed the process used to establish RVUs for codes that were new or revised for 1994. The RVUs for these codes, which are listed in Addendum C of the December 2, 1993 final rule (58 FR 63842), were considered interim in 1994 and open to comment through January 31, 1994. We proposed RVUs for some non-Medicare and carrier-priced codes in our June 24, 1994 proposed rule (59 FR 32760). Codes listed in Table 1 of the June 1994 proposed rule were open to comment. These comments, in addition to comments on RVUs published as interim in the December 2, 1993 final rule were addressed in the December 8, 1994 final rule (59 FR 63432). In addition, the December 8, 1994 final rule discussed the process used to establish RVUs for codes that were new or revised for 1995. Interim RVUs for new or revised procedure codes were open to comment. Comments were also accepted on all RVUs considered under the 5-year refinement process. The comment period closed on February 6, 1995.

2. Practice Expense and Malpractice Expense Relative Value Units

Section 1848(c)(2)(C) of the Act requires that the practice expense and malpractice expense RVUs equal the product of the base allowed charges and the practice expense and malpractice percentages for the service. Base allowed charges are defined as the national average allowed charges for the service furnished during 1991, as estimated using the most recent data available. For most services, we used 1989 charge data ''aged'' to reflect the 1991 payment rules, since those were the most recent data available for the 1992 fee schedule.

If charge data were unavailable or insufficient, we imputed the practice expense and malpractice expense RVUs from the work RVUs. For example, if a procedure has work RVUs of 6.00, and the specialty practice cost percentages for the specialty furnishing the service is 60 percent work, 30 percent practice expense, and 10 percent malpractice expense, then the total RVUs would be 10.00 (6.00/.60), the practice expense RVUs would be 3.00 (10 x .30), and the malpractice expense RVUs would be 1.00 (10 x .10).

II. Specific Proposals for Calendar Year 1997 and Responses to Public Comments

In response to the publication of the July 1996 proposed rule, we received approximately 3,000 comments. We received comments from individual physicians and health care workers and professional associations and societies. The majority of the comments addressed the proposals related to locality changes, transportation in connection with furnishing diagnostic tests, and diagnostic testing.

The proposed rule discussed policies that affect the number of RVUs on which payment for certain services would be based. Any changes implemented through this final rule are subject to the $20 million limitation on annual adjustments as contained in section 1848(c)(2)(B) of the Act.

After reviewing the comments and determining the policies we will implement, we have estimated the costs and savings of these policies and added those costs and savings to the estimated costs associated with any other changes in RVUs for 1997. We discuss in detail the effects of these changes in the Regulatory Impact Analysis (section IX).

For the convenience of the reader, the headings for the policy issues in section II, for the most part, correspond to the headings used in the July 1996 proposed rule (61 FR 34614). More detailed background information for each issue can be found in the July 1996 proposed rule.

A. Payment Area (Locality) and Corresponding Geographic Practice Cost Index Changes

Currently, there are 210 payment localities under the physician fee schedule. Twenty-two States have single statewide localities, while the number of localities in other States ranges from 2 to 32. The current localities were set by local Medicare carriers based on their knowledge of local physician charging patterns. Therefore, current localities have no consistent basis, and have generally changed little since the inception of Medicare in 1966. Currently, we set physician fee schedule localities, and local Medicare carriers may not revise them. Over the years, we have received numerous complaints from physicians that, since the current localities were established, changing economic and demographic conditions warrant a comprehensive review and revision of payment localities.

We contracted with Health Economics Research, Inc. to conduct an analysis of options for realignment of payment localities. After analyzing the Health Economics Research report, we announced in the July 1996 proposed rule (61 FR 34618) that we were proposing Option 1i, 5-percent threshold, with subcounty payment area restructuring in certain States with subcounty localities.

Under this option, current localities are used as building blocks. The 22 existing statewide localities remain statewide localities. Our proposal sets new localities in the remaining 28 States by comparing the area cost differences as represented by the locality GAFs within a State. An area's GAF is a weighted composite of the area's work, practice expense, and malpractice GPCIs and allows a comparison of overall costs among areas. Briefly, a State's localities are ranked from the highest to the lowest GAF. The GAF of the highest-price locality is compared to the weighted average GAF of all lower-price localities. If the percentage difference exceeds 5-percent, the highest-price locality remains a distinct locality. If not, the State becomes a statewide locality. If the highest-price locality remains a distinct locality, the process is repeated for the second highest-price locality. Its GAF is compared to the statewide average excluding the two highest-price localities. If this difference exceeds 5-percent, the second highest-price locality remains a distinct locality. This logic is repeated, moving down the ranking of localities by costliness, until the highest-price locality does not exceed the combined GAFs of all less costly localities by 5-percent and does not remain a distinct locality. No further comparisons are made, and the remaining localities become a residual rest-of-State locality. The GAF of a locality always is compared to the average GAF of all lower-price localities. This ensures that the statewide or residual State locality has relatively homogeneous resource costs.

We combined Option 1i, 5-percent, with a restructuring of localities in the 11 States that currently contain subcounty localities. We proposed to use counties as the basic locality structure. The input price data used in computing the GPCIs is not available at the subcounty level. The use of subcounty localities creates unnecessary complexity and administrative burden. It requires laborious mapping of zip codes and city boundaries to localities for both claims processing and computing the GPCIs. Using counties as the basic locality unit provides a national uniform physician fee schedule structure. Option 1i, 5-percent threshold, automatically eliminates these subcounty areas in 8 States as it aggregates them into statewide or residual State localities. The remaining 3 subcounty States—Massachusetts, Missouri, and Pennsylvania—are more problematic. Currently, each of these States contain noncontiguous localities comprised of parts of counties with dissimilar costs. We proposed to fundamentally restructure localities in these States by examining county level costs as represented by county GAFs and creating new localities based on costs with some geographic consideration. A detailed discussion of this fundamental restructuring can be found in the July 1996 proposed rule (61 FR 34620).

Our proposed locality structure meets the major goal of simplifying payment areas and reducing payment differences among adjacent geographic areas while maintaining accuracy in tracking input prices among areas. It significantly reduces the number of payment localities from 210 to 89 and increases the number of statewide localities from 22 to 34, thereby simplifying program administration. It also provides a more rational and understandable basis for localities, reduces urban/rural payment differences, and maintains separate payment areas for relatively high-priced large and mid-sized cities in large States. It decreases the number of payment areas by almost 60 percent while at the same time reducing average county boundary differences, yet reduces average county input price accuracy by only 0.42 percent.

The GPCIs for the new localities were calculated to be budget neutral within each State. That is, the same total physician fee schedule payment will be made within a State that would have been made if the current localities were retained. The effect on most localities will be minimal. Of the total localities in the 28 States currently having multiple localities, 82 percent of the GAFs change less than 3 percent, 93 percent change less than 4 percent, and 96 percent change less than 5 percent. Forty-three percent of the areas will experience increases in payments, 33 percent will experience decreases, and 24 percent will experience no change.

We proposed phasing in the new localities over a 2-year period in States containing a payment area estimated to lose more than 4 percent. We proposed that no locality be allowed to lose more than 4 percent in the first year. We selected a 4 percent threshold because it is about one-half of the largest estimated payment area decrease. This means phasing in the new localities over 2 years in Missouri and Pennsylvania because they are the only States containing a payment locality estimated to lose more than 4 percent. The payment locality changes would be fully effective in 1997 in all other States.

Comment: The single largest number of comments were from commenters supporting our proposal because it would reduce or eliminate urban/rural payment differences in their State. They believed that this would help in the recruitment and retention of physicians in underserved rural areas, thereby improving access. The commenters stated that increased Medicare payments are particularly needed in rural areas as these areas tend to have an unusually large percentage of the Medicare population.

Response: We agree that our proposal will reduce urban/rural payment differences under the Medicare physician fee schedule, and we are hopeful that this may help to improve access to care in rural areas.

Comment: Some commenters from localities estimated to experience payment decreases objected to what they termed the ''proposed reduction'' in their payment level under Medicare. They were concerned about the ripple effect on their payments from other sources, especially managed care, as these sources frequently base their payments on Medicare payment rates. They gave no rationale for objecting to our proposal, other than the payment reduction.

Response: Our proposal is not intended as a payment reduction policy. Rather, it is a restructuring of localities based on area costs wherein existing localities with costs that are

significantly higher than other localities within their State remain distinct localities while localities with similar costs within the State are collapsed into a residual State locality. Since this will be implemented on a budget-neutral basis within a State, some of the current localities comprising these newly collapsed localities will experience slight increases in payments while others will experience slight decreases. Our proposal to aggregate current localities is based on the application of statistical criteria comparing area costs. In the July 2, 1996 proposed rule (61 FR 34621), we stated that while we welcomed comments and would consider other suggested alternatives, these alternatives should be based on a statistical analysis demonstrating why the alternative is preferable. Merely objecting to reductions in payment without accompanying analysis is not a compelling reason for not implementing the proposed locality revisions.

Comment: Commenters from urban areas whose costs were not significantly higher than rural areas and, thus, were collapsed into statewide or State residual areas were opposed to our proposal, maintaining that their expenses such as labor, rent, and taxes are higher than in rural areas.

Response: We agree that our cost data generally show that costs are higher in urban than in rural areas. However, urban areas whose costs do not meet our statistical criteria, that is, are not more than 5 percent higher than the combined costs of all lower-price localities in their State, are combined with these lower-price localities into a new locality. We believe that, for all of the reasons stated in the introduction, our proposed locality structure has many advantages over the current structure while maintaining an acceptable degree of accuracy in tracking area cost differences.

Comment: Commenters in losing areas objected to our methodology on the basis that the GPCIs are based on proxy data that are outdated and are not an accurate reflection of area cost differences. Some commenters quoted other limited data sources or provided limited local data to demonstrate that their costs were higher relative to other areas than indicated by the GPCIs. Indeed, some commenters did not comment on our locality proposal, but commented on the construction of the GPCIs and how the GPCIs understate costs in their area.

Response: The accuracy of the GPCIs was initially addressed in the June 1991 proposed rule (56 FR 25815) and the November 1991 (56 FR 59511) final rule on the physician fee schedule. It was addressed again in the June 24, 1994 proposed rule (59 FR 32756) and the December 1994 final rule (59 FR 63414) on the physician fee schedule discussing the first update of the GPCIs. Those rules discussed in depth the formulation of the GPCIs. Those proposed and final rules were the appropriate vehicles for commenting on the GPCIs. The next GPCI update is scheduled for 1998, and likely will be announced in a proposed rule published in 1997. This will provide another opportunity for commenting on the formulation of the GPCIs. Our July 2 proposed rule requested comments on the proposed locality reconfiguration, not the GPCI formulation.

The GPCIs are based on the best and most recent data available. The current GPCIs are based on 1990 census wage data, 1994 rental data, and 1990 through 1992 malpractice premium data. The current GPCIs were required by law to become effective in 1995. We began work on them in 1993. These data were the best and most recent data available at that time. Because of the time necessary to collect and evaluate the data, there will always be a time lag between data collection and implementation of the GPCIs. It is not possible to be absolutely current. The GPCIs have been examined in depth by government and private groups and there is general agreement that they are the best available measurement of area physician practice cost differences.

Since the GPCIs reflect practice costs among all areas across the country, national data sources that are widely available and are updated on a periodic basis are required. Using locally available data to demonstrate higher local costs is not acceptable in a national program with national indices.

Comment: Some commenters, while generally agreeing with the intent of our locality proposal, stated that we should make an exception to furnish the same payment amount for metropolitan areas that cross State lines as these areas tend to have relatively homogenous resource costs throughout the metropolitan area. Commenters believed that not doing this might have a negative impact on health care delivery in the part of the metropolitan area in the State with the lower GAF. One commenter cited an example of neighboring payment areas across State borders that currently have nearly identical GAFs but under our proposal will have a nearly 4-percent difference as one of the areas becomes part of a statewide locality while the other remains a distinct locality.

Response: We considered using metropolitan statistical areas as locality building blocks in one option for setting localities. For the reasons discussed in the July 1996 proposed rule (61 FR 34618), we rejected this option as less promising than our proposed option. We agree that in many cases resource cost are similar across State lines. However, we currently have no localities that cross State lines and see no reason to begin establishing them. There are numerous situations under the current locality system when there are larger payment differences across State boundaries than the 4 percent cited by the commenter. We have no evidence that physicians are crossing State borders to secure higher Medicare payment. There are many differences among States that affect business decisions in addition to the elements reflected in our resource costs. For example, States have different physician licensing requirements, business licensing requirements, safety and health requirements, and different business, corporate, and personal income tax rates. We do not believe that a few percentage points difference in Medicare payments will cause physicians to relocate across State lines.

Comment: Some commenters in the 16 States that would remain multiple locality States under our proposal stated that they would prefer that we make their State a single statewide locality.

Response: Our proposal creates statewide localities except in States containing high-price localities whose costs exceed the combined costs of all lower-price localities by more than 5 percent. We stated in the July 1996 proposed rule (61 FR 34622) that we would consider requests to convert multiple locality States to statewide localities if there is overwhelming support for a statewide locality among both winning and losing physicians in the State. We will be glad to consider applications demonstrating such overwhelming support for a statewide locality from these States.

Comment: Some commenters supported our proposal but requested that all localities have the changes transitioned in over a 2-year period. Other commenters requested a 3-or 4-year transition.

Response: Transitions are operationally complex and can be very confusing to physicians. Most localities experience a negligible or minor change in payments under our proposal. We see no need to transition such areas. We believe that transitioning only to limit the larger losses is reasonable. We also believe that transitioning over 2 years in these areas is reasonable. The periodic GPCI revisions are required by law to be transitioned over 2 years. A longer transition will run into the next GPCI

update and the implementation of resource-based practice expenses. It would be very complex and difficult to explain the interaction of these simultaneous changes to physicians.

Comment: While generally supporting our concept of consolidating payment areas, some commenters requested that we allow more flexibility on a statewide basis. They requested that we accommodate their wishes if physicians within a State wish to have a slight modification to our proposal, for example, to select a lower threshold than 5 percent to allow certain areas that would be part of the State residual area to remain a distinct payment area.

Response: The fee schedule is a national program, with national RVUs and national CFs. The GPCIs are based on national data. Therefore, we applied the same statistical criteria, Option 1i, 5-percent threshold, to all multiple locality States in our locality revision proposal. As announced in the proposed rule, we still plan to be responsive to the wishes of physicians in multiple locality States by accepting requests for a statewide payment area if overwhelmingly supported by physicians in both winning and losing areas within the State. While we prefer to be responsive to the wishes of physicians within a State, commenters failed to state what criteria would be applied to demonstrate that physicians within the State desired a modification of our proposal.

Our past experience with converting States to statewide payment areas has demonstrated that it is often difficult to develop a consensus among physicians for these changes because there are both winners and losers. Our criteria for such changes have been to require a resolution, passed by the State medical society requesting the change, that clearly states that there will be winners and losers, and also offers proof of overwhelming support for the change among physicians in both winning and losing areas. Then, even if such support is demonstrated among State medical society members, we will publish the proposed change in the Federal Register to give all physicians in the State, medical society members and nonmembers, an opportunity to comment because State medical societies usually represent only about 50 to 60 percent of all physicians in the State. Also, many nonphysician practitioners paid under the fee schedule and not represented by State medical associations are affected by fee schedule changes. In many cases, we have received letters of protest from losing, usually urban, physicians as soon as a resolution is passed and before we have even proposed a change.

While we were willing to consider modifications to our proposed localities within a State, such modifications would have to be statistically based. For example, a request for a modification should state why we should use a lower threshold than our 5-percent threshold within that State, rather than merely saying that a large city, which becomes part of the State residual area under the proposal, should be a separate locality because it is similar in size or characteristics to other higher-cost cities. We would also need evidence that areas that would lose under this modification understood and supported the change.

Comment: A commenter from California, while generally supporting the proposal, requested to return to the designations in Los Angeles that existed under the reasonable charge system whereby more expensive areas of Los Angeles, namely Beverly Hills, West Los Angeles, and Santa Monica had higher prevailing charge allowances than other parts of Los Angeles County. The commenter believed that costs are not homogeneous across Los Angeles County and are higher in these areas.

Response: Los Angeles was divided into eight areas under the reasonable charge system. These eight areas have the same GPCIs and payment amounts under the fee schedule because the lowest level cost data we have are county cost data. Thus, combining these eight areas into one area under our proposal has no effect on payments in Los Angeles. Making Beverly Hills, West Los Angeles, and Santa Monica separate payment areas would not change their payments because we would still use the Los Angeles County cost data since we do not have subcounty cost data. As stated in the July 1996 proposed rule (61 FR 34618), we are using current counties as the basic locality building block and will have no subcounty payment areas under our proposal. We believe that limiting localities to at least the county level is reasonable. While an individual city, town, or individual physician might incur higher costs than the average in their payment locality, the choice to locate in high cost space is a business decision.

Comment: Some commenters in losing areas stated that we should not reduce payments in their locality because their locality contained numerous teaching hospitals, which have higher costs of providing services. Also, these large teaching facilities tend to serve as physicians' offices for many poor and indigent people.

Response: Under the law, physician fee schedule payments do not differ by type of provider. All physicians' services, whether furnished by solo practitioners, group practices, large multispecialty clinics, or hospital-based physicians, are paid at the same rate within a locality. The added costs of teaching hospitals are recognized through the added Medicare direct and indirect medical education payments made to teaching facilities. Likewise, hospitals furnishing a disproportionate share of services to indigent patients receive additional disproportionate share payments.

Comment: Some commenters requested we delay implementation of our proposal until we can perform a thorough study using more recent cost data.

Response: We see no reason for a delay. As mentioned earlier, in response to physicians' concerns, we stated that we would consider a comprehensive revision in localities once the transition was completed in 1996. We believe that the Health Economics Research, Inc. study was extremely comprehensive. The data used when the study was started in 1995 were the data that formed the basis for the newly revised 1995 GPCIs. As stated in the previous response about the accuracy of the GPCIs, there will always be some time lag because of data collection and analysis requirements. The GPCIs are based on the best currently available data.

Comment: Commenters from some losing, relatively low cost urban areas that were combined into a residual State area suggested we ameliorate the effects on these areas by taking a few percentage points away from the higher cost areas that remain distinct localities within the State and redistributing this to the residual State area. They believed that these higher paid areas can ''afford'' to give up these few percentage points, and stated that this is in keeping with our stated goal of reducing urban/rural payment differences.

Response: Our proposal is based strictly on the application of statistical methodology comparing area costs. Arbitrarily taking away money from a high cost area merely to redistribute it to other areas would violate our criteria and underpay the high cost area while overpaying the low cost areas. It is true that we generally favor statewide payment areas as they result in greater simplicity and ease of administration and reduce urban/rural payment differentials; we are hopeful that this will improve access in rural underserved areas. However, once a statewide area is established, it is given

the GPCIs justified by the GPCI cost data.

Comment: Commenters from losing areas that would be retained as distinct payment areas under a lower threshold believed that our selection of the 5-percent threshold is arbitrary.

Response: We disagree. We examined various thresholds with various options. As stated in the July 1996 proposed rule (61 FR 34619), Option 1i, 5-percent threshold was selected because it provided the greatest simplification while reducing average boundary differences from the current structure at a virtually negligible increase in average county input price error of only 0.42 percent. This option provided the best combination of simplicity, reducing boundary payment differences, and maintaining accuracy in tracking area cost differences.

Comment: While understanding and generally agreeing with our statistical methodology, some commenters asked if we planned to change localities on a periodic basis to recognize future cost changes. Others requested that we commit to such future change as we update the GPCIs.

Response: There have been no comprehensive studies and revisions of physician payment localities in 30 years. We agreed with physicians that such a study and revision was necessary, especially since we changed from the local carrier pricing system to a national fee schedule. We have stated on numerous occasions that we favor statewide localities because of their understandability, simplicity, and ease of administration, and because they reduce urban/rural payment differences. We do not plan to break up statewide payment areas in the future. We also do not generally favor fragmenting existing payment areas into smaller areas. While we do not plan to routinely revise payment areas as we implement new GPCIs, we will review the areas in multiple locality States if the newer GPCI data indicates dramatic relative cost changes among areas.

Final decision: Effective January 1, 1997, we will proceed with the implementation of our proposed Option 1i, 5-percent threshold, with restructuring of subcounty payment areas to reduce the number of physician fee schedule payment localities from 210 to 89 as indicated in the July 1996 proposed rule (61 FR 34619). A list of the new localities with their 1997 GPCIs can be found in Addendum D. These GPCIs will be fully effective in all States except Missouri and Pennsylvania in 1997. Because Missouri and Pennsylvania contain localities whose GPCIs decrease by more than 4 percent under our proposal, these States will be phased in over a 2-year period. Because the losing areas will have their losses limited to 4 percent in 1997, the winning areas in these States will experience slightly less than their full expected increases in 1997.

This policy change does not require a change to the regulations set forth in § 414.4 (''Fee schedule areas'').

B. Special Rules for the Payment of Diagnostic Tests, Including Diagnostic Radiologic Procedures

We proposed that, to be covered, diagnostic tests, including diagnostic radiologic procedures must be ordered by the physician who treats the patient. The physician who treats the patient is the physician responsible for the treatment of the patient and who orders the test or radiologic procedure to use the results in the management of the beneficiary's specific medical problem(s). (Physicians can order tests while they are consulting for another physician.) We believe this requirement is fundamental for coverage and payment of diagnostic tests and, therefore, are including it in the regulations at § 410.32 (''Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions'').

However, a physician who orders the x-ray that is used by a chiropractor to demonstrate the subluxation of the spine in a beneficiary who is receiving manual manipulation treatments will be exempted from this rule. Because no payment can be made for a diagnostic test ordered by a chiropractor under § 410.22(b)(2), we will allow payment for the x-ray when ordered by a physician who will not be treating the patient for subluxation of the spine. Otherwise, beneficiaries would always have to pay out-of-pocket for these x-rays, which would frustrate their use of the benefit.

Further, certain nonphysician practitioners who provide services that would be physician services if furnished by a physician under a specific enumerated benefit in the statute would be treated the same way as the physician treating the beneficiary for the purpose of this section. Nonphysician practitioners who meet this definition are physician assistants (section 1861(s)(2)(K)(i) of the Act), nurse practitioners (section 1861(s)(2)(K)(ii) of the Act), clinical nurse specialists (section 1861(s)(2)(K)(iii) of the Act), nurse-midwives (sections 1861(s)(2)(L) and 1861(gg) of the Act), clinical psychologists (sections 1861(s)(2)(M) and 1861(ii) of the Act), and clinical social workers (sections 1861(s)(2)(N) and 1861(hh) of the Act) operating within the scope of their statutory benefit and State licenses.

Comment: One commenter suggested that clinical psychologists and nurse midwife practitioners be added to the list of nonphysician practitioners permitted to order tests.

Response: The same policy would apply to these nonphysician practitioners when working within the scope of their statutory benefit. We have added provisions pertaining to these nonphysician practitioners to the regulations text.

Comment: Several primary care physicians were concerned that they would be precluded from ordering diagnostic tests if the results of the testing leads to referral to a specialist since the referring physician would not be the treating physician. Similarly, an ophthalmological organization expressed concern about ordering radiologic tests for a suspicious area of the eye because the ophthalmologist would not be the treating physician. In addition, several commenters indicated that radiologic imaging centers, pathological laboratories, and noninvasive vascular laboratories often are faced with situations in which the patient's physician has ordered one test when another is more appropriate or, as a result of the findings of the ordered tests, it may be necessary for the reading physician to order additional tests. The commenters suggested that the proposal be modified to allow for the interpreting physician to modify the order to meet the patient's needs.

Response: We had proposed that, to be covered, diagnostic tests must be ordered by the physician who treats the beneficiary. This policy is designed to assure that beneficiaries receive medically necessary services and to prevent patterns of abuse, such as the furnishing of diagnostic tests that are screening (noncovered) services rather than medically necessary services for the diagnosis of the individual patient's condition. For example, we have heard of situations in which a physician is employed for the sole purpose of ordering diagnostic tests (in nursing homes or mobile centers).

The discussion of our proposal should have indicated that an individual may have several treating physicians including a primary care physician and a specialist. We would also consider as a ''treating physician'' an ''on call'' physician who has been given responsibility for a patient's care during a period when the patient's physician is unavailable. Our intention was not to preclude the ordering of tests by a patient's primary care physician who refers the patient to a specialist, or by

a specialist who is managing only one aspect of the patient's care. Further, we do not want to prevent medically necessary testing that is a modification of the diagnostic work-up a treating physician orders for a specific patient. The intent of the policy is to assure that the physician who orders the test is responsible for the management of some aspect of the patient's care.

While we do not think it is necessary to change the language in the regulations, we agree that some provision should be made for the situations in question. We will publish our interpretations of the regulation in the implementing manual instructions.

Further, we believe that the physician interpreting the diagnostic tests has an obligation to discuss any changes in or additions to the original order with the patient's physician. In the ideal situation, this discussion should take place before the change in orders is implemented, but we realize there may be urgent situations when this is not possible.

Comment: A national medical specialty organization indicated its agreement with the concept of the proposal but suggested that another approach would be to preclude physicians, nurse practitioners, and physician assistants employed by home health agencies and skilled nursing facilities from independently ordering laboratory tests without the knowledge and consent of the patient's attending physician.

Response: We will keep this suggestion in mind in case additional action is needed in this area but believe it would be difficult to enforce this policy. In addition, the suggestion does not address the problem of unnecessary testing in nursing facilities and questionable testing offered to beneficiaries in public areas such as shopping malls.

Comment: An organization representing medical directors in the field of long-term care pointed out that medical directors of nursing facilities are responsible for providing oversight and supervision of physician services and the medical care of residents. In that capacity they may have to order tests to evaluate possible inadequate care.

Response: We believe that in these unusual cases the medical director of the nursing facility would contact the patient's physician about the testing and that the medical necessity of the test could be ascertained. The facility director should document the medical necessity of the testing in the facility's medical records. As indicted above, we established this policy to address inappropriate patterns of ordering tests, such as the medical director of a nursing facility who orders screening diagnostic testing for many patients in the facility.

Comment: One commenter expressed concern about the effect of the policy on the ordering of tests by residents in teaching hospitals. The commenter also was concerned about tests ordered by one member of a group practice at the time a patient is admitted to a hospital when another member of the group is the patient's treating physician in the hospital.

Response: We do not intend for this policy to have a significant effect on diagnostic procedures furnished in hospitals. Residents may order tests without involving a teaching physician since the ordering of tests generally is not a billable service. In addition, we realize that, in group practices, different members of the group may treat the patient at different times. This policy is not intended to prevent the substitution of physicians within a group.

Comment: One commenter requested clarification of the interaction between the ordering of tests by nonphysician practitioners and the coverage requirement for direct physician supervision of the performance of x-rays and other diagnostic tests.

Response: While nonphysician practitioners are permitted to order diagnostic tests under certain conditions, this does not eliminate the requirement for physician supervision.

Comment: A commenter noted that the proposed rule addresses only physicians who order the x-ray used by a chiropractor to demonstrate subluxation of the spine. It does not address coverage for other diagnostic services that may be ordered by a physician on the referral from a chiropractor.

Response: The purpose of the July 1996 proposed rule was to address the x-ray required by section 1861(r)(5) of the Act that limits the services of a chiropractor to manual manipulation of the spine to correct a subluxation that is demonstrated by x-ray to exist. Because the statute requires the x-ray but § 410.22(b)(2) prohibits payment to chiropractors for ordering or furnishing the x-ray, beneficiaries, in some cases, have incurred the expense for the mandated x-ray. We have attempted to resolve this issue in a manner that would be equitable and, at the same time, maintain the intent of the Congress in establishing the original requirement. Therefore, we proposed an exception to the policy that requires the ordering physician to be the treating or consulting physician. Thus, we focused on easing the burden on the patient for payment of the mandated x-ray: under the rule, the chiropractor may send the patient for the x-ray that the radiologist, as a physician, may order, even though the radiologist is not the treating physician.

Final Decision: We are adopting our proposal to cover diagnostic tests only if ordered by the physician or nonphysician practitioner who treats the patient, unless it is a physician who orders an x-ray to be used (by a chiropractor) to demonstrate subluxation of the spine that is the basis for a beneficiary to receive manual manipulation treatment even though the physician does not provide the manual manipulation.

C. Transportation in Connection With Furnishing Diagnostic Tests

We proposed allowing separate payment only for the transportation of x-ray equipment furnished by approved suppliers of portable x-ray services. As a result, we proposed not allowing separate payment for the transportation of electrocardiogram (EKG) equipment furnished by any supplier. Payment for the transportation would be bundled into our payment for the EKG service. We proposed this policy because, in our judgment, statutory authority existed for separate payments for only the transportation of x-ray equipment. Therefore, we proposed to eliminate HCFA Common Procedure Coding System (HCPCS) code R0076 (Transportation of portable EKG equipment and personnel to home or nursing home). Payment for CPT codes 93000 (Electrocardiogram, complete) and 93005 (Electrocardiogram, tracing) would not change.

This proposal is consistent with actions taken in our December 1995 final rule (60 FR 63149). In that rule, we noted that the general physician fee schedule policy is that travel is included in the practice expense RVUs for a service. However, until issuance of that regulation, Medicare carriers had the discretion to make separate or additional payments for the transportation of diagnostic equipment. As a result of the December 1995 final rule, effective January 1, 1996, we standardized our policy for the payment of the transportation costs. We precluded separate payment for these costs, except under certain circumstances. Those circumstances included paying separately for EKG transportation to approved portable x-ray suppliers and independent physiological laboratories. As noted above, after further review of this policy, we concluded that the statute authorized such separate transportation

payments for only portable x-ray services, and we are now bringing our policy into compliance with this interpretation effective January 1, 1997.

We believe there is no policy basis for paying for EKG transportation in a manner different from our payment for transportation of other diagnostic tests. The only exception would be portable x-ray transportation, for which, we believe, the Congress required separate payment.

Comment: We have received over a hundred comments from portable x-ray suppliers, officials of nursing facilities, and family members of residents of nursing facilities indicating that:

- These suppliers will have to close either their EKG operations or their entire business.
- We will pay 4 or 5 times as much in ambulance payments to take patients to hospitals to receive EKGs.
- Transporting patients to a hospital will cause them pain, discomfort, and confusion.
- We should discontinue transportation payments to independent physiological laboratories for EKGs but continue payment to portable x-ray suppliers.

Response: We believe that the premise that only two alternatives are available, that is, portable EKGs and ambulance transportation, is erroneous. Patients requiring ambulance transportation will exhibit symptoms and signs that require medical evaluation and treatment that would make furnishing an EKG alone as a portable test inappropriate. Nor can it be assumed that ambulance payments would be made in many of these situations since use of an ambulance is medically necessary only when other transportation is contraindicated. We regard the use of an ambulance simply as a means of transportation to receive a diagnostic procedure to be an abusive practice. Therefore, we believe that the portrayal of portable EKG and ambulance transportation as the only alternatives is not an accurate description of normal, acceptable medical practice.

We believe that, in the case of severe, potentially life threatening cardiac problems, a patient should be transported by ambulance to the hospital instead of waiting for a van with portable equipment to arrive. The comments do not describe the conditions under which EKG services should be provided to nursing facility patients on a mobile basis. The apparent rationale for such payment would be for services furnished in response to symptoms that are significant enough to make the procedure medically necessary but not serious enough for the patient to be taken to a hospital or to require immediate attention by a physician.

We believe that there are sufficient alternatives to furnishing EKG services on a portable basis:

- EKG equipment is lightweight and often carried by physicians into nursing facilities.
- Nursing homes (particularly skilled nursing facilities) often have this equipment and staff who know how to do the test. (Our physicians have advised us that individuals can learn how to hook up these devices with on-the-job training and that the training required to do these procedures does not compare to that required for a radiologic technician). In addition, the results of the test may be sent by phone to the interpreting cardiologist or other physician.
- Patients may be transported by family members or others to medical facilities in the same way they receive other diagnostic or therapeutic services for which we do not make separate transportation payments.

Comment: One commenter described our proposal as ''noncovering'' transportation services for EKG equipment.

Response: That is not an accurate description of our proposed policy. The service will still be covered, but we will not pay separately for the transportation service. We will bundle payment for transportation services into the payment for EKG services.

Comment: One commenter indicated that the proposal was an unconstitutional ''taking'' of the equipment and investment of portable x-ray suppliers and independent physiological laboratories. The commenter went on to say we would be required to provide fair and adequate compensation to indemnify those persons who invested, with a reasonable expectation of return in such equipment, personnel, or businesses.

Response: The commenter's position would seem to be that, once Medicare makes a decision to pay for something, it is forever locked into continuing such payments. However, suppliers have no constitutional right to continued Medicare payment for particular services. In the case of a service, such as the transportation of EKG equipment, for which there is no explicit provision in the law, the responsibility to make needed program changes is delegated to us. We have exercised this discretion in the case of transportation of EKG equipment.

Comment: A few commenters indicated that the proposal to eliminate the transportation payment for EKG equipment was particularly harsh since it follows so closely the recent decision by Medicare to disallow a set-up fee for EKGs.

Response: There never was a set-up fee for EKG equipment. HCPCS code Q0092 (Set-up portable x-ray equipment) was established in 1992 to be billed with radiologic procedures furnished by portable x-ray suppliers. It was designed to recognize the historical payment differential, on a national basis, between the technical component payments under the Medicare radiologist fee schedule for services furnished by portable suppliers and stationary entities. If payment was made under Q0092 for the set-up of EKG equipment by portable x-ray suppliers, it was an erroneous payment that was inconsistent with both the HCPCS code description and the instructions in section 15022 of the Medicare Carriers Manual.

Final Decision: We are assigning HCPCS code R0076 (Transportation of EKG equipment) a ''B'' or bundled status to indicate that, effective January 1, 1997, HCPCS code R0076 will be paid for within the practice expense RVUs of the EKG services. Separate payment will no longer be made for the transportation of EKG equipment. There are sufficient alternatives to provide patients with EKG services. Effective on or after January 1, 1997, Medicare payment under the physician fee schedule may be made only for the transportation of equipment used to perform x-rays and diagnostic mammograms furnished by approved suppliers of portable x-ray services.

This policy change does not require a change in the text of the regulations.

D. Bundled Services

1. Hot or Cold Packs

The results of a comprehensive analysis of Medicare claims data indicate that CPT code 97010 (the application of hot or cold packs to one or more areas) is being used extensively with a wide variety of services such as office visits and physical medicine and rehabilitative services. We proposed to bundle payment for CPT code 97010 into the payment for all other services including, but not limited to, those with which it historically has been billed with the greatest frequency (such as office visits and physical therapy).

We believe that bundling payment and, thus, precluding separate payment for the application of hot and cold packs is justified for three reasons:

- As a therapy, hot and cold packs are easily self-administered. Generally, we do not cover procedures that are basically self-administered; hot and cold

packs, by their nature, do not require the level of professional involvement as do the other physical medicine and rehabilitation modalities.

- Although we acknowledge that professional judgment is involved in the use of hot and cold packs, much less judgment is demanded for them than for other modalities. These packs are commonly used in the home, and, thus, require a minimal level of professional attention.
- The application of hot and cold packs is usually a precursor to other interventions and, as such, is appropriately used in combination with other procedures. Our data analysis supports this conclusion because the majority of claims for CPT code 97010 occurred in conjunction with claims for other services performed on the same day.

We proposed to change the status indicator for CPT code 97010 to ''B'' to indicate that the service is covered under Medicare but payment for it is bundled into the payment for other services. Separate payment for CPT code 97010 would not be permitted under this proposed change. This change would be implemented in a budget neutral manner across all other procedures. Because the RVUs for this procedure would be redistributed across all physician fee schedule services, there would be no measurable impact.

Comment: We received a limited number of comments in response to this proposal. Most of the commenters were opposed to our proposal. However, several commenters supported the concept of bundling CPT code 97010 conditionally and one commenter was fully supportive of the proposal. Those opposed to bundling stated that distribution of the RVUs for CPT code 97010 across all services will result in payment to all physicians performing services when, in fact, only very few physicians use hot and cold pack modalities. Furthermore, the commenters, in supporting the use of hot or cold packs outside of the home setting, stated that these modalities are not appropriate in the home since they are part of a rehabilitation program that is generally not provided in the home. They objected to the proposed bundling of hot or cold packs because they are separate and distinct services. Other physical modality and physical therapy codes are used without the application of hot or cold packs as well, and the packs can be applied independent of any other service.

Response: As indicated in our proposed rule, we analyzed data on the use of CPT code 97010. As a result, we identified the distribution of CPT code 97010 across specialties and occurrences with other procedures. Hot or cold packs were billed by physical therapists, occupational therapists, orthopedic surgeons, physical medicine and rehabilitation specialists, and many other specialties.

Our data indicate that the vast majority (approximately 95 percent) of hot or cold packs were administered in conjunction with other services. Thus, we continue to believe that our data justifies our proposal to bundle payment for CPT code 97010 with other services performed on the same patient on the same day.

Comment: Although some commenters supported the bundling of payment for CPT code 97010 with other services, they stated that the RVUs should be distributed only across other procedures in the CPT code 97000 series. They concluded that because the use of hot or cold packs was not considered in the original RVUs for physical medicine and rehabilitation, the value for CPT code 97010 should be included only with CPT codes 97012 through 97799.

Response: As noted above, our analysis indicates that the use of hot or cold packs is distributed across many other specialties and frequently occurs with a variety of other procedures. Therefore, we believe that the most equitable distribution of the RVUs assigned to CPT code 97010 is across all services. As we noted, the impact of the values for this procedure, distributed across all procedures, is minimal.

Comment: One commenter was concerned about compensating practitioners for the supply costs associated with the use of hot and cold packs.

Response: We believe the practice expense costs are very low for hot and cold packs. Further, the entire RVUs for CPT code 97010 were reallocated including the physician work and the practice expense components. Thus, the supply costs are included in the practice expense RVUs allocated to other codes.

Comment: One commenter opposed the inclusion of this modality with other codes because use of this modality requires the professional skill of a trained therapist.

Response: Other commenters did not express this concern. In many States, therapy assistants with considerably less training than therapists may administer these modalities. In institutional settings, health care workers other than trained professional therapists also administer these modalities. Also, both hot and cold packs are available to patients to use in the home and are safely used in this setting.

Comment: One commenter stated that hydrocollator packs should be treated differently from self administered hot packs.

Response: Hydrocollator packs are a type of hot pack that typically contains silicon dioxide encased in a canvas covering. It is heated by immersion in very hot water. This type of heat pack is still considered to be a superficial heat modality and is generally therapeutically equivalent to other types of hot packs.

Comment: We received one comment with unequivocal support for bundling payment for CPT code 97010 with payment for other services. This commenter, representing a large professional organization, concurred based on the belief that these packs do not require the same level of professional involvement as do other physical therapy modalities, and they represent a precursor to other covered interventions.

Response: We appreciate the support for our proposed policy.

Final Decision: In response to the comments, we revisited the CPT code 97010 utilization data and found no new information to justify changing our proposal. Therefore, payment for procedure 97010 will be bundled into the payment for other services, and the status indicator will be changed to ''B''.

This policy change does not require a change in the text of the regulations.

2. Dermatology Procedures

a. Bundling of Repair Codes into Excision Codes

Currently, the RVUs for the dermatology excision codes (CPT codes 11400 through 11446 and 11600 through 11646) include RVUs for services described by the simple repair codes (CPT codes 12001 through 12018). We proposed to cease paying separately for other types of repair codes when billed in conjunction with excision codes. We proposed to bundle the RVUs for the intermediate and complex repair codes (CPT codes 12031 through 12057 and 13100 through 13152, respectively) into both the benign and malignant skin lesion excision codes (CPT codes 11400 through 11446 and 11600 through 11646, respectively). Under our proposal, we would redistribute the RVUs for the repair codes across CPT codes 11400 through 11446 and 11600 through 11646. We would base the number of RVUs for redistribution on the frequency with which the repair codes are billed with the excision codes.

We did not propose to assign these repair codes a ''B'' status indicator

because we acknowledged that these codes are not used exclusively with excision services. Instead, we would implement this policy change by establishing edits in our claims processing systems that would deny payment for a repair code billed on the same date of service as a claim for payment for an excision of a skin lesion. This change would standardize our policy for payment for wound closure.

Comment: Commenters opposed the proposal to cease paying separately for the intermediate and complex repair codes when billed in conjunction with the excision codes. They argued that an average payment was not appropriate because the same payment would be made for services having substantial differences in physician work. In addition, some commenters noted that coding separately for the intermediate and complex repair codes corresponded to CPT definitions.

Response: As a result of our review of the comments on this issue, we have decided not to implement this proposal. We agree that there is an established hierarchy of work RVUs associated with the families of excision of skin lesion codes that would be disrupted by the bundling of RVUs for the intermediate and complex repair codes.

We believe, however, that the definitions of a simple and an intermediate repair code need clarification to reflect the differences in physician work for these procedures.

The CPT definitions of simple and intermediate repairs include the following:

Simple repair is used if the wound is superficial; for example, involving primarily epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures, and requires simple one layer closure/suturing.

Intermediate repair includes the repair of wounds that, in addition to the above, require layered closure of one or more of the deeper layers of subcutaneous tissue and superficial (non-muscle) fascia, in addition to the skin (epidermal and dermal) closure.

We do not believe these definitions appropriately distinguish simple repairs (which are not separately reported and paid when performed after the excision of a skin lesion) from intermediate repairs (which are separately reported and paid when performed after the excision of a skin lesion) because they allow the reporting of the intermediate repair codes for the placement of a single suture in the subcutaneous tissue. We do not believe such a suture involves significantly more work than a simple one layer closure. Therefore, we do not believe the intermediate repairs should be reported in addition to the excision codes if the only additional work is a layered closure of the subcutaneous tissue.

We believe the distinction between a simple and intermediate repair should be based on anatomical levels of repair. Based on this principle, a simple repair should be used if the wound involves the skin and subcutaneous tissue and an intermediate repair should be used for closure of one or more of the deeper fascial layers, in addition to the skin and subcutaneous tissue. For Medicare reporting purposes, these definitions will be the basis of payment for the reporting of repair codes with excision codes effective January 1, 1997. This clarification should reduce the potential for misuse of intermediate repair codes. If not, we may need to reconsider this proposal in the future.

Final Decision: We will continue to allow separate payment for the intermediate and complex repair codes (CPT codes 12031 through 12057 and 13100 through 13152, respectively) if they are reported with the excision codes. However, we will no longer follow the CPT definitions of simple and intermediate repairs. We will follow the revised definitions described above while we work with the CPT Editorial Panel to incorporate these definitions in the next annual update of the CPT.

b. Skin Lesion Destruction Codes

There are several CPT codes that describe the destruction of various benign or premalignant skin lesions. Within this group of codes, the reporting methods vary. We proposed to simplify the reporting of and payment for the destruction of benign or premalignant skin lesions by assigning a ''G'' status indicator to CPT codes 11050 through 11052, 11200 and 11201, 17000 through 17105, 17110, and 17200 and 17201 to indicate that these CPT codes are not valid for Medicare purposes and that there is another code to use for the reporting of and payment for these services.

To report the destruction of benign and premalignant skin lesions, we proposed to create two HCPCS codes. The first code would describe the destruction of up to and including 15 lesions. The second code would describe the destruction of each additional 10 lesions. To assign RVUs to these codes, we proposed to take a weighted average of the RVUs assigned to CPT codes 11050 through 11052, 11200 and 11201, 17000 through 17105, 17110, and 17200 and 17201 based on the billing frequencies and the code descriptors.

Comment: Several commenters opposed the proposal to combine the numerous CPT codes that describe the destruction of various benign or premalignant lesions into two HCPCS codes because the work RVUs for these procedures are not similar. In addition, some commenters noted that the destruction of benign or malignant lesions is a separate procedure from paring or curettement of benign hyperkeratotic skin lesions.

Response: In general, we agree that our proposal would consolidate services with a wide range of work RVUs and have decided to modify our proposal accordingly. We also agree that distinct codes for paring or curettement of benign hyperkeratotic skin lesions is appropriate.

We intend, however, to consolidate the CPT codes with similar work RVUs—the destruction of benign or premalignant lesions (CPT codes 17001 through 17105).

Comment: Some commenters stated that the proposal would introduce administrative problems for claim submission since a dual coding system would be needed for Medicare and other insurers.

Response: We acknowledge that the creation of codes for Medicare purposes only might create some administrative problems. However, we believe these problems are significantly outweighed by the problems associated with the confusing and inconsistent terminology of the existing CPT codes for the destruction of benign or premalignant lesions (CPT codes 17001 through 17105). Within this group of codes, the reporting methods vary and create the potential for misuse. Some codes describe the destruction of a single lesion but require reporting multiple codes for the destruction of several lesions; other codes describe destruction of one or more ''complicated'' lesions regardless of the number of lesions destroyed. Thus, it is sometimes not clear how many codes to report.

For example, to report the destruction of 4 benign facial lesions and 11 premalignant lesions, a physician must use a combination of 3 CPT codes with varying units of service on the claim form. In contrast, to report the destruction of 15 benign lesions on the trunk, a physician would only use one code with one unit of service on the claim form. Supporting our concern for potential misuse, 1995 utilization data indicate that 2.32 percent of allowed services for CPT code 17002 were for destruction of more than 15 lesions with a range from 16 to 115 lesions.

Further support for consolidation of these CPT codes are the

recommendations from the 1996 RVU refinement panels for only a 0.03 difference in work for the destruction of premalignant lesions in any location (CPT code 17000, final RVU 0.56) and the destruction of benign lesions in locations other than the face (CPT code 17100, final RVU 0.53). See section IV.A.1. of this final rule for a fuller discussion of these work RVUs. We do not believe it is necessary to maintain two families of codes when the difference in work between the families is so small.

Final Decision: As a result of our review of the comments on this issue, we will modify our proposal. We will maintain the active status of CPT codes 11050 through 11052, 11200, 11201, 17200, and 17201. Preliminary revision of these CPT codes has begun, and we will continue working with the CPT Editorial Panel to clarify these CPT codes.

Codes for the destruction of benign or premalignant lesions will be consolidated into one series of codes, regardless of body location. Three new HCPCS codes will be used to report the destruction of benign or premalignant lesions, and we will assign a ''G '' status indicator to CPT codes 17000 through 17105, indicating that these codes will not be valid for Medicare purposes. The following temporary codes will be effective January 1, 1997:

G0051: Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (for example, actinic keratosis), other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; first lesion

G0052: Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (for example, actinic keratosis), other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; second through fourteenth lesion, each (report in addition to G0051)

G0053: Destruction by any method, including laser, with or without surgical curettement, all benign or premalignant lesions (for example, actinic keratosis), other than skin tags or cutaneous vascular proliferative lesions, including local anesthesia; fifteen lesions or over (includes G0051 and G0052)

The RVUs for these new codes have been derived from the RVUs for CPT codes 17000 through 17105 and distributed so that the total number of RVUs in the new family of codes will be the same as in the old family of codes. The practice expense and malpractice expense RVUs also will be distributed to maintain budget neutrality within the family of codes, and they will be proportionate to the work RVUs. Thus, this coding change will not affect the total payments made for the destruction of skin lesions currently reported with CPT codes 17000 through 17105.

The codes and RVUs assigned to them, listed in the following table, are considered interim, and we will accept comments on them. We will continue to work with the CPT Editorial Panel to standardize this coding nomenclature and will share comments on our temporary codes with the Panel.

Code	Descriptor	Work RVUs	Practice expense RVUs	Malpractice RVUs
G0051	Destruction skin lesions, first lesion	0.55	0.41	0.04
G0052	Destruction skin lesions, 2nd to 14th lesion	0.18	0.13	0.01
G0053	Destruction skin lesions, 15 or more lesions	3.05	2.25	0.20

This policy change does not require a change in the text of the regulations.

E. Change in Coverage Status for Screening and Obsolete Procedures

1. Vital Capacity Testing

CPT code 94150 (Vital capacity, total) is a screening measure and is typically performed on patients who are asymptomatic. Because these tests are performed on patients who do not have symptoms of breathing problems, they represent preventive services that are, by statute, not covered by Medicare. However, we inadvertently failed to identify CPT code 94150 as noncovered by Medicare. With limited exceptions, sections 1862(a)(1)(A) and 1862(a)(7) of the Act preclude Medicare coverage for screening services. Therefore, we proposed changing the status indicator for CPT code 94150 from ''A'' to ''N'' to represent its noncovered status.

Comment: Two commenters expressed the opinion that the proposal was in error because vital capacity tests may have some clinical utility in monitoring patients who have either congestive heart failure or restrictive lung disease. One commenter indicated that vital capacity tests might be performed as part of the screening of asymptomatic patients for industrial exposure but suggested that most measurements of this type are performed on patients to monitor their symptoms or underlying disease process. Another commenter stated that a physician's charge for performing a simple measurement of vital capacity (CPT code 94150) should be less than the charge for a full spirogram (CPT code 94010) because the first test is an integral part of the second test.

Response: Based on our further evaluation of this issue, we have concluded that a simple vital capacity measurement by itself may provide a physician with a ''partial look'' when monitoring a patient with pulmonary disease or congestive heart failure either as clinical documentation, or when assessing a response to therapeutic interventions. As a stand-alone service, however, we understand that this test provides only a partial assessment of a patient's ventilatory function and, thus, has outlived its clinical usefulness. In addition, we understand that the information provided by this measurement should be readily evident from a carefully performed physical examination of the patient and from simple maneuvers at the time of examination (for example, in the case of a pulmonary disease patient, a walking test or blowing up a balloon).

Final Decision: Based on our review of the comments received and further consultation with our medical staff, we have decided to modify our original proposal. Instead of changing the coverage status for vital capacity tests from ''active'' to ''noncovered,'' we will change it from ''active'' to ''bundled'' to indicate that payment for a particular procedure will always be bundled into payment for other services furnished to Medicare patients. Simple vital capacity tests (CPT code 94150) by themselves are generally considered to be clinically incomplete and have outlived their usefulness. To the extent that these tests are still performed in medical practice, however, we understand that they are routinely performed as a small part of a more comprehensive physician's examination of a pulmonary disease or congestive heart failure patient. Therefore, we believe it is appropriate to

bundle Medicare payment for these measurements into the payment for evaluation and management services.

In addition, we received a RUC recommendation to decrease the work RVUs from 0.11 to 0.07. For a discussion of this recommendation and our decision on work RVUs, see section IV.A.15. of this final rule.

This policy change does not require a change in the text of the regulations.

2. Certain Cardiovascular Procedures

Based on the American College of Cardiology's recommendation, our review of recent claims history data, and our consultation with other medical specialty groups, we proposed to discontinue coverage for 10 phonocardiography and vectorcardiography diagnostic tests (CPT codes 93201 through 93222) that are outmoded and of little clinical value. We proposed changing the status indicators for these 10 procedures from ''A'' to ''N'' to reflect their noncovered status.

Comment: Two commenters recommended that we clarify the meaning of the ''N'' status indicator that was proposed to reflect the noncovered status of phonocardiography and vectorcardiography diagnostic tests. They expressed confusion as to whether status indicator ''N'' meant that the cardiovascular services in question were being excluded from Medicare coverage based on the statutory reasonable and necessary exclusion in section 1862(a)(1)(A) of the Act, or some other statutory exclusion such as section 1862(a)(7) of the Act, which applies to routine physical checkups and refractions. The commenters pointed out that the statutory basis for the exclusion is important because it determines whether the physician is required to file a claim for the service and whether the patient must sign a waiver of liability statement and, thus, be held financially responsible to the physician for payment for the service. They suggested that we may want to establish unique status indicators for medical procedures that are precluded from coverage based on different statutory exclusions.

Response: The statutory basis for our proposal to discontinue Medicare coverage for the 10 cardiovascular tests should have been specifically identified in our preamble of the proposed rule that was published on July 2, 1996. In view of the comments received from the American College of Cardiology that these tests are outmoded and of little clinical value, our proposal to end coverage of these tests was based on the assumption that they are no longer considered to have clinical utility for Medicare patients, and, thus, should be precluded from payment by section 1862(a)(1)(A) of the Act (the reasonable and necessary exclusion). Accordingly, under our proposal, physicians would have to treat Medicare denials of claims for the 10 cardiovascular tests in question as medical necessity denials under section 1862(a)(1)(A) of the Act.

Since the physician fee schedule was established in 1992, the ''N'' status indicator has always meant that the procedures in question were not covered under Medicare because of one or more statutory exclusions in the law (for example, either section 1862(a)(1)(A) of the Act or one of the other statutory coverage exclusions.) We do not believe it would be appropriate to establish unique status indicators in the physician fee schedule for various noncovered medical procedures based on different statutory exclusions for several reasons. First, the primary purpose of the physician fee schedule is to provide general Medicare payment information on more than 7,000 medical procedures to the physician community and other interested parties and not to provide specific claims processing information that Medicare carriers are required to provide to the medical community in their localities under their Medicare contracts. Second, in the case of certain medical procedures (for example, noncovered screening services), it is possible for a national noncoverage decision to be based on more than one statutory exclusion. It would unduly complicate the status indicator process if we had to explain these unique situations.

Final Decision: We are adopting our proposal to discontinue coverage for the 10 phonocardiography and vectorcardiography procedures because we did not receive any negative comments. However, we will delete the 10 codes from the 1997 fee schedule rather than change the status indicators from ''A'' to ''N'' to reflect their noncovered status because these codes have been deleted from the American Medical Association's Physician's Current Procedural Terminology for 1997. Any Medicare claims submitted by physicians for these cardiovascular procedures under a miscellaneous code will be denied by local Medicare carriers. We will issue instructions to Medicare carriers regarding the noncoverage status of these procedures.

This policy change does not require a change in the text of the regulations.

F. Payments for Supervising Physicians in Teaching Settings

1. Definition of Approved Graduate Medical Education Programs

Since publication of the December 8, 1995 (60 FR 63182) final rule, we have received questions about the difference in the definition of an approved residency program for purposes of the teaching physician rules under § 415.152 (''Definitions'') and the definition used in the direct medical education rules under § 413.86(b) (''Direct graduate medical education payments''). To be consistent, we proposed to modify § 415.152 to match the definition of an approved graduate medical education program in § 413.86(b). We proposed adding a reference to programs that are recognized as an ''approved medical residency program'' under § 413.86(b). By making this change, the regulations text will reflect a common definition of approved graduate medical education programs for Medicare Part A and Part B. This is a technical change and will have no effect on the implementation of our revised policy regarding the payment for supervising physicians in teaching settings that is effective July 1, 1996.

Comment: Commenters, including an organization representing physicians in a subspecialty of internal medicine, objected to this proposal because residents in subspecialty programs (often called ''fellows'') who provide direction to interns and residents would be included in the definition of residents in an approved program. The organization argued that fellows are teaching physicians who must be allowed to bill for their direction of interns and residents. A few of the commenters objected to the proposal and suggested that each individual residency program should be allowed to decide whether to bill for the services as physicians' services or to have the services included in the hospital's count used to compute direct graduate medical education payments since a teaching hospital may receive only partial credit for its advanced residents in some cases. The commenter pointed out that this approach was consistent with our policy for services when furnished in nonprovider settings (section 1886(h)(4)(E) of the Act and § 413.86(f)(1)(iii)).

Response: Contrary to the suggestion of the commenters, we are not changing our policy on the definition of an approved residency program for purposes of determining payments for the services of teaching physicians. Rather, we proposed to revise the

regulations text because questions have been raised about the different language used to define an approved residency program in different contexts. We believe it is reasonable and appropriate to have consistent definitions and, in fact, it would make little sense to apply one definition of an approved residency program in one context and a substantively different definition in another context.

It is our position that, to the extent Medicare pays for the services of residents in an approved residency program under section 1886(h) of the Act, we should not make a separate Medicare Part B payment for the same services under the physician fee schedule. We see no reason to treat fellows in a way that is different from other residents. ''Fellows'' are residents in subspecialty programs, and the costs of fellows, like other residents, are addressed by section 1886(h) of the Act. Section 1886(h)(5)(A) of the Act specifically cites subspecialty programs. While we understand the comments about the partial crediting of residents beyond their initial residency period limitation, this reflects a judgment by the Congress concerning the appropriate level of Medicare payment for such activities. As was pointed out in the preamble discussion in the September 29, 1989 final rule (54 FR 40312) on the direct graduate medical education payment provision:

> We believe that the enactment of section 1886(h) of the Act was a clear statement from the Congress that a limitation on the growth in Medicare GME expenditures was necessary. Further, although not explicitly stated, it reflects a decision on the part of the Congress to focus reductions on subspecialty programs beyond the initial residency periods rather than on primary care programs.

We believe it would be inappropriate to allow Medicare Part B billing for the services of fellows simply because Congress has chosen to limit the amount of GME payments for such activities. We note that teaching physicians that involve these residents or fellows in the care of the teaching physician's patients can bill Medicare Part B if the criteria addressed in the December 8, 1995 final rule are met.

Final Decision: We will revise the regulations text as proposed.

2. Evaluation and Management Services Furnished in Certain Settings

In the December 8, 1995 final rule (60 FR 63135), we revised our policy regarding the payment for supervising physicians in teaching settings. We eliminated the attending physician criteria but clarified the physician presence requirement for services billed to the Medicare carrier. As part of our revised policy, we created a limited exception for residency programs that are fundamentally incompatible with a physical presence requirement. The exception to the physician presence requirement is for certain evaluation and management services (CPT codes 99201, 99202, 99203, 99211, 99212, and 99213) furnished in ambulatory care centers within the context of specific types of residency training programs. The exception is set forth in § 415.174 (''Exception: Evaluation and management services furnished in certain centers'').

As the exception currently reads, one of the criteria is that ''The range of services furnished by residents in the center includes * * * Comprehensive care not limited by organ system, diagnosis, or gender.'' (§ 415.174(a)(4)(iii)). It has come to our attention that many obstetric and gynecological residency programs have been restructured over the years to have a greater primary care focus. Some of these programs that otherwise qualify for an exception might be denied payment if the gender limitation were strictly applied.

Contrary to suggestions in correspondence we received after publication of the final rule, it was not our intention to prevent obstetric and gynecological residency programs or other residency programs focusing on women's health care from qualifying for the exception solely because of the patient's gender. Thus, we proposed to make a technical change to the regulations text to delete the reference to gender in § 415.174(a)(4)(iii) and change the text to ''Comprehensive care not limited by organ system or diagnosis.'' Of course, such programs must satisfy the otherwise applicable criteria to qualify for an exception.

Comment: All of the commenters supported the proposal to delete the word ''gender'' from the primary care exception criteria.

Response:

We agree with the commenters.

Final Decision:

We will delete the word ''gender'' from the primary care exception criteria in § 415.174(a)(4)(iii). We will not include the word ''gender'' in any program directive on the primary care exception.

G. Change in Global Periods for Four Percutaneous Biliary Procedures

The Society of Cardiovascular and Interventional Radiology advised us that a 90-day global period is inappropriate for four percutaneous biliary procedures. The four procedures are CPT codes 47490 (percutaneous cholecystectomy), 47510 (introduction of percutaneous transhepatic catheter for biliary drainage), 47511 (introduction of percutaneous transhepatic stent for internal and external biliary drainage), and 47630 (biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (for example, Burhenne technique)). The Society believes that these four procedures should have a ''0-day'' global period. We agreed with the Society's arguments that a 90-day global period is contrary to the widespread practice conventions of percutaneous biliary intervention and is inconsistent with other similar interventions in the biliary tract and urinary tract.

We believed that the global periods for these four codes should be changed. Therefore, we proposed changing the global periods for these services from 90 days to 0 days. To make this change, we proposed to reduce the work RVUs assigned to these procedures to reflect the lack of postsurgical work in the shortened global period. We proposed to reduce the work RVUs for CPT codes 47490, 47510, 47511, and 47630 by 17 percent if we changed the global periods. The 17 percent figure (as the measure of the postsurgical work associated with these codes) was taken from the original data in a study by the Harvard School of Public Health (''A National Study of Resource-Based Relative Value Scales for Physician Services'').

Comment: Several commenters indicated that, while they agreed with the proposal to reduce the global surgery period from 90 days to 0 days for the percutaneous biliary procedures under CPT codes 47490, 47510, 47511 and 47630, they disagreed with reducing the work RVUs by 17 percent to take into account the portion of the current RVUs attributable to postsurgical work. One physician organization indicated that a global period of 0 days was assumed in the Harvard study of CPT code 47630 and that the Harvard study included these procedures in its study of general surgeons rather than interventional radiologists. The Society of Cardiovascular and Interventional Radiology commented that its 1991 recommendations on these procedures, based on surveys by a consulting firm, were made without the inclusion of postsurgical work in the RVUs, and that reducing RVUs would lower the value of these procedures relative to analogous endoscopic procedures in the biliary tract.

Response: We reviewed the data in the Harvard study to determine whether a global period of 0 days was assumed for CPT code 47630. Three of the codes (CPT codes 47490, 47510 and 47630) were studied and all three were assumed to have 90 day global periods. The fourth code (CPT code 47511) was new in 1992 and was not part of the Harvard study.

The following table shows the percent of total work associated with each of the components of work for which Harvard provided data:

PERCENT OF TOTAL WORK BY COMPONENT

Code	Pre-operative (percent)	Intra-operative (percent)	Post-operative same day (percent)	Post-operative hospital (percent)	Post-operative office (percent)
47490	10	40	8	33	9
47510	16	36	12	19	17
47630	10	56	9	14	11

These data show that if the current RVUs were based on Harvard data and we were to reduce the global period from 90 days to 0 days, we would need to reduce the RVUs by the amount attributed to postoperative hospital work (other than the same day) and postoperative office work. For these three codes, the reductions would not be 17 percent as described in our proposal but 42 percent for CPT code 47490, 36 percent for CPT code 47510 and 25 percent for CPT code 47630.

We also reviewed the results of the refinement panel meeting held in May 1992 for CPT codes 47510, 47511 and 47630. CPT code 47490 was not reviewed by the refinement panel. For the insertion of a catheter in a bile duct (CPT code 47510), we agreed that the work is equivalent to the work of inserting a drainage tube endoscopically (CPT code 43267). For inserting a stent for biliary drainage (CPT code 47511), we agreed that the work was more than the work of the comparable endoscopic procedure (CPT code 43267) and assigned a higher RVU. We did not accept the argument that the global period should be reduced from 90 to 0 days, because we believed a physician performing this procedure should be responsible for following the patient even if other physicians are involved in the care of the patient. For the extraction of a bile duct stone (CPT code 47630), the RVUs that emerged from the panel's ratings were less than the corresponding endoscopic procedure (CPT code 43264).

We also reviewed the RVUs assigned to the radiological supervision and interpretation (S & I) codes that are reported in addition to the procedure codes. These codes are not used with endoscopic procedures. In stating that the percutaneous biliary procedures should have comparable global periods and RVUs to endoscopic procedures, the commenter appears to have overlooked the additional RVUs associated with the supervision and interpretation codes. The following table shows the codes and RVUs associated with each of the codes and the total RVUs associated with the complete percutaneous procedures.

Procedure codes	RVUs for procedure	S&I codes	RVUs for S&I	Total RVUs for complete procedure
47450	6.04	75989	1.19	7.23
47510	7.39	75980	1.44	8.83
47511	9.91	75982	1.44	11.35
47630	8.31	74327	0.70	9.01

Based on our re-analysis of the Harvard study data, the May 1992 refinement panel results and the total RVUs associated with these procedures, we now believe that a change in global periods from 90 to 0 days may be inappropriate because of uncertainty about the reduction in RVUs, if any, that should be made in conjunction with the change in global periods.

Final decision: We will maintain the current global period of 90 days and the current RVUs for these four percutaneous biliary procedures. We plan to refer to the Relative Value Update Committee for its consideration the issue of work RVUs and global periods for procedures that can be performed endoscopically, percutaneously, and open. For a more detailed discussion of our plans to review these procedures, see section IV.C.4 of this final rule.

III. Refinement of Relative Value Units for Calendar Year 1997 and Responses to Public Comments on the Five-Year Review of Work Relative Value Units

A. Summary of the Development of Physician Work Relative Value Units

We discussed in detail the development of the concepts and methodology underlying the physician fee schedule in our May 3, 1996 proposed notice (61 FR 19993 through 19994).

B. Scope of the Review

This final rule is the culmination of the 5-year review of work RVUs required by section 1848(c)(2)(B)(i) of the Act. The work RVUs affected by this review will be effective for services furnished beginning January 1, 1997.

We initiated the 5-year review by soliciting public comments on all work RVUs for approximately 7,000 CPT/HCPCS (HCFA Common Procedure Coding System) codes published in our December 8, 1994 final rule (59 FR 63410). The process for evaluating codes included in the 5-year review involved the same basic methodology as the process for the annual physician fee schedule update, with some important changes. Because the 5-year review involved evaluating the physician work of established codes with established work RVUs, we required compelling arguments to support changes from the existing assignment of work RVUs. To gather evidence to support these arguments, in addition to comparing the total physician work involved in the services under review to key reference services, we asked commenters to provide a detailed comparison of the preservice, intraservice, and postservice time involved in the key reference services selected. For this purpose, for surgical procedures, we further divided postservice time into time on the day of the procedure, time in the intensive care unit, hospital visits, and office or other outpatient visits following discharge.

We also requested comments regarding other elements of physician work, in addition to time, and the extent to which the service had changed over the last 5 years. We considered the commenters' statements regarding the complexity of each nontemporal component for the services under review and the services used as key

references. The nontemporal components of work are the physician's mental effort and judgment, technical skill and physical effort, and stress resulting from the risk of mortality or iatrogenic harm to the patient. We also considered whether the service had changed over the past 5 years as the result of one of the following conditions: new technology that had become more familiar to physicians, the service having been furnished to patients who had more or less complex medical conditions, or a change in the site where the service had usually been furnished.

During the comment period, we received more than 500 public comments on approximately 1,100 individual codes. In addition, three specialty societies (the American Academy of Orthopedic Surgeons, the American Society of Anesthesiologists, and the American Academy of Otolaryngology—Head and Neck Surgery, Inc.) submitted studies conducted for them by Abt Associates, Inc., which spanned all of the more than 2,000 codes used by physicians in those specialties. The American Academy of Pediatrics also submitted comments asserting that the physician work involved in furnishing 480 services to pediatric patients is different than the physician work involved in furnishing the same services to adult patients.

After a preliminary screening, we referred approximately 3,500 codes to the AMA Specialty Society Relative Value Update Committee (RUC) for its review. The codes included those found in public comments (700 codes), the American Academy of Pediatrics' comments (480 codes); three special studies by Abt Associates, Inc. (about 2,000 codes); and those we identified as potentially misvalued (300 codes).

The RUC was formed in November 1991 and grew out of a series of discussions between the AMA and the major national medical specialty societies. The RUC is comprised of 26 members; 22 are representatives of major specialty societies. The remaining members represent the AMA, the American Osteopathic Association, and the CPT Editorial Panel. The work of the RUC is supported by the RUC Advisory Committee made up of representatives of 65 specialty societies in the AMA's House of Delegates.

We shared the comments we received with the RUC, which currently makes recommendations to us on the assignment of RVUs to new and revised CPT codes and offered to advise us on the assignment of RVUs to procedures for which we received substantive comments. We believed that the RUC's perspective would be helpful because of the RUC's experience in recommending RVUs for the codes that have been added to, or revised by, the CPT since we implemented the physician fee schedule in 1992. Furthermore, the RUC, by virtue of its multispecialty membership and consultation with approximately 65 specialty societies, represents the family of medicine in the refinement process.

We wish to acknowledge the extraordinary efforts of the RUC, the RUC Advisory Committee, the HCPAC, the specialty societies and the staffs of these organizations in assisting us in the completion of this 5-year review process. While we did not delegate to the RUC or any other organization our responsibility for analyzing the comments and deciding whether to revise RVUs, it is doubtful that we could have completed the 5-year review in a timely manner and with such extensive clinical input without their assistance.

In our May 3, 1996 proposed notice (61 FR 19992), we identified more than 1,000 codes included in the 5-year review and for which we had received recommendations from the RUC for work RVUs. With this notice, we provided the public with an opportunity to comment on our proposed work RVUs for these codes.

We divided the CPT codes into clinical groups and another group containing all the codes identified by the RUC as potentially overvalued services. (Additional codes from the Abt Associates, Inc. studies and from the American Academy of Pediatrics' comments were discussed in sections II.C.2. and II.C.3. of the May 3, 1996 proposed notice, respectively.) In addition, the AMA is submitting approximately 65 CPT codes to its CPT Editorial Panel. The RUC was unable to recommend work RVUs for these codes because the services were not clearly described or could vary widely from patient to patient. We announced our plans to address these codes in a future annual update of the physician fee schedule.

The following is a categorization of our decisions and how they related to the comments received from the public (including medical specialty societies) and the RUC as published in the May 3, 1996 notice:

- For 28 percent of the codes, we proposed to increase the work RVUs.
- For 61 percent of the codes, we proposed to maintain the current work RVUs. We also proposed to maintain the values for the anesthesia codes.
- For 11 percent of the codes, we proposed to decrease the work RVUs.

Our proposed work RVUs agreed with the RUC recommendations for 93 percent of the codes.

C. Review of Comments (Includes Table 1—Work Relative Value Unit Refinements of Five-Year Review Codes Commented on in Response to the May 3, 1996 Proposed Notice)

During the comment period for our May 3, 1996 proposed notice, we received more than 2,900 public comments on approximately 133 codes plus all anesthesia services. Over 2,000 of these comments addressed our not having accepted the RUC recommendations for evaluation and management services.

We convened three multispecialty panels of physicians to assist us in the review of the comments. The comments that we did not submit to panel review are discussed at the end of this section as well as those that we did send to the panels. The panels were moderated by our medical staff and consisted of the following groups:

- A clinician representing each of the specialties most identified with the procedures in question. Each specialist on the panel was nominated by the specialty society that submitted the comments. This same clinician also provided ratings for the other procedures being considered. Thus, depending on the codes in question, this clinician was in one of two groups: ''specialist'' or ''other specialist.'' 19 specialty societies and one individual commenter, including primary care, were represented on the panels.
- Primary care clinicians nominated by the American Academy of Family Physicians, the American Society of Internal Medicine, the American College of Physicians, the American Osteopathic Association, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.
- Carrier medical directors.

We submitted 33 codes for evaluation by the panels. The panel discussed the work involved in each procedure under review in comparison to the work associated with other services on the fee schedule. We had assembled a set of reference services and asked the panel members to compare the clinical aspects of the work of services they believed were incorrectly valued to one or more of the reference services. In compiling the reference set, we attempted to include: (1) Services that are commonly performed whose work RVUs are not controversial; (2) services that span the entire spectrum from the easiest to the most difficult; and (3) at least three services performed by each of the major specialties so that each specialty would

be represented. The set listed approximately 300 services. Panelists were encouraged to make comparisons to these reference services.

The intent of the panel process was to capture each participant's independent judgment based on the discussion and his or her clinical experience. Following each discussion, each participant rated the work for the procedure. Ratings were individual and confidential, and there was no attempt to reach consensus among the panel members.

We then analyzed the ratings based on a presumption that the proposed notice RVUs were correct. To overcome this presumption, the inaccuracy of the proposed RVUs had to be apparent to the broad range of physicians participating in each panel.

Ratings of work were analyzed for consistency among the groups represented on each panel. In general terms, we used statistical tests to determine whether there was enough agreement among the groups of the panel and whether the agreed-upon RVUs were significantly different from the proposed RVUs. We did not modify the RVUs unless there was a clear indication for a change. If there was agreement across groups for change, but the groups did not agree on what the new RVUs should be, we eliminated the outlier group and looked for agreement among the three remaining groups as the basis for new RVUs. We used the same methodology in analyzing the ratings that we used in the refinement process for the 1993 fee schedule. The statistical tests were described in detail in the November 25, 1992 final notice (57 FR 55938).

Our decision to convene multispecialty panels of physicians and to apply the statistical tests described above was based on our need to balance the interests of those who commented on the work RVUs against the redistributive effects that would occur in other specialties, particularly the potential adverse effect on primary care services. Of the 33 codes reviewed by our multispecialty panels, all of the requests were for increased values.

We also received comments that we did not submit to the panels for review for a variety of reasons. These comments are discussed in section IV.B of this final rule. Of the 131 proposed RVUs that were reviewed, approximately 60 percent were increased, 13 percent were decreased, and 27 percent were not changed. These numbers excluded the changes that were made to the anesthesia services. The anesthesia changes are discussed in section IV.B.3. of this final rule.

Table 1—Work Relative Value Unit Refinements of Five-Year Review Codes Commented on in Response to the May 3, 1996 Proposed Notice

Table 1 lists the codes reviewed during this 5-year review process described in this section. This table includes the following information:

- *CPT/HCPCS (HCFA Common Procedure Coding System) Code.* This is the CPT or alphanumeric HCPCS code for a service.
- *Mod (Modifier).* A modifier −26 is shown if the work RVUs represent the professional component of the service.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *Proposed Work RVU.* This column includes the work RVUs proposed in the May 3, 1996 proposed notice for each reviewed code.
- *Requested Work RVU.* This column identifies the work RVUs requested by commenters. We received more than one comment on some codes, and, in a few of these cases, the commenters requested different RVUs. This table lists the highest requested RVUs. For some codes, we received recommendations for an increase but by no specific RVU recommendations.
- *RUC Recommendation.* This column identifies the work RVUs recommended by the RUC if the RUC made a recommendation as part of its comments on the May 3, 1996 proposed notice.
- *1997 Work RVU.* This column contains the final RVUs for physician work.
- *Basis for Decision.* This column indicates whether:

—The recommendations of the refinement panel were the basis upon which we determined that the proposed work RVUs published in the May 3, 1996 proposed notice should be retained (indicator 1);
—A new value emerged from our analysis of the refinement panel ratings (indicator 2);
—A new or retained value came from the review of a comment (indicator 3);
—A new value came from the need to make a rank order change to maintain or correct existing relationships among services (indicator 4);
—A value is retained because the code has been referred back to the CPT Editorial Panel (indicator 5);
—A new value came from adjusting the work of services with MMM global periods as a result of changes in evaluation and management service work RVUs (indicator 6); or
—There is no value because of a 1997 CPT coding change that deletes the code (indicator 7). These deleted codes were replaced by new 1997 CPT codes.

TABLE 1.—WORK RVU REFINEMENTS OF FIVE-YEAR REVIEW CODES COMMENTED ON IN RESPONSE TO THE MAY 3, 1996 PROPOSED NOTICE

CPT/HCPCS code*	MOD	Description	Proposed work RVU	Requested work RVU	RUC recommendation	1997 work RVU	Basis for decision
00100–01999	.....	Anesthesia Services	n/a	Increase work by 28.97%	Increase work by 22.76%	Increase work by 22.76%[a]	3
10040	.....	Acne surgery of skin abcess	0.80	1.15	Review	1.15	3
11971	.....	Remove tissue expander(s)	1.51	.....	.....	[a] 1.51	5
13300	.....	Repair of wound or lesion	5.11	.....	.....	[a] 5.11	5
14300	.....	Skin tissue rearrangement	10.76	.....	.....	[a] 10.76	5
15000	.....	Skin graft procedure	1.95	.....	.....	[a] 1.95	5
15101	.....	Skin split graft procedure	1.72	.....	.....	[a] 1.72	5
15121	.....	Skin split graft procedure	2.67	.....	.....	[a] 2.67	5
15201	.....	Skin full graft procedure	1.32	.....	.....	[a] 1.32	5
15221	.....	Skin full graft procedure	1.19	.....	.....	[a] 1.19	5
15241	.....	Skin full graft procedure	1.86	.....	.....	[a] 1.86	5
15261	.....	Skin full graft procedure	2.23	.....	.....	[a] 2.23	5

* All CPT codes and descriptors copyright 1996 American Medical Association
[a] RVUs to remain interim in 1997
[b] CPT codes not used for 1997 Medicare payment, refer to sections II.D.2.b and IV.A.14 for explanation

TABLE 1.—WORK RVU REFINEMENTS OF FIVE-YEAR REVIEW CODES COMMENTED ON IN RESPONSE TO THE MAY 3, 1996 PROPOSED NOTICE—Continued

CPT/HCPCS code*	MOD	Description	Proposed work RVU	Requested work RVU	RUC recommendation	1997 work RVU	Basis for decision
15570	.....	Form skin pedicle flap	3.75	9.85	8.39	8.39	2
15572	.....	Form skin pedicle flap	3.80	9.63	8.59	8.59	2
15574	.....	Form skin pedicle flap	3.85	10.50	8.79	8.97	2
15576	.....	Form skin pedicle flap	4.27	8.50	7.85	8.14	2
15580	.....	Attach skin pedicle graft	5.40	9.00	9.00	8.84	2
15755	.....	Microvascular flap graft	28.33	41.68	.....	.....	7
17000	.....	Destroy benign/premal lesion	0.36	0.64	0.64	0.56	[b]2
17001	.....	Destruction of add'l lesions	0.14	0.19	0.19	0.19	[b]2
17002	.....	Destruction of add'l lesions	0.14	0.19	0.19	0.19	[b]2
17100	.....	Destruction of skin lesion	0.53	.....	.....	0.53	[b]1
17101	.....	Destruction of 2nd lesion	0.11	.....	.....	0.11	[b]1
17102	.....	Destruction of add'l lesion	0.11	.....	.....	0.11	[b]1
21025	.....	Excision of bone, lower jaw	5.03	8.98	.....	8.98	2
21125	.....	Augmentation lower jaw bone	6.22	10.00	10.00	10.00	3,4
21270	.....	Augmentation cheek bone	12.10	9.56	9.56	9.56	3,4
28010	.....	Incision of toe tendon	2.97	.....	2.71	2.71	3,4
28114	.....	Removal of metatarsal heads	7.16	.....	8.65	[a]8.65	4
29848	.....	Wrist arthroscopy/surgery	4.04	5.70	.....	5.14	2
31090	.....	Exploration of sinuses	8.65	.....	.....	[a]8.65	5
31531	.....	Operative laryngoscopy	3.39	3.79	.....	3.59	2
31536	.....	Operative laryngoscopy	3.16	3.56	.....	3.56	2
31541	.....	Operative laryngoscopy	4.13	6.00	.....	4.53	2
31561	.....	Operative laryngoscopy	5.46	8.13	.....	6.00	2
31571	.....	Laryngoscopy with injection	3.87	5.90	.....	4.27	2
33970	.....	Aortic circulation assist	8.05	.....	6.75	[a]6.75	4
33971	.....	Aortic circulation assist	4.04	.....	8.40	[a]8.40	4
35556	.....	Artery bypass graft	19.37	.....	19.37	[a]19.84	4
35566	.....	Artery bypass graft	24.45	.....	24.45	[a]25.00	4
35571	.....	Artery bypass graft	16.66	.....	.....	[a]17.14	4
35583	.....	Vein bypass graft	15.97	.....	20.03	[a]20.50	4
35585	.....	Vein bypass graft	25.92	.....	25.95	[a]26.47	4
35587	.....	Vein bypass graft	17.07	.....	.....	[a]17.55	4
35656	.....	Artery bypass graft	17.84	.....	17.84	[a]18.42	4
35666	.....	Artery bypass graft	15.97	.....	.....	[a]17.60	4
35671	.....	Artery bypass graft	12.18	.....	.....	[a]13.39	4
35681	.....	Artery bypass graft	3.93	8.05	.....	[a]8.05	2
35875	.....	Removal of clot in graft	8.19	9.07	.....	[a]9.07	2
37201	.....	Transcatheter therapy infuse	5.00	7.25	7.25	5.00	1
46900	.....	Destruction, anal lesion(s)	1.81	.....	.....	[a]1.81	5
50590	.....	Fragmenting of kidney stone	7.13	9.62	9.62	8.79	2
54100	.....	Biopsy of penis	1.90	.....	.....	1.90[a]	5
56312	.....	Laparoscopic lymphadenectomy	12.06	12.10	.....	12.06	3
56805	.....	Repair clitoris	15.49	.....	18.00	[a]18.00	4
57265	.....	Extensive repair of vagina	7.36	10.66	.....	10.66	4
57335	.....	Repair vagina	9.11	.....	18.00	[a]18.00	4
58200	.....	Extensive hysterectomy	20.34	22.37	.....	20.34	3
59400	.....	Obstetrical care	20.99	Increase	.....	23.06	6
59409	.....	Obstetrical care	13.28	Increase	.....	13.50	6
59410	.....	Obstetrical care	14.44	Increase	.....	14.78	6
59425	.....	Antepartum care only	4.04	Increase	.....	4.81	6
59426	.....	Antepartum care only	6.91	Increase	.....	8.28	6
59430	.....	Care after delivery	2.01	.....	.....	2.13	6
59510	.....	Cesarean delivery	23.67	Increase	.....	26.22	6
59514	.....	Cesarean delivery only	15.39	Increase	.....	15.97	6
59515	.....	Cesarean delivery	16.55	Increase	.....	17.37	6
59525	.....	Remove uterus after cesarean	8.54	.....	.....	8.54	6
59610	.....	Vbac delivery	22.55	.....	.....	24.62	6
59612	.....	Vbac delivery only	14.84	.....	.....	15.06	6
59614	.....	Vbac care after delivery	15.96	.....	.....	16.34	6
59618	.....	Attempted vbac delivery	25.23	.....	.....	27.78	6
59620	.....	Attempted vbac delivery only	16.95	.....	.....	17.53	6
59622	.....	Attempted vbac after care	18.11	.....	.....	18.93	6
63030	.....	Low back disk surgery	11.10	12.11	.....	11.10	3
63042	.....	Low back disk surgery	16.56	17.27	.....	16.56	3
67210	.....	Treatment of retinal lesion	9.48	.....	.....	[a]9.48	5
68820	.....	Explore tear duct system	1.47	1.27	.....	.....	7

* All CPT codes and descriptors copyright 1996 American Medical Association

[a] RVUs to remain interim in 1997

[b] CPT codes not used for 1997 Medicare payment, refer to sections II.D.2.b and IV.A.14 for explanation

TABLE 1.—WORK RVU REFINEMENTS OF FIVE-YEAR REVIEW CODES COMMENTED ON IN RESPONSE TO THE MAY 3, 1996 PROPOSED NOTICE—Continued

CPT/HCPCS code*	MOD	Description	Proposed work RVU	Requested work RVU	RUC recommendation	1997 work RVU	Basis for decision
68825	.....	Explore tear duct system	1.53	2.25	.....	.....	7
68830	.....	Reopen tear duct channel	2.12	3.00	.....	.....	7
77420	.....	Weekly radiation therapy	1.61	1.61	.....	[a] 1.61	3,5
77425	.....	Weekly radiation therapy	2.44	2.44	.....	[a] 2.44	3,5
77430	.....	Weekly radiation therapy	3.60	3.60	.....	[a] 3.60	3,5
78806	26	Abscess imaging, whole body	0.73	0.86	0.86	0.86	3
85390	26	Fibrinolysins screen	0.37	0.75	0.75	0.37	1
86327	26	Immunoelectrophoresis assay	0.37	0.45	0.45	0.42	2
88173	26	Interpretation of smear	1.08	1.59	.....	1.39	2
90801	.....	Psychiatric interview	2.21	2.80	2.80	2.80	[b] 3
90820	.....	Diagnostic interview	2.27	3.01	3.01	3.01	[b] 3
90842	.....	Psychotherapy, 75-80 min	2.76	2.76	2.76	3.13	[b] 4
90843	.....	Psychotherapy, 20-30 min	1.11	1.47	1.47	1.47	[b] 3
90844	.....	Psychotherapy, 45-50 min	1.73	2.00	2.00	2.00	[b] 3
90853	.....	Special group therapy	0.43	0.59	0.59	0.59	[b] 3
90855	.....	Individual psychotherapy	1.82	2.15	2.15	2.15	[b] 3
90857	.....	Special group therapy	0.43	.....	.....	0.63	[b] 4
90911	.....	Anorectal biofeedback	0.89	2.15	.....	0.89	3
92002	.....	Eye exam, new patient	0.88	1.34	.....	0.88	3
92004	.....	Eye exam, new patient	1.34	1.67	1.67	1.67	3
92225	.....	Special eye exam, initial	0.58	0.58	.....	0.38	2
92226	.....	Special eye exam, subsequent	0.50	0.50	.....	0.33	2
92260	.....	Ophthalmoscopy/dynamometry ...	0.50	0.50	.....	0.20	2
93307	.....	Echo exam of heart	0.78	1.06	1.06	0.92	2
93312	.....	Echo transesophageal	1.90	2.39	2.39	2.20	2
93314	.....	Echo transesophageal	0.95	.....	.....	1.25	4
93503	.....	Insert/place heart catheter	2.43	3.02	2.43	2.91	2
93621	26	Electrophysiology evaluation	12.66	.....	.....	[a] 12.66	5
94150	.....	Vital capacity test	0.11	0.11	0.07	0.07	3
99211	.....	Office/outpatient visit, est	0.17	Increase	.....	0.17	3
99241	.....	Office consultation	0.64	Inc pre-post	.....	0.64	3
99242	.....	Office consultation	1.28	Inc pre-post	.....	1.29	3
99243	.....	Office consultation	1.71	Inc pre-post	.....	1.72	3
99244	.....	Office consultation	2.56	Inc pre-post	.....	2.58	3
99245	.....	Office consultation	3.41	Inc pre-post	.....	3.43	3
99281	.....	Emergency dept visit	0.33	0.33	0.45	0.33	3
99282	.....	Emergency dept visit	0.55	0.55	0.88	0.55	3
99283	.....	Emergency dept visit	1.24	1.24	1.34	1.24	3
99284	.....	Emergency dept visit	1.95	1.95	2.00	1.95	3
99285	.....	Emergency dept visit	3.06	3.06	2.90	3.06	3
99321	.....	Rest home visit, new patient	0.89	1.12	.....	0.71	3
99322	.....	Rest home visit, new patient	1.34	1.76	.....	1.01	3
99323	.....	Rest home visit, new patient	1.78	2.40	.....	1.28	3
99331	.....	Rest home visit, estab pat	0.45	1.05	.....	0.60	3
99332	.....	Rest home visit, estab pat	0.73	1.65	.....	0.80	3
99333	.....	Rest home visit, estab pat	1.18	2.25	.....	1.00	3
99341	.....	Home visit, new patient	1.34	1.12	1.12	1.12	3
99342	.....	Home visit, new patient	2.00	1.76	1.76	1.58	3
99343	.....	Home visit, new patient	2.67	2.40	2.4	2.09	3
99351	.....	Home visit, estab patient	0.67	1.05	1.05	0.83	3
99352	.....	Home visit, estab patient	1.10	1.65	1.65	1.12	3
99353	.....	Home visit, estab patient	1.77	2.25	2.25	1.48	3
A2000	.....	Chiropractor manip of spine	0.45	.....	.....	n/a	7
M0101	.....	Cutting or removal of corns	0.37	0.45	0.45	0.43	2

IV. Discussion of Comments and Decisions

A. Discussion of Comments by Clinical Area

In this section, we discuss the comments we received on the approximately 133 codes of the more than 1,000 codes for which we sought public comment. For the 800 or more codes for which we did not receive any comments, our proposed RVUs are being made final. We have sorted the comments into the same clinical areas we used in the May 3, 1996 notice. Within each clinical area, we discuss the comments we received in CPT code order.

1. Integumentary System

CPT 10040 (Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)).

Comment: One commenter questioned the validity of the survey used to determine the work RVUs for CPT code 10040 (Acne surgery). The commenter stated that this survey was invalid due to insufficient volume (less than the requisite 30 respondents), the failure to take into account the more intensive work associated with the treatment of the typical patient, the absence of review of the Harvard data, and the fact that the data were seriously flawed. Data flaws resulted from discrepancies between the number of preservice and postservice visits and the time spent with the patient. Thus, the commenter believed that the work RVUs do not accurately reflect the true physician work involved in the treatment. The commenter included survey data to support the commenter's recommendation that the work RVUs for CPT code 10040 not be reduced to the proposed 0.80 work RVUs, but, rather, be reduced to 1.15 work RVUs from the current 1.34 work RVUs.

Response: Our proposed RVUs for CPT code 10040 were based on the results of the earlier survey data and the recommendations of the RUC to decrease the work RVUs from 1.34 to 0.80. After review of the survey data submitted by this commenter, we reevaluated the original data. We agree with the commenter's observations as to the quality and validity of these data. On further examination of the survey included with this comment, we agree with the recommendation that the work RVUs for CPT code 10040 be established at 1.15. Thus, the final work RVUs for this procedure will reflect this recommendation.

Final decision: The final work RVUs for CPT code 10040 are being established as 1.15.

CPT codes 15570 through 15576 (Formation of direct or tubed pedicles, with or without transfer).

Comment: There are four codes in this family that are used to report the formation of direct or tubed pedicles in different body areas. We received a comment that all of these codes are undervalued when compared to the corresponding adjacent flap codes: CPT code 14001 with 7.78 work RVUs, CPT code 14021 with 9.37 work RVUs, and CPT code 14040 with 7.18 work RVUs.

Response: In its initial recommendation to us, the RUC indicated that several old codes, CPT codes 15500 through 15515, which were valued by Harvard, were deleted in 1992 and replaced with CPT codes 15570 through 15576. The RUC also noted that the new codes are misvalued and that no explanation had been received describing how the work RVUs of these codes were determined. Based on the survey results and the lack of rationale for the current work RVUs, the RUC recommended that the codes be valued at the same level established by Harvard for the original deleted codes.

We did not accept the RUC recommendations for two reasons. First, the RUC's understanding of the source of the work RVUs for the current codes was incorrect and, second, we believed the vignettes that were surveyed may have led to an overestimation of the work.

We were concerned that the survey respondents may have considered the work of debridement, fracture stabilization, initial emergency room evaluation, and immobilization of the hand, flap, and abdomen in their estimates of work. If so, the work RVUs would be excessive because those other services can be reported and paid separately. Therefore, we proposed to maintain the current work RVUs.

However, in light of the comments we received, we referred these codes to a refinement panel for review and discussion of the correct coding for these services.

Final decision: As a result of our analysis of the refinement panel ratings, we are assigning the final work RVUs listed below:

CPT code	HCFA proposed work RVUs	Final work RVUs
15570	3.75	8.39
15572	3.80	8.59
15574	3.85	8.97
15576	4.27	8.14

CPT code 15580 (Cross finger flap, including free graft to donor site).

Comment: One commenter stated that this code is undervalued when compared to CPT code 15240 (Skin full graft procedure) and CPT code 15100 (Skin split graft procedure). The commenter argued that the current work RVUs do not account for the intraservice time and work involved in harvesting and applying the skin graft. Survey data showed a median intraservice time of 90 minutes and 9.00 median work RVUs. The RUC recommended that the work RVUs be increased based on the survey results and its conclusion that the comparison to skin graft procedures was appropriate.

Response: We did not propose a change in the work RVUs for this code because we were concerned that the CPT is not clear regarding the separate reporting of a graft to the donor site, and the vignette may have led to an overestimation of work. There is a note in the introductory paragraphs for the flap codes that states: ''Repair of donor site requiring skin graft or local flaps is considered an additional separate procedure.'' This contradicts the terminology of CPT code 15580 and could be a source of confusion.

We also were concerned that the survey respondents may have considered the work of debridement, initial emergency room evaluation, and immobilization of the fingers in their estimates of work. If so, the work RVUs are excessive because the other services can be reported separately. Therefore, we proposed to maintain the current work RVUs.

However, in light of the comments we received, we referred this code to a refinement panel for review and discussion of the correct coding of this service.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs from the 5.40 proposed work RVUs to 8.84 for CPT code 15580. We also will work with the CPT Advisory Committee and Editorial Panel to improve the clarity of the codes and the accompanying instructions in the CPT.

CPT code 15755 (Free flap (microvascular transfer)).

Comment: One commenter disagreed with our decision to maintain the current work RVUs of 28.33 for CPT code 15755 (Free flap (microvascular transfer)), instead of the requested change of 41.68 work RVUs. The commenter contended that the work RVUs are too low because of the amount of time and skill required for two surgeons to perform this highly complex procedure.

The commenter also stated that this surgical procedure requires two surgeons, with two separate teams working simultaneously for a period of several hours. According to the commenter, one surgeon and team prepare the recipient site, while the second surgeon and team is harvesting the free flap. This reduces the amount of time the patient is under anesthesia. Also, the surgeons have had additional training in performing microvascular procedures. Accordingly, the commenter believed that this procedure should reflect higher work RVUs for the

extra training and the amount of time spent performing the surgery.

Response: This code was referred by the RUC to the CPT Editorial Panel because the code lacked sufficient specificity for the RUC to establish appropriate work RVUs. The CPT Editorial Panel deleted this code and replaced it with three new CPT codes that were subsequently reviewed by the RUC. The RUC recommendations for the three new codes follow: for CPT code 15756, 33.23 work RVUs; for CPT code 15757, 33.23 work RVUs; and for CPT code 15758, 33.23 work RVUs. We reviewed and accepted these three recommendations. (See Table 3). We believe the new work RVUs are consistent with the commenter's concern that the work RVUs for the now deleted CPT code 15755 were too low.

Final decision: CPT code 15755 was deleted. We have reviewed and accepted the RUC recommendations of 33.23 work RVUs for CPT codes 15756, 15757, and 15758, respectively.

CPT codes 17000, 17001, 17002 (Destruction of benign facial and premalignant lesions) and CPT codes 17100, 17101, and 17102 (Destruction of benign non-facial lesions).

Comment: Several commenters objected to our proposed reductions to the work RVUs for this family of codes.

Response: The following is a summary of the background of our proposed reductions. In response to our original request for comments in 1995, an individual who underwent the destruction of skin lesions commented that the physician charges for these procedures were excessive. He stated that the application of liquid nitrogen is not time consuming and is an insignificant cost and that the physician work involved is minimal and does not require great skill. We forwarded the comment to the RUC. The specialty society recommended to the RUC that the work RVUs for these codes be maintained.

The RUC responded by indicating that the intention of the RUC and the 5-year review is to examine work RVUs. The RUC concluded that the comment we forwarded was based on charges the commenter incurred, a matter which is not directly related to the mission of the RUC. Therefore, the RUC recommended that the current work RVUs be maintained.

We acknowledge that part of the individual's comments related to the charges he incurred. However, we believe that the commenter raised a legitimate concern about the amount of physician work when he made reference to the amount of time, physician involvement, and skill required to destroy a skin lesion. Therefore, we reexamined the work RVUs assigned to these codes and concluded they were too high when compared to other services on the fee schedule. CPT code 17000 (Destruction of a single benign facial or premalignant lesion) currently has work RVUs that are approximately 3.5 times higher than the work RVUs assigned to the destruction of a second similar lesion (CPT code 17001).

There are no other services with this variance. A more appropriate valuation of CPT code 17000 would set the initial lesion destruction at about twice the level of the work RVUs for a subsequent lesion. Therefore, we proposed 0.36 work RVUs. This downward revaluation of CPT code 17000 was supported by comparing the proposed work RVUs to the following reference services: CPT code 11700 (Debridement of nails), with 0.32 work RVUs, and CPT code 11050 (Paring of skin lesion), with 0.43 work RVUs. These services are comparable to CPT code 17000 in terms of set-up time, procedure time, risk, and aftercare.

We also believed that CPT code 17001 (Destruction of second and third benign facial or premalignant lesion, each) and CPT code 17002 (Destruction of over three lesions, each additional lesion) were overvalued. We proposed to reduce the work RVUs of these codes to 0.14. The proposed work RVUs for these codes would maintain approximately the same ratio to CPT code 17101, with 0.11 work RVUs, and CPT code 17102, also with 0.11 work RVUs, as CPT code 17000, with 0.64 work RVUs, now has to CPT code 17100, with 0.53 work RVUs, that is, about 1.2. In other words, we believed the current relative relationship of work RVUs for CPT code 17000 (Destruction of benign facial or premalignant lesions) to the work RVUs for the CPT code 17100 (Destruction of benign lesions in areas other than the face) is correct but the work RVUs are too high.

In order to properly evaluate not only the individual codes but also the relationship between the facial codes and codes for other body regions, we requested the refinement panel to consider CPT codes 17000, 17001, 17002, 17100, 17101, and 17102.

Final decision: As a result of our analysis of the refinement panel ratings, we are assigning the final work RVUs listed below:

CPT code	HCFA proposed work RVUs	Final work RVUs
17000	0.36	0.56
17001	0.14	0.19
17002	0.14	0.19
17100	0.53	0.53
17101	0.11	0.11
17102	0.11	0.11

These values will serve as the basis of the RVUs we propose for three temporary codes, HCPCS codes G0051, G0052, and G0053, that will be used for Medicare purposes to report the destruction of benign or premalignant lesions in any location. For a discussion of these codes, see section II.D.2.b. of this final rule.

2. Orthopedic Surgery

CPT code 29848 (Arthroscopy, wrist, surgical; with release of transverse carpal ligament).

Comment: A commenter objected to the 4.04 proposed work RVUs and requested an increase to 5.70. A comparison was made to CPT code 64761, the code used to report open carpal tunnel surgery. The work RVUs for CPT code 64721 are 3.99, whereas the work RVUs for CPT code 29848 are 4.04. The commenter argued that this differential does not sufficiently recognize the greater physician time and intensity required by CPT code 29848.

Response: Our 4.04 proposed work RVUs were based on a recommendation from the RUC that we accepted. However, in light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we will increase the work RVUs from the 4.04 proposed work RVUs to 5.14 for CPT code 29848.

3. Otolaryngology and Maxillofacial Surgery

CPT code 21025 (Excision of bone (e.g., for osteomyelitis or bone abscess); mandible).

Comment: A commenter recommended an increase from 5.03 to 8.98 work RVUs based on a comparison to CPT code 24134 (Sequestrectomy (e.g., for osteomyelitis or bone abscess), shaft or distal humerus). The RUC noted that a rank order anomaly exists between this service and CPT code 21030 (Excision of benign tumor or cyst of facial bone other than mandible) and CPT code 21041 (Excision of benign cyst or tumor of mandible; complex). The

American Academy of Oral and Maxillofacial Surgeons' survey median for intraservice time is 120 minutes, which is significantly higher than CPT code 21041 and reference service CPT code 24134. Thus, the RUC recommended that the American Academy of Oral and Maxillofacial Surgeons' survey median of 8.92 work RVUs be adopted.

Response: We did not accept the RUC recommendation because we did not believe that the surveyed vignette represented the typical patient; further, it included services for which other codes can be reported. The vignette described a patient with intraoral and extraoral swelling and suppuration from multiple fistulae. Dissection of the inferior alveolar nerve is required, and hyperbaric oxygen is initiated. We believed this vignette described a patient with much more extensive infection than the typical patient. It was also our view that CPT code 21030, with 7.05 work RVUs, is more difficult than this procedure. Therefore, we proposed to retain the current 5.03 work RVUs for CPT code 21025. However, in light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs from the 5.03 proposed work RVUs to 8.98 for CPT code 21025.

CPT code 21125 (Augmentation, mandibular body or angle; prosthetic material) and CPT code 21270 (Malar augmentation, prosthetic material).

Comment: We received one comment regarding CPT codes 21125 and 21270. The commenter disagreed with the proposed work RVUs assigned to these procedures, 6.22 and 12.10, respectively. The commenter submitted survey data supporting the commenter's contention that the rank order between these services is out of alignment. That is, procedures represented by CPT codes 21270 and 21125 are similar in preoperative and postoperative time and degree of difficulty to CPT code 21208 (Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)), with 9.56 work RVUs, and CPT code 21210 (Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)), with 9.56 work RVUs.

CPT code 21125, according to this commenter, although similar to CPT code 21270, is more difficult in work, stress, and effort, and, also, requires longer intraservice time due to the location of the incision and augmentation. Therefore, the commenter recommended reducing the work RVUs of CPT code 21270 to 9.56 and increasing the work RVUs of CPT code 21125 to 10.00.

Response: Based on our evaluation of the survey data submitted by the commenter, we concur with the recommendation. Although the sample size was relatively small for both CPT procedure codes, it did serve to document the rank order position for CPT codes 21125 and 21270. We believe the data provided sufficiently support the recommendations to increase the work RVUs for CPT code 21125 and decrease the work RVUs for CPT code 21270.

Final decision: We accepted this recommendation and will increase the work RVUs of CPT code 21125 to 10.00 and decrease the work RVUs of CPT code 21270 to 9.56.

CPT codes 31531, 31536, 31541, 31561, and 31571 (Operative laryngoscopies).

Comment: Commenters stated that CPT codes 31541, 31561, and 31571 are undervalued because of increased patient complexity and greater emphasis on acceptable vocal results.

Response: When the RUC initially reviewed these codes, it did not find the arguments compelling enough to suggest a change in work RVUs. However, the RUC identified rank order anomalies in the work RVUs for direct laryngoscopies and the corresponding procedures using an operating microscope. Among the five pairs of procedures, the difference in work RVUs for use of the operating microscope varies from −0.57 to +0.34 work RVUs. The RUC recommended retaining the 1995 work RVUs for the direct laryngoscopies (CPT codes 31530, 31535, 31540, 31560, and 31570) and adding a constant 0.40 work RVUs to arrive at the work RVUs for the corresponding procedures using an operating microscope (CPT codes 31531, 31536, 31541, 31561, and 31571).

We disagreed with the concept of increasing the work RVUs for procedures using an operating microscope and believed that the work RVUs for a procedure generally should be the same, regardless of the technique used. For example, CPT codes 17000 through 17105 (Destruction of skin lesions) are valued the same regardless of the method of destruction. Therefore, we proposed work RVUs that would be the same for both codes in a pair.

However, in light of the comments that objected to our rationale, we referred these codes to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are assigning the final work RVUs listed below:

CPT code	HCFA proposed work RVUs	Final work RVUs
31531	3.39	3.59
31536	3.16	3.56
31541	4.13	4.53
31561	5.46	6.00
31571	3.87	4.27

4. Podiatry

HCPCS code M0101 (Cutting or removal of corns).

Comment: In response to our proposal to maintain the current 0.37 work RVUs, many commenters objected to our view that the vignette did not represent a typical patient and requested an increase to the RUC-recommended level of 0.45 work RVUs.

Response: In response to our original request for comments in 1995 as part of the 5-year review, a commenter recommended that we increase the work RVUs to 0.70 based on the view that this service is significantly more difficult than the work for CPT code 11050 (Paring or curettement of benign hyperkeratotic skin lesion with or without chemical cauterization (such as verrucae or clavi) not extending through the stratum corneum (e.g., callus or wart) with or without local anesthesia; single lesion), which is valued at 0.43 work RVUs, and CPT code 11700 (Debridement of nails, manual; five or less), which is valued at 0.32 work RVUs.

The RUC agreed that HCPCS code M0101 involves more work than treating 2 skin lesions and trimming 10 toenails and that this service is undervalued. However, it disagreed with the request for an increase to 0.70 and recommended 0.45 work RVUs.

We disagreed with these proposed work RVUs. The description of this service is ''cutting or removal of corns, calluses and/or trimming of nails, application of skin creams and other hygienic and preventive maintenance care (excludes debridement of nail(s)).''

In our May 3, 1996 proposed notice (61 FR 20022), we expressed our belief that the service most often reported by this code is trimming of nails, which is of less intensity than the work associated with cutting or removal of

corns and calluses. The typical service involves the less intense portions of this complex definition. The surveys conducted by the American Podiatric Medical Association used vignettes of patients with circulatory impairment and neurologic deficit accompanying systemic disease. The existence of these comorbid conditions may not accurately reflect the work RVUs for the typical patient.

Throughout the fee schedule, we base the work RVUs on the typical patient. The RUC survey methodology is also based on vignettes that are intended to describe the typical patient and service. To value the work of procedures based on atypical patients would skew the values assigned to those codes as well as their relationship to other codes. This is true even where, as here, current Medicare coverage is restricted to the more difficult patients with coexisting disease. In this case, we believed the vignette described an unusual or atypical patient; the RVU recommendation based on the vignette exceeds the current work RVUs. We believed that the usual service of trimming of nails is less work than the paring or curettement or other less common procedures such as benign hyperkeratotic skin lesions and, therefore, proposed to maintain the current 0.37 work RVUs.

However, in light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs from the 0.37 proposed work RVUs to 0.43 for HCPCS code M0101.

CPT code 28010 (Tenotomy, subcutaneous, toe; single).

Comment: This code, with 2.97 work RVUs, was identified by the RUC as a potentially overvalued service but it did not submit recommended RVUs in time for publication in the May 3, 1996 proposed notice. The RUC subsequently recommended that the work RVUs be reduced to 2.71 as it is similar in work to CPT code 26060 (Tenotomy, subcutaneous, single, each digit), with 2.71 work RVUs. All four components of physician work (time, mental effort and judgment, technical skill, and physical effort and stress) are the same for these soft tissue operations.

Response: We agree with this comparison and recommendation.

Final decision: The final work RVUs for CPT code 28010 are changed to 2.71.

CPT code 28114 (Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (Clayton type procedure)).

Comment: Last year, the RUC submitted an interim recommendation that the current work RVUs for CPT code 28114 (Removal of metartasal heads) be maintained until the American Podiatric Medical Association presented recommendations for this code at the February 1996 RUC meeting. We agreed and published proposed RVUs of 7.16 for CPT code 28114. We subsequently received a comment from the RUC recommending that the work RVUs for CPT code 28114 be increased to 8.65. In a survey of 66 podiatrists, 10.60 median work RVUs were recommended for CPT code 28114, suggesting that the current 7.16 work RVUs for this code are too low.

The basis for the RUC's recommendation was comparison of this service to CPT code 28113 (Ostectomy, complete excision; fifth metatarsal head), with 4.09 work RVUs. The RUC believed that the intraservice work per unit of time of the two services should be equal. The RUC then used the surveyed intraservice time of CPT code 28114 to calculate the recommended 8.65 work RVUs.

Response: We agree with the RUC recommendation.

Final decision: We are assigning 8.65 work RVUs to CPT code 28114. Because the public has not had an opportunity to comment on these work RVUs, we will consider them to be interim RVUs and will accept comments on our revision.

5. Cardiology and Interventional Radiology

CPT code 37201 (Transcatheter therapy, infusion for thrombolysis other than coronary).

Comment: A commenter objected to our proposed reduction in work RVUs from 7.25 to 5.00, which the commenter believed was based on the use of an incorrect reference service.

Response: The RUC identified this code as a potentially overvalued service, in part, because of an increasing frequency of claims since 1992. The current work RVUs are 7.25. After reviewing the issue, the RUC agreed with the Society for Cardiovascular and Interventional Radiology that the frequency of claims for this code is growing because thrombolytic infusion is an effective therapy for thrombosed arteries and grafts, allowing physicians to save patient limbs. The service is still a relatively new technology, and the RUC believed that it is appropriately valued.

We disagreed with this recommendation. Unlike CPT code 34111 (Removal of arm artery clot), a similar open procedure with a 90-day global period, CPT code 37201 is billed with an evaluation and management code and a supervision and interpretation code. Therefore, we believe that the work RVUs for CPT code 37201 should approximate the work RVUs for CPT code 34111 (7.18) minus the work RVUs for a level-two subsequent hospital visit (0.88) and the work RVUs for the radiological supervision and interpretation, CPT code 75894 (1.31). We proposed 5.00 work RVUs for CPT code 37201.

In light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are decreasing the work RVUs from the current 7.25 work RVUs to our proposed 5.00 work RVUs for CPT code 37201.

CPT code 93307 (Echocardiography, real-time with image documentation (2D) with or without M-Mode recording; complete).

Comment: Several commenters objected to our proposal to maintain the current 0.78 work RVUs and recommended that we accept the RUC recommendation of 1.06 work RVUs. They argued that the field of echocardiography has changed significantly in the past 5 years, in both clinical utility and diagnostic complexity. Although the technical innovations of the past 5 years have made this an easier service to perform, the patients that require this service are more complex, which has resulted in an increased amount of physician work. The physicians are viewing and making judgments on constantly moving objects, which increases the possibility of misinterpretation. Often this service is furnished in acute care settings or emergency situations, which increase physician stress. The information derived from this study is used in the development of critical management decisions. The risk of misdiagnosis, in both emergent and nonemergent situations, can lead to potentially fatal events.

Response: The current work RVUs for echocardiography are 0.78. The RUC agreed that the code is undervalued based on the amount of physician work

that is required to perform this study and the increased amount of information that can now be derived from echocardiography. However, the RUC believed that the specialty society recommendation of 1.48 work RVUs was too high and recommended the Harvard value for this procedure, which was 1.06 work RVUs.

We did not agree that echocardiography is undervalued. We believed that technical innovations have made physician interpretations of echocardiograms less difficult than in the past. We also believed that some of the work that is being reported as physician work is actually the work of technicians. For example, the description of intraservice work provided to the RUC implies that physicians review entire tapes and analyze and measure the structure and dynamics of the chambers, valves, and great vessels. It is our understanding that much of this information is prepared by technicians for subsequent review by physicians. We considered the work of technicians to be a practice expense that is reflected in the practice expense RVUs, not the physician work RVUs. We also questioned whether the vignette surveyed by the specialty society, which describes an echocardiogram performed on an acutely ill patient in need of emergency echocardiography, represented the typical patient requiring echocardiography. Medicare claims data from calendar year 1995 indicate that 50 percent of claims for CPT code 93307 are billed with place of service as office or outpatient hospital and 49 percent are billed with place of service as inpatient hospital. This suggested that the typical patient is not critically ill or that there is a bimodal distribution of patients. Therefore, we did not believe that an increase in work RVUs was justified.

However, in light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs from the 0.78 proposed work RVUs to 0.92 for CPT code 93307.

CPT code 93312 (Echocardiography, real-time with image documentation (2D) (with or without M-Mode recording), transesophageal; including probe placement, image acquisition, interpretation and report).

Comment: Several commenters objected to our 1.90 proposed work RVUs and recommended that we accept the RUC recommendation of 2.39. The commenters argued that transesophageal echocardiography is undervalued in comparison to other services that require similar physician work effort and that performance of this procedure requires considerable mental effort. As described above in the discussion of CPT code 93307, the heart is constantly moving, increasing the possibility of misinterpretation, which could lead to misdiagnosis. There is an added technical skill required by the physician to insert the probe into the esophagus and the stomach of a critically ill patient. This procedure is often performed in the emergency setting while the patient is under conscious sedation.

Response: Before submitting its original recommendation to us, the RUC reviewed Harvard Phase III data that show 2.76 work RVUs (adjusted to be on a scale equivalent to 1995 work RVUs) for upper gastrointestinal endoscopy (CPT code 43235), the reference code being used in this comparison. These work RVUs are higher than both the existing 1.57 work RVUs and the 2.39 work RVUs recommended by the specialty society. The RUC agreed with the specialty society rationale and recommended an increase to 2.39 work RVUs.

For reasons similar to those described above for CPT code 93307, we did not believe that transesophageal echocardiography was undervalued. A refinement panel considered this service in 1993, and, based on the ratings of the panel, we did not increase the work RVUs. We did not find the new evidence submitted by the RUC to be sufficient to warrant an increase in work RVUs.

However, in light of the comments we received, we referred this code to a refinement panel for review. As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs for CPT code 93312 from 1.90 to 2.20.

During the refinement panel discussions, the coding of other transesophageal echocardiography services was discussed. CPT includes three codes for transesophageal echocardiography. The codes are CPT code 93312 (Echocardiography, real time with image documentation (2D) (with or without M-mode recording), transesophageal; including probe placement, image acquisition, interpretation and report), CPT code 93313 (Echocardiography, real time with image documentation (2D) (with or without M-modeing recording), transesophageal; placement of transesophageal probe only), and CPT code 93314 (Echocardiography, real time with image documentation (2D) (with or without M-mode recording), transesophageal; image acquisition, interpretation and report only).

We received no comments as part of the 5-year review that the work RVUs for the code used to report only the placement of a transesophageal probe (CPT code 93313) should be revised. Therefore, we are maintaining the current 0.95 work RVUs. By subtracting these work RVUs from the new work RVUs for CPT code 93312, we can calculate new work RVUs for CPT code 93314, which is used to report image acquisition, interpretation and report only. The result is 1.25 work RVUs.

It was necessary to calculate these RVUs because the refinement panel did not specifically address CPT code 93314. However, it was clear during the discussions of the refinement panel that the service considered by the American College of Cardiology and the American Society of Echocardiography to be undervalued was the image acquisition, interpretation and report and not the probe placement.

We also revised the relationship of the three codes in this family so that the work RVUs for CPT code 93312 equal the sum of the work RVUs for CPT codes 93313 and 93314. When we first assigned work RVUs to these codes, we assigned 20 percent more work RVUs to both CPT codes 93313 and 93314 because two different physicians were often involved in the procedure and each would have a certain amount of preservice and postservice work that could not be considered duplicative.

Consequently, the sum of these two codes exceeded the work RVUs assigned to CPT code 93312. We now believe that most transesophageal echocardiographies are performed by a single physician. Therefore, we have adjusted the work RVUs so that the work RVUs for CPT code 93312 equal the sum of the work RVUs for CPT codes 93313 and 93314.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs for CPT code 93312 from the 1.90 proposed work RVUs to 2.20. In addition, the work RVUs for CPT codes 93313 and 93314 are established as 0.95 and 1.25, respectively, based on the above decisions.

CPT code 93503 (Insertion and placement of flow directed catheter

(e.g., Swan-Ganz) for monitoring purposes).

Comment: Several commenters objected to our proposal to maintain the current 2.43 work RVUs. Our proposal was based, in part, on acceptance of a RUC recommendation to maintain current work RVUs. Several specialty societies argued that the physician work involved in a Swan-Ganz catheter was greater than the work associated with a right heart catheterization (CPT code 93501), with 3.02 work RVUs.

The commenters stated that as compared to the right heart catheter, which is usually inserted in the catheter laboratory, the Swan-Ganz catheter is usually inserted when the patient is in an unstable condition. Proper positioning of the acutely ill patient for insertion is usually more difficult. In addition, the physician usually inserts the Swan-Ganz catheter without the aid of an imaging device, in contrast to the right heart catheter, making location of the tip of the catheter significantly more challenging.

Moreover, after insertion, the physician must interpret data quickly and make immediate important judgments. Finally, the commenters argued that the risk of complications with the Swan-Ganz catheter is considerably greater than with the right heart catheter.

Response: In light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs from 2.43 to 2.91 for CPT code 93503.

6. General Surgery, Colon and Rectal Surgery, and Gastroenterology

We received no comments on these codes. Therefore, we will finalize all of the proposed work RVUs for the general surgery, colon and rectal surgery, and gastroenterology codes.

7. Urology

CPT code 50590 (Lithotripsy, extracorporeal shock wave).

Comment: Several commenters objected to our proposed reduction in work RVUs from 9.62 to 7.13. They objected to our argument that the work of extracorporeal shock wave lithotripsy is more comparable to the work of evaluation and management services than surgical services.

Response: We referred this code to the RUC last year as a potentially overvalued service. The RUC reviewed it and concluded that it is similar to a surgical procedure in that anesthesia is used and a urologist is always present. Based on its analysis of survey data showing a median intraservice time of 80 minutes, the RUC concluded that the current work RVUs should not be reduced.

We disagreed with the RUC recommendation to maintain the 9.62 work RVUs. We believed the intraservice intensity of extracorporeal shock wave lithotripsy is more comparable to evaluation and management services than traditional surgical services. For example, the current 9.62 work RVUs are higher than those for CPT code 49000 (Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)), with 8.99 work RVUs. We proposed 7.13 work RVUs for CPT code 50590 based on 90 minutes of critical care (CPT codes 99291 and 99292), with work RVUs of 3.64 and 1.84, respectively, and three mid-level office visits (CPT code 99213), with 0.55 work RVUs.

However, in light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing our proposed work RVUs of 7.13 for CPT code 50590 to 8.79.

8. Gynecology

CPT code 56312 (Laparoscopic lymphadenectomy).

Comment: The current work RVUs assigned to this code are 12.06. It was referred to the RUC as part of the 5-year review. The RUC recommended that the 12.06 work RVUs be maintained. In our May 3, 1996 proposed notice (61 FR 20006), we agreed with this recommendation. A commenter objected to the retention of 12.06 work RVUs for this service. The commenter noted a discrepancy between the work RVUs for comparable procedures performed laparoscopically or via open laparotomy. The commenter stated that we have indicated that these procedures should be valued the same, regardless of the approach for their performance. The commenter agreed with this premise and recommended adjustment of the work RVUs for this laparoscopic procedure, which the commenter believed is undervalued when compared to its counterpart performed at laparotomy. The counterpart code, CPT code 38870, is assigned 12.10 work RVUs. Thus, the commenter recommended that the work RVUs for CPT code 56312 be increased from 12.06 to 12.10.

Response: In our May 3, 1996 proposed notice (61 FR 20046), we announced our intention to reexamine the relationship between endoscopic and comparable open procedures before the next 5-year review. This will provide the opportunity to address the discrepancy in work RVUs between CPT codes 56312 and 38870. We are retaining the existing 12.06 work RVUs for laparoscopic lymphadenectomy in spite of the slight difference in work RVUs between the two procedures.

Final decision: We are making final the proposed work RVUs for CPT code 56312.

CPT code 57265 (Combined anteroposterior colporraphy; with enterocele repair).

Comment: This code is used to report complex vaginal repairs. A commenter stated that their recommendation for this code was mistakenly not submitted to the RUC. The commenter believed that the current 7.36 work RVUs undervalue the service in comparison to CPT code 57260 (Combined anteroposterior colporraphy without enterocele repair), which is assigned 7.59 work RVUs. Since CPT code 57265 includes CPT code 57260 plus CPT code 57268 (Repair of enterocele, vaginal approach (separate procedure)), with 6.14 work RVUs, the commenter recommended 10.66 work RVUs for CPT code 57265. These work RVUs reflect the sum of the work RVUs for CPT code 57260 and, with the application of the multiple surgical rules, one-half of the work RVUs for CPT code 57268.

Response: The current work RVUs for CPT code 57265 represent an obvious rank order anomaly within this family of procedures.

Final decision: We accept the recommendation of 10.66 work RVUs for CPT code 57265.

CPT code 58200 (Total abdominal hysterectomy including partial vaginectomy with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)).

Comment: Several commenters stated that the 20.34 work RVUs currently assigned to CPT code 58200 exceed the 13.00 work RVUs currently assigned to CPT code 58150 (Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)) by approximately 56 percent, accurately reflecting the difference in physician

work. The commenters objected to our proposal to increase the work RVUs assigned to CPT code 58150 to 14.30 without also increasing the work RVUs assigned to CPT code 58200. Therefore, to maintain what they believed to be the correct relationship between these two codes, the commenters recommended that the work RVUs for CPT code 58200 be increased from 20.34 to 22.37.

Response: The RUC reviewed both CPT codes 58150 and 58200. We received and agreed with the RUC's recommendations to increase the work RVUs for CPT code 58150 and maintain the work RVUs for CPT code 58200. We did not refer the codes to the RUC with the expectation that their relative relationship would be maintained. Rather, we referred them to the RUC with the expectation that the appropriateness of the work RVUs currently assigned to each code would be evaluated. We believe the RUC appropriately evaluated both codes, and we do not believe the commenters provided sufficient rationale to increase the work RVUs for CPT code 58200.

Final decision: We are maintaining the current 20.34 work RVUs for CPT code 58200.

9. Neurosurgery

CPT code 63030 (Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar) and CPT code 63042 (Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, re-exploration, lumbar).

Comment: The American Academy of Orthopedic Surgeons objected to our proposed reductions in the work RVUs for CPT code 63030 from 12.11 to 11.10 and for CPT code 63042 from 17.27 to 16.56. The RUC recommendations for these work RVUs, which we accepted, were based on the recommendations of the American Academy of Neurological Surgeons/Congress of Neurological Surgeons. The American Academy of Orthopedic Surgeons stated that the methodology used by the American Academy of Neurological Surgeons/ Congress of Neurological Surgeons to develop the recommended work RVUs has not been validated. The American Academy of Orthopedic Surgeons also stated these codes were not identified as overvalued procedures by the carrier medical directors, AMA trend analysis, AMA intraservice work per unit of time analysis, nor by a comparison of Harvard with the 1992 work RVUs. The American Academy of Orthopedic Surgeons noted a study done for them (''The Abt Restudy of Physician Work Values for Orthopedic Surgery'') further stated that the current relationship between CPT codes 63030 (with 12.11 work RVUs), 63042 (with 17.27 work RVUs), and 63047 (with 12.76 work RVUs) more properly represents the work differential between these codes and that the proposed work RVUs provide an incentive for upcoding.

Response: We discussed the American Academy of Neurological Surgeons/ Congress of Neurological Surgeons' recommendations in detail in our May 3, 1996 proposed notice (61 FR 20025 through 20027). The American Academy of Neurological Surgeons/ Congress of Neurological Surgeons' approach, which in general HCFA and the RUC found to be reasonable for these codes, focused on intensity and time data gathered from detailed operative logs. The American Academy of Orthopedic Surgeons stated that the approach has not been validated, but it does not provide compelling evidence why the approach is invalid for these codes and why the relationship between the current work RVUs is more accurate than the proposed work RVUs.

We also note that the Abt study done for the American Academy of Orthopedic Surgeons contains 12.34 work RVUs for CPT code 63030 and 13.20 work RVUs for CPT code 63042. These values would alter the current work relationship between CPT codes 63030, 63042, and 63047 significantly more than the RUC-recommended work RVUs. Given the differing work RVUs in the two studies, we believe the prudent action is to accept the RUC recommendations that reflect the judgment of all the major specialties of medicine.

Final decision: We are making final our proposed work RVUs of 11.10 for CPT code 63030 and 16.56 for CPT code 63042.

10. Ophthalmology

CPT Codes 68820, 68825, and 68830 (Probing of nasolacrimal duct.

Comment: These three codes have been deleted and replaced by three new codes in CPT 1997. The three new codes and the RUC recommendations for them are: CPT code 68810 (1.27 work RVUs); CPT code 68811 (2.25 work RVUs); and CPT code 68815 (3.00 work RVUs).

Response: Because the development of new codes was initiated by the 5-year refinement and because the codes describe pediatric services for which we are particularly interested in developing appropriate work RVUs, we reviewed them in the context of the 5-year review. As part of the 5-year refinement, we forwarded to the RUC comments on two codes (CPT codes 68825 and 68830) that are part of the following existing family of codes for probing of nasolacrimal ducts:

CPT Code	Descriptor
68820	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral.
68825	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral; requiring general anesthesia.
68830	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral; with insertion of tube or stent.

The RUC reviewed a recommendation to increase the work RVUs for CPT code 68830 and concluded that the work RVUs should not be increased. We reviewed and accepted that recommendation.

The RUC reviewed a recommendation to increase the work RVUs for CPT code 68825 from 1.53 to 2.50 and concluded there was a problem with the current descriptor in that unilateral and bilateral procedures were valued the same. Therefore, the code was referred to the CPT Editorial Panel. In our May 3, 1996 proposed notice (61 FR 20009), we noted that the code was referred to CPT and proposed maintaining the current work RVUs.

Because the code in question was part of a family of codes, the deletion of the phrase ''unilateral or bilateral'' by the CPT Editorial Panel affected all the codes in the family. Subsequently, the revised family of codes was referred from the CPT Editorial Panel back to the RUC.

The codes for probing of a nasolacrimal duct (CPT codes 68820, 68825, and 68830) have been deleted and replaced with new codes (CPT codes 68810, 68811, and 68815) to indicate that these codes should be used to report unilateral procedures. Bilateral procedures will be reported using the code with the -50 modifier.

The RUC accepted the work RVU recommendation of 1.27 for CPT code

68810, presented by commenters practicing ophthalmology and optometry, that was based on budget neutral calculations assuming that 31 percent of procedures represented by CPT code 68810 (Probing of nasolacrimal duct, with or without irrigation) are performed bilaterally and would be subject to the multiple surgery reduction.

The RUC also accepted the American Academy of Ophthalmology's request to increase the work RVUs for CPT code 68811 (Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia) from 1.53 to 2.25. The American Academy of Ophthalmology estimated that 62 percent of these procedures are performed unilaterally. The preservice, intraservice, and postservice work of this service were considered to be comparable to CPT code 67345 (Chemodenervation of extraocular muscle), with 2.91 work RVUs.

CPT code 68815 (Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent) is performed when CPT code 68811 has failed. The RUC agreed that the work RVUs for this service should be increased from 2.12 to 3.00 to maintain relativity with CPT codes 68810 and 68811. This increase was considered to be justified by the degree of preservice, intraservice, and postservice work involved in this procedure; the complications of intranasal bleeding; the possibility of aspirating blood intraoperatively or postoperatively; and the morbidity associated with drawing metallic probes through the nasolacrimal system.

We accepted the RUC's recommendation for CPT code 68810. For CPT codes 68811 and 68815, we believed the recommended work RVUs were too high in light of the fact that most of the procedures will be performed bilaterally resulting in payment based on 150 percent of the listed work RVUs.

Because these codes were originally commented on as part of the 5-year refinement, we would like to assign final work RVUs effective January 1, 1997. Therefore, we referred these codes to a refinement panel for a full discussion of the issues.

The following tables identify the codes and work RVUs for 1996 and 1997:

1996 CPT CODES AND WORK RVUS

CPT code	Descriptor	1996 work RVUs	Recommended work RVUs
68820	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral.	1.47	Not applicable; code deleted.
68825	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral; requiring general anesthesia.	1.53	Not applicable; code deleted.
68830	Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral; with insertion of tube or stent.	2.12	Not applicable; code deleted.

1997 CPT CODES AND WORK RVUS

CPT code	Descriptor	1996 work RVUs	Recommended work RVUs
68810	Probing of nasolacrimal duct, with or without irrigation	1.27	Not applicable; new code.
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia.	2.25	Not applicable; new code.
68815	Probing of nasolacrimal duct, with or without irrigation,; with insertion of tube or stent.	3.00	Not applicable; new code.

Final decision: We have reviewed and accepted the RUC recommendation to decrease the RVUs for deleted CPT code 68820, which will now be reported with new CPT code 68810, from 1.47 to 1.27 work RVUs. As a result of our analysis of the refinement panel ratings, we increase the work RVUs for deleted CPT code 68825, which will now be reported with new CPT code 68811, from 1.53 to 2.25 work RVUs. For deleted CPT code 68830, which will now be reported with new CPT code 68815, we increase the work RVUs from 2.12 to 3.00 work RVUs.

CPT code 92002 (Ophthalmological services; medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient).

Comment: Two commenters objected to linking the intermediate new patient eye examination, CPT code 92002, with the a level-two new patient office visit (CPT code 99202) and recommended linking CPT code 92002 with a level-three new patient office visit (CPT code 99203). This would result in an increase from our proposed 0.88 work RVUs to 1.34 work RVUs. The commenters stated that a level-two service is the lowest level evaluation and management service requiring a physician's presence and that our proposal would force providers to bill at level-two for all less than comprehensive eye examinations. They pointed to the times reported in the RUC surveys as support for a linkage to a level-three evaluation and management service; the RUC surveys reported intraservice times of 24 minutes for CPT code 99203 and 20 minutes for CPT code 92002.

Response: The current work RVUs for CPT code 92002 are 1.01. We referred this code to the RUC last year because we believed it was overvalued compared to the evaluation and management services for new patient office visits. The RUC agreed with us and recommended that we assign the same work RVUS to the intermediate new patient eye examination (CPT code 92002) as we would assign to a level-two new patient office visit (CPT code 99202).

We disagree with the arguments that a level-two service is the lowest level evaluation and management service requiring a physician's presence and

that our proposal would force providers to bill at level-two for all less than comprehensive eye examinations. First, every level of new patient office visits requires a physician's presence. Second, there are only two levels of eye examinations: intermediate and comprehensive. Thus, by definition, every eye examination that is less than comprehensive must be billed as an intermediate eye examination.

We reviewed the survey data and have concluded that the data support our proposal. The median intraservice time for CPT code 92002 was 20 minutes. This is the typical time of a level-two new patient office visit. The work RVUs we have assigned to a level-two new patient visit are based on 20 minutes of intraservice time, not the RUC survey time. The typical time of a level-three new patient office visit is 30 minutes which is 50 percent greater than the time of a level-two visit and 50 percent greater than the surveyed time of CPT code 92002. We believe that acceptance of the comment would result in work RVUs that are inconsistent with all other evaluation and management services. To increase the work RVUs above the current 1.01 work RVUs by more than 30 percent is clearly inconsistent with our conclusion, as well as that of the RUC, that the current work RVUs are too high.

Final decision: We make final our proposed 0.88 work RVUs for CPT code 92002.

CPT code 92004 (Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits).

Comment: Two commenters noted that the 1.34 work RVUs for CPT code 92004 were incorrectly calculated.

Response: The work RVUs published in the May 3, 1996 proposed notice (61 FR 20039) were a technical error. We agree with the commenter that the correct work RVUs are 1.67, as recommended by the RUC.

Final decision: We correct the work RVUs to 1.67.

CPT codes 92225 and 92226 (Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial and subsequent).

Comment: Several commenters objected to our proposal to reduce the work RVUs for these codes to 0.38 and 0.33, respectively. They recommended that the current work RVUs of 0.58 and 0.50 be maintained and indicated that they would be willing to work with us to develop more detailed medical necessity review criteria for these procedures.

Response: Carrier medical directors identified these two codes as potentially overvalued, and we referred the codes to the RUC. The current work RVUs are 0.58 and 0.50, respectively. The carrier medical directors recommended 0.38 and 0.33 and offered the following justification: ''The records that we have reviewed on this have shown no more diligence or attentiveness to the drawing than what any physician draws when describing a physical finding.''

The RUC reviewed the comment and intended to refer the code to the CPT Editorial Panel for further clarification. In our May 3, 1996 proposed notice (61 FR 20038 through 20039), we erroneously noted that the codes were referred to CPT and proposed maintaining the current work RVUs. However, the codes were never referred to CPT.

At a subsequent meeting of the RUC, the American Academy of Ophthalmology recommended that, when properly performed, these procedures are appropriately valued. It attempted to develop a coding change proposal to address the possible abuse scenarios cited by the commenter. The American Academy of Ophthalmology has now concluded that coding changes would not be sufficient to solve this problem.

While we appreciate the willingness of both specialty societies to work with us to develop more detailed medical necessity review criteria for these procedures, we do not believe that the carrier medical directors' recommendations for reduced work RVUs have been fully addressed.

Since the codes will not be referred to the CPT and since they were originally commented on as part of the 5-year refinement, we referred the codes to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are decreasing the work RVUs for CPT codes 92225 and 92226 from their current 0.58 and 0.50 work RVUs to 0.38 and 0.33 work RVUs, respectively. These represent the work RVUs for appropriately performed retinal drawings. We plan to work with the specialty societies to develop more detailed medical necessity review criteria for these procedures.

CPT code 92260 *(Ophthalmodynamometry).*

Comment: Several commenters recommended that the current 0.50 work RVUs be maintained.

Response: Carrier medical directors originally identified this code as potentially overvalued, and we referred the code to the RUC. The current work RVUs are 0.50. The carrier medical directors recommended 0.20 work RVUs and offered the following justification:

''Ophthalmodynamometry gives an approximate measurement of the relative pressures in the central retinal arteries and is an indirect means of assessing carotid artery flow on either side. The test consists of exerting pressure on the sclera with a spring plunger while observing with an ophthalmoscope the vessels emerging from the optic disks. This is included in 93875 which has an RVU of 0.16.''

The RUC reviewed the comment and referred the code to the CPT Editorial Panel with a recommendation that consideration be given to deleting the code. The RUC stated that this service is rarely performed and may be an obsolete procedure. In our May 3, 1996 proposed notice (61 FR 20038 through 20039), we noted that the code was referred to CPT and proposed maintaining the current work RVUs. However, the code was never referred to CPT.

The American Academy of Ophthalmology's CPT committee decided against recommending deletion of this code because it is still being used frequently by some groups of ophthalmologists. (In 1995, we received over 8,000 claims.) The American Academy of Ophthalmology stated that this code is more like CPT code 76519 (Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation), with 0.54 work RVUs, than the newer Doppler-type technology that has replaced it. For example, the service is performed entirely by a physician face-to-face with the patient, unlike Doppler, which involves more technician time. The RUC and the American Academy of Ophthalmology recommended, therefore, that the current 0.50 work RVUs be retained.

We do not believe that the carrier medical directors' recommendations for reduced work RVUs have been fully addressed. Since the code will not be referred to the CPT and since the code was originally commented on as part of the 5-year refinement, we referred the code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings,

we are decreasing the work RVUs for CPT code 92260 from 0.50 to 0.20.

11. Imaging

CPT code 78806 (Radiopharmaceutical localization of abscess; whole body).

Comment: A commenter indicated that we made an apparent technical error by assigning the same work RVUs to CPT codes 78805 and 78806. The correct work RVUs for CPT codes 78805 and 78806 should be 0.73 and 0.86, respectively.

Response: We agree that a technical error was made.

Final decision: CPT code 78806 is corrected to 0.86 work RVUs.

12. Cardiothoracic and Vascular Surgery

CPT code 35700 (Reoperation for vascular infrainguinal bypass grafts) and CPT codes 35556, 35566, 35571, 35583, 35585, 35587, 35656, 35666, and 35671 (Vascular infrainguinal bypass grafts).

Comment: As part of the 5-year refinement, the RUC examined several of the codes for infrainguinal bypass procedures. In addition, we received a request from the Society for Vascular Surgery/International Society for Cardiovascular Surgery to reexamine the work RVUs that were assigned to the nine CPT codes that can be reported with the reoperation CPT code 35700.

The descriptor for CPT code 35700 reads: ''Reoperation, femoral-popliteal or femoral (popliteal) -anterior tibial, posterior tibial, peroneal artery or other distal vessels, more than one month after original operation.'' This code is to be listed separately in addition to any one of the nine CPT codes for the primary procedure (CPT codes 35556, 35566, 35571, 35583, 35585, 35587, 35656, 35666, or 35671). The reoperation code was new in 1994. At that time, we estimated that approximately 22 percent of the primary procedures represent reoperations for which the new add-on code would be used in the future. To maintain the same number of work RVUs in 1994, we reduced the work RVUs of the primary procedures by approximately 3.5 percent.

The Society for Vascular Surgery/International Society for Cardiovascular Surgery believed that an analysis of current data would prove that our estimates on the probable number of reoperations were too high. They requested that we make appropriate adjustments to the work RVUs based on actual utilization of the code.

Response: Our analysis of the data revealed the following:

In 1994, CPT code 35700 was billed in conjunction with the primary procedure codes listed above 3.47 percent of the time. There were 67,482 primary services performed in 1994 and 2,343 reoperations (CPT code 35700).

In the first three quarters of 1995, CPT code 35700 was billed in conjunction with the above listed primary procedure codes 4.12 percent of the time. There was a total of 44,684 primary services performed while 1,839 reoperations (CPT code 35700) were billed. These data confirm that our original estimates regarding the utilization of the reoperation CPT code 35700 were too high.

Final decision: The following table identifies the nine codes, lists the 1996 work RVUs and lists the corrected work RVUs based on the actual utilization of the reoperation code. The differences in work RVUs between 1996 and the corrected work RVUs are also shown. Some of these codes were reviewed as part of the 5-year refinement, and we accepted the RUC recommendations for them. To determine the final work RVUs, we added the differences in work RVUs between 1996 and the rescaled work RVUs to either the RUC-recommended work RVUs or the current work RVUs for codes that were not part of the 5-year review.

CPT code	1996 work RVUs	Corrected work RVUs	Difference	5-year RUC recommendations	Final work RVUs
35556	15.47	15.94	0.47	19.37	19.84
35566	20.21	20.76	0.55	24.45	25.00
35571	16.66	17.14	0.48	None	17.14
35583	15.97	16.44	0.47	20.03	20.50
35585	19.05	19.60	0.55	25.95	26.47
35587	17.07	17.55	0.48	None	17.55
35656	13.86	14.44	0.58	17.84	18.42
35666	15.97	17.60	1.63	None	17.60
35671	12.18	13.39	1.21	None	13.39

CPT code 35681 (Bypass graft, composite).

Comment: We received comments from the Society for Vascular Surgery/International Society for Cardiovascular Surgery and the American College of Surgeons that provided the following explanation for the RUC's recommendations, which the commenters believed was an error. The American College of Surgeons identified CPT code 35681 as an overvalued service based on an Abt survey of surgical procedures. In its 5-year review letter dated February 3, 1995, the American College of Surgeons recommended a decrease in work RVUs from 8.00 to 3.93. A RUC work group endorsed this decrease with virtually no discussion, and the full RUC accepted it by consent decree.

We accepted the recommended decrease in work RVUs in the May 3, 1996 proposed notice (61 FR 20028). The Society for Vascular Surgery/International Society for Cardiovascular Surgery believed that the American College of Surgeons' data identifying CPT code 35681 as overvalued were faulty because the American College of Surgeons used an inappropriate clinical vignette in the Abt survey.

The American College of Surgeons' vignette described the splicing of a 6 cm segment of synthetic conduit into what is primarily a bypass graft constructed

with autogenous vein. The Society for Vascular Surgery/International Society for Cardiovascular Surgery stated that the use of synthetic conduits in this situation is not standard surgical practice. Instead, most surgeons performing this operation would harvest a separate segment of vein to use as the additional segment of conduit since the long term graft patency of the all-vein combination is far superior. Harvesting additional vein requires a separate skin incision, identification of another segment of acceptable vein, harvest of that vein with ligation of branches, and skin closure of the additional site. This is obviously far more work than opening a box of synthetic conduits to obtain the additional required conduit, yet the only code available for either procedure is CPT code 35681.

In order to determine exactly how this code is used clinically, the Society for Vascular Surgery/International Society for Cardiovascular Surgery reviewed operative records from 16 practices across the country and found that the American College of Surgeons' vignette represents only 3 percent of the actual use of this code, and in 97 percent of cases the work involved is actually far greater than that described in the American College of Surgeons' vignette.

Response: In light of the comments we received, we referred this code to a refinement panel for review of the coding issues and ratings of physician work.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs assigned to CPT code 35681 from the proposed 3.93 work RVUs to 8.05, the current work RVUs for the code. In addition, we are referring CPT code 35681 to CPT for division into two codes, one to represent addition of a segment of synthetic conduit to a primary bypass constructed of vein, and another to represent harvest and addition of a segment of vein conduit to a primary bypass constructed of vein or synthetic conduit. Once the codes have been accurately defined, they will be referred to the RUC for work evaluation. The work RVUs for CPT code 35681 are interim values until we receive the final RUC recommendations.

CPT code 35875 (Thrombectomy of arterial or venous graft).

Comment: The American College of Surgeons submitted CPT code 35875 for review in its letter to us, dated February 3, 1995. Its identification of this code as being overvalued was based on a survey of the work involved in a vignette that described a thrombectomy of a clotted hemodialysis shunt. The American College of Surgeons recommended a decrease in work RVUs for CPT code 35875 from 9.07 to 8.19. A RUC work group adopted the decrease without discussion, and the full RUC accepted it by consent decree. We subsequently accepted the decrease in our May 3, 1996 proposed notice (61 FR 20002).

In a comment, the Society for Vascular Surgery/International Society for Cardiovascular Surgery provided the following explanation of the proper use of the codes. Thrombectomy and revision of a dialysis graft as described in the American College of Surgeons' vignette is actually CPT code 36832 (Revision of an arteriovenous fistula, with or without thrombectomy, autogenous or nonautogenous graft (separate procedure)), not CPT code 35875. CPT code 36832 falls within the family of hemodialysis graft codes in CPT and exactly fits the American College of Surgeons' vignette. It has only 5.84 work RVUs. The commenter believed that this error had caused the RUC to recommend a value that was too low.

In contrast, the commenter explained, CPT code 35875 is defined as thrombectomy of arterial or venous graft, and it lies numerically within the CPT family of codes that describes bypass grafts performed for arterial insufficiency. CPT code 35875 requires significantly more work than CPT code 36832, and it has 9.07 work RVUs. It was, therefore, no surprise to the commenter that the surgeons participating in the American College of Surgeons' study considered that 9.07 work RVUs were too high when asked to evaluate the work involved in thrombectomy of a dialysis graft since they were actually being asked to rate a service that has only 5.84 work RVUs.

In order to identify exactly how CPT code 35875 is used by practicing surgeons, the Society for Vascular Surgery/International Society for Cardiovascular Surgery reviewed charts of patients receiving this service over a period of 1 year at 16 surgical practices from across the country. The study identified 209 consecutive cases. CPT code 35875 was used for thrombectomy of arterial bypass grafts in patients with peripheral vascular disease in 60 percent of the cases, and, somewhat to their surprise, in 40 percent of cases, CPT code 35875 was claimed when thrombectomy of a dialysis graft was performed in renal failure patients. The review indicated that some carrier medical directors also are confused regarding appropriate use of this code.

Response: In light of the comments we received, we referred this code to a refinement panel for review of the coding issues and ratings of physician work.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs assigned to CPT code 35875 from the proposed 8.19 work RVUs to 9.07, which are the current work RVUs for the code. In addition, we will refer CPT code 35875 to CPT for redefinition by adding the term ''not for hemodialysis graft.'' We are also referring CPT code 36832 to CPT to be split into three separate codes, one specifically for thrombectomy of hemodialysis grafts, one for revision of hemodialysis grafts without thrombectomy, and one for thrombectomy and revision of hemodialysis grafts.

Once the codes have been accurately defined, they will be referred to the RUC for work evaluation. We are keeping the work RVUs for CPT code 35875 interim until we receive the final RUC recommendations.

13. Pathology and Laboratory Procedures

CPT code 85390–26 (Fibrinolysins or coagulopathy screen, interpretation and report).

Comment: We received several comments objecting to our proposal to maintain the current 0.37 work RVUs rather than to accept the RUC recommendation of 0.75 work RVUs.

Response: In its original recommendation to us, the RUC noted that this procedure had never been surveyed and the current work RVUs were established by HCFA. The RUC agreed that the physician work of furnishing this service has changed during the past few years. The clinical problems presented by patients are more complex, the tests are more technical, and the physician is required to perform more tests. However, the RUC did not believe that these changes warranted an increase to 1.20 work RVUs, as requested by a specialty society. Instead, the RUC believed that the service is comparable in physician work to the key reference service CPT code 88305 (Tissue exam by pathologist), with 0.75 work RVUs. Therefore, the RUC recommended 0.75 work RVUs.

Clinical laboratory tests are covered by the Medicare program and paid for under the clinical laboratory fee

schedule; performance of the test itself does not require the services of a physician and does not have physician work associated with it. However, we have recognized that there are a limited number of clinical laboratory codes for which it is almost always necessary for the laboratory physician to furnish an interpretation, and we have assigned 0.37 work RVUs to these interpretations. We were not persuaded that the work has changed over time. The vignette used to survey this code appeared to represent services well beyond interpretation of a single test and seemed to describe a typical consultation. CPT code 80502 (Lab pathology consultation) describes the surveyed vignette and is valued at 1.33 work RVUs, which is similar to the 1.20 work RVUs from the RUC survey. Therefore, we proposed to retain the current 0.37 work RVUs for CPT code 85390–26. However, in light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we maintain our current 0.37 work RVUs for CPT code 85390–26.

CPT code 86327–26 (Immunoelectrophoresis; crossed (2-dimensional assay)).

Comment: We received several comments objecting to our proposal to maintain the current 0.37 work RVUs rather than to accept the RUC recommendation of 0.45 work RVUs.

Response: In its original recommendation to us, the RUC noted that this procedure had never been surveyed and the current work RVUs were established by HCFA. The RUC agreed that the physician work of furnishing this service has changed during the past few years.

The current work RVUs are 0.37. Pathology interpretation of laboratory tests was originally valued at 0.37 work RVUs. (See comment for CPT code 85390 above.) We were not persuaded that the work has changed over time. However, in light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, we are increasing the work RVUs from 0.37 to 0.42 for CPT code 86327–26.

CPT code 88173–26 (Evaluation of fine needle aspirate with or without preparation of smears; interpretation and report).

Comment: We received several comments objecting to our proposal to maintain the current 1.08 work RVUs. Our proposal was based, in part, on acceptance of a RUC recommendation to maintain the current work RVUs. A specialty society argued that the physician work involved in the interpretation of a fine needle aspiration has increased because of a change in the way the service is used in the continuum of diagnosis and treatment.

When the service was first studied by the Harvard study team, fine needle aspiration was relatively new, performed primarily on advanced tumors and used as a screening service to be followed by confirmatory biopsy. Now, the fine needle aspiration specimen received for interpretation is from an earlier stage in the disease process, often from lesions that are borderline in their presentation. In addition, the procedure is now used as a definitive diagnostic procedure from which treatment decisions are made. These two changes lead to increased work for the pathologist.

Response: In light of the comments we received, we referred this code to a refinement panel for review.

Final decision: As a result of the our analysis of the refinement panel ratings, we are increasing the work RVUs from 1.08 to 1.39 for CPT code 88173–26.

14. Psychiatry

Comment: In our May 3, 1996 proposed notice (61 FR 20029 through 20030), we described the RUC's review of the comments submitted by the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry as part of the 5-year refinement. The American Psychiatric Association, in its comments and during its presentation to the RUC, presented the following evidence to support increasing the work RVUs of the psychiatric codes:

- Patient type and mix have changed dramatically during the past 5 years. The American Psychiatric Association reported that before 1990, for the most part, ''stable'' patients were seen in an office outpatient setting. Patients that were considered unstable, and otherwise hard to manage, were treated as inpatients, allowing the physician to coordinate with the hospital staff, if necessary. In the past, patients tended to seek treatment earlier and physicians were able to make referrals to psychiatrists earlier. The onset of managed care has increased the likelihood that many patients are referred to non-physician mental health providers, which has translated into psychiatrists treating only severely ill patients.
- Decreasing inpatient hospital admissions has resulted in increased patient morbidity. Again, the American Psychiatric Association noted that shifting insurance industry patterns have played a significant role in this trend. Although many insurance policies offer mental health coverage, the coverage is often very restrictive. For example, most policies have strict limits on the number of inpatient hospital days. Many managed care policies have shifted away from long-term psychotherapy in favor of short intermittent treatment therapies.
- Since many more patients are seen on an outpatient basis, there is an increasing amount of coordination of care with other providers. The American Psychiatric Association noted that the time spent dealing with coordination of care issues has resulted in an increase of physician preservice and postservice work.
- During the past 5 years, new, highly sophisticated neuroleptic and antidepressant medications have been introduced. The American Psychiatric Association noted that, because of the advances in psychopharmacology, a greater number of individual psychotherapy patients will likely utilize these medications than was the case 5 years ago. The greater reliance on these medications has increased the complexity of the medical decision making during an individual psychotherapy visit. Many of these new drugs require constant monitoring, such as weekly blood monitoring in the case of Clorazil. The failure to monitor these drugs appropriately could result in adverse side effects and possibly death.

The RUC reviewed 18 services in the psychiatry section of CPT. For 13 of those services, the RUC recommended no change from the current work RVUs. For the other five services, the RUC believed that the points cited above provided a compelling argument for increasing the work RVUs from their current levels.

In our response to the RUC recommendations for the 18 codes, we agreed with the RUC that the current work RVUs for 13 of the psychiatric services should be maintained. However, we did not agree that there was compelling evidence to increase the work RVUs for the following five psychiatric services: Psychiatric interview (CPT code 90801), Psychotherapy, 20–30 minutes (CPT code 90843), Psychotherapy 45–50

minutes (CPT code 90844), Special group therapy (CPT code 90853), and Individual psychotherapy (CPT code 90855). Therefore, we did not accept the RUC-recommended increases for these five psychiatry codes.

Commenters expressed concern that we provided no rationale for our disagreement and argued that the RUC and the American Psychiatric Association had provided compelling evidence for the recommended increases.

The RUC and the American Psychiatric Association reaffirmed their previous recommendations for these services and provided the following arguments for increasing the codes in question:

- The shifts from inpatient to outpatient care in psychiatry have shifted a major burden of work to the codes proposed for increase.
- Selectivity and complexity factors clearly apply to this family of codes.
- Many of the work changes that we accepted for increasing the evaluation and management services apply to these codes as well.

Response: We agree that we did not provide a thorough rationale for rejecting the RUC recommendations. At the time we were preparing the May 3, 1996 proposed notice, we had initiated informal discussions with the American Psychiatric Association about the need to revise the existing psychotherapy codes to reflect the variation in work associated with the type of psychotherapy and the setting in which it is furnished. In anticipation of new and revised codes, we did not review the RUC recommendations at that time as thoroughly as we now have. We now accept the arguments of the RUC and the American Psychiatric Association that the work of the five codes has increased over time and that the work RVUs should be adjusted accordingly. In the next two sections, we discuss the coding of psychiatric services and the assignment of work RVUs to the psychotherapy codes.

Coding of Psychiatric Services

It now appears that the American Psychiatric Association has decided against pursuing a change in the CPT codes for psychiatric services at this time. However, we believe that a change in the code descriptors is essential as part of the 5-year refinement of the work RVUs in order for us to properly recognize the variations in work associated with the different types of psychotherapy as well as the settings in which the different types of psychotherapy are furnished. Also, the problems with the coding of psychiatric services have been known for several years. The following is a summary of the most important problems that have been identified with the current codes:

- The current psychotherapy codes do not distinguish the settings in which psychotherapy is furnished because the same codes are used to report office and inpatient psychotherapy. In 1990, the American Psychiatric Association submitted a request to CPT to create new codes for psychiatric care in a facility. Those codes would have recognized the difference in work associated with psychotherapy furnished to inpatients. However, the codes were not approved.
- In 1990, the American Psychiatric Association noted the need to refine the CPT codes in its comments on the Medicare model fee schedule that was published in our September 4, 1990 notice with comment period (55 FR 36178). The American Psychiatric Association expressed the need for codes to report inpatient psychiatric services and objected to the use of the existing psychotherapy codes by non-physician providers (psychologists and clinical social workers). The American Psychiatric Association cited the following terminology in the codes to support their argument: ''Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated.'' The American Psychiatric Association argued that while non-physician providers do provide psychotherapy services, those services cannot be interpreted as ''medical psychotherapy.'' For Medicare purposes, the existing psychotherapy codes are used by psychologists and clinical social workers even though the code descriptors attempt to limit their use to physicians. We believe that services that can be furnished by both physicians and non-physician providers should be described by codes with descriptors that do not limit their use to physicians.
- In January 1991, the Harvard study team published a final report entitled ''Refinement of the Development of a Resource Based Relative Value Scale for Psychiatric Services.'' In the Executive Summary, it states: ''The data from the national survey of psychiatry tend to suggest the need for further examination of coding of services for psychiatry. First, the findings are especially strong for the need to distinguish between services provided in the hospital and those provided in the office. Second, the findings indicate that, controlling for subspecialty of the provider, services delivered to young children differ in the amount of work required, suggesting the possible need for new or modified service codes for child psychiatry.'' The first finding has not been resolved. The second has been partially resolved by the addition of a new code in CPT 1992 for reporting ''interactive psychotherapy.'' However, there are two major problems with this new code. First, it is not clearly defined, and the lack of clear definition has led to the submission of approximately 500,000 claims for interactive therapy. We believe that most of those claims were improperly coded since the typical interactive psychotherapy session is furnished to children. Second, the code does not distinguish the time of the session as do the other psychotherapy codes. Because we have assigned work RVUs to this code that are higher than those for CPT code 90844 (Psychotherapy, 45–50 minutes), a claim for psychotherapy of 20–30 minutes, that is improperly reported as interactive psychotherapy, will be significantly overpaid. Consequently, we view our inability to properly assign work RVUs, based on the length of the sessions, to be a significant problem that must be corrected as soon as possible.
- We do not permit the reporting of an evaluation and management service on the same day of service that psychotherapy is furnished. We announced this policy in our November 25, 1991 final rule (56 FR 59502) for the 1992 physician fee schedule. The policy was based in part on our need to standardize payment policies because there was considerable variation across carriers in their policies regarding payment for hospital care and psychiatric care on the same day of service. In addition, we were concerned that there was considerable overlap in the preservice and postservice work of psychotherapy and evaluation and management services that could lead to two payments for the same service. Therefore, we increased the work RVUs assigned to the psychotherapy codes but precluded the reporting of an evaluation and management service on the same day as psychotherapy. We acknowledged in the final rule that our policy is not consistent with the introductory notes to the psychiatric section of CPT. However, we also stated

that, if the CPT codes were revised, we would consider revising the work RVUs to be consistent with the new or revised codes.

To address these problems, we have developed new alpha-numeric codes to report psychotherapy services. These codes will go into effect on January 1, 1997. For Medicare purposes, they will replace CPT codes 90842 (Psychotherapy, 75–80 minutes), 90843 (Psychotherapy, 20–30 minutes), 90844 (Psychotherapy, 45–50 minutes), and 90855 (Interactive individual medical psychotherapy). We will no longer recognize these CPT codes for Medicare payment purposes. The objectives of our new codes and the introductory paragraphs that precede them are the following:

- Distinguish psychotherapy furnished in an office from psychotherapy furnished in an inpatient or other facility by creating two families of codes.
- Distinguish interactive psychotherapy services based on the duration of the face-to-face time with the patient by creating three time-based codes that would parallel the three time-based codes for the other psychotherapy services, that is, 20–30 minutes, 45–50 minutes, and 75–80 minutes.
- Distinguish between interactive psychotherapy and other forms of psychotherapy by providing clearer definitions.
- Unbundle the existing psychotherapy codes to allow the reporting of psychotherapy that is furnished without medical evaluation and management services from psychotherapy that is furnished with medical evaluation and management services.
- Eliminate the word ''medical'' from ''medical psychotherapy'' and eliminate the phrase ''by a physician'' to make it clear that the use of the codes to report psychotherapy without medical evaluation and management services is not restricted to physicians. The use of these codes will be open to physicians, psychologists, and clinical social workers.
- Serve as a basis for assigning appropriate work RVUs to psychotherapy services as part of the 5-year refinement of work RVUs.

In the following section, we provide a listing of the new codes including the complete descriptors and several introductory paragraphs. Our new coding structure establishes 12 codes for office and other outpatient services and 12 codes for inpatient hospital, partial hospital, or residential care facilities. We have included partial hospital services with inpatient hospital services because we believe the work of a physician in a partial hospital setting is more comparable to the work in an inpatient setting than it is to the work in an office setting. In particular, in both the inpatient and partial hospital setting, physicians are responsible for admitting patients, developing and revising treatment plans, supervising multi-disciplinary treatment and planning for discharge.

Within each setting there are six codes for insight oriented, behavior modifying, and/or supportive psychotherapy and six codes for interactive psychotherapy. Each family of six codes is further divided based on the face-to-face time spent with the patient and whether evaluation and management services are furnished in addition to the psychotherapy. We plan to submit these codes to the CPT Editorial Panel as part of a comprehensive revision of the psychiatry section of CPT. For a discussion of the work RVUs that we have assigned to the new codes, see the section below entitled, ''Assignment of Work RVUs to the Psychiatric Codes.''

Psychiatric Therapeutic Procedures

Psychotherapy is the treatment for mental illness and behavioral disturbances in which the therapist establishes a professional contract with the patient and, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. The codes for reporting psychotherapy are divided into two broad categories: Interactive Psychotherapy; and Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy.

Interactive psychotherapy is typically furnished to children. It involves the use of physical aids and non-verbal communication to overcome barriers to therapeutic interaction between the physician and a patient who has lost, or has not yet developed, either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the physician if he/she were to use ordinary adult language for communication.

Insight oriented, behavior modifying and/or supportive psychotherapy refers to the development of insight or affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality, or any combination of the above to provide therapeutic change.

Some patients receive psychotherapy only and others receive psychotherapy and medical evaluation and management services. These evaluation and management services involve a variety of responsibilities unique to the medical management of psychiatric patients, such as medical diagnostic evaluation, drug management when indicated, physician orders, interpretation of laboratory or other medical diagnostic studies and observations, review of activity therapy reports, the supervision of nursing and ancillary personnel, the programming of all hospital resources for diagnosis and treatment, and activity in leadership or direction of a treatment team as related to that patient.

In reporting psychotherapy, the appropriate code is chosen on the basis of the type of psychotherapy (interactive using non-verbal techniques versus insight oriented, behavior modifying and/or supportive using verbal techniques), the place of service (office versus inpatient), the face-to-face time spent with the patient during psychotherapy, and whether evaluation and management services are furnished on the same date of service as psychotherapy.

To report medical evaluation and management services furnished on a day when psychotherapy is not provided, providers select the appropriate code from the ''Evaluation and Management (E/M) Services Guidelines'' section of CPT.

Office or Other Outpatient Psychotherapy

Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy

G0071—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient

G0072—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient, with medical evaluation and management services

G0073—Individual psychotherapy, insight oriented, behavior

modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient

G0074—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services

G0075—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient

G0076—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services

Interactive Psychotherapy

G0077—Individual psychotherapy, interactive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient

G0078—Individual psychotherapy, interactive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient, with medical evaluation and management services

G0079—Individual psychotherapy, interactive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient

G0080—Individual psychotherapy, interactive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services

G0081—Individual psychotherapy, interactive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient

G0082—Individual psychotherapy, interactive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services

Inpatient Hospital, Partial Hospital or Residential Care Facility

Insight Oriented, Behavior Modifying and/or Supportive Psychotherapy

G0083—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient

G0084—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient, with medical evaluation and management services

G0085—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient

G0086—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services

G0087—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient

G0088—Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services

Interactive Psychotherapy

G0089—Individual psychotherapy, interactive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient

G0090—Individual psychotherapy, interactive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient, with medical evaluation and management services

G0091—Individual psychotherapy, interactive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient

G0092—Individual psychotherapy, interactive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient, with medical evaluation and management services

G0093—Individual psychotherapy, interactive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient

G0094—Individual psychotherapy, interactive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient, with medical evaluation and management services

Assignment of Work RVUs to the Psychiatric Codes

The RUC, American Psychiatric Association, and other commenters recommended an increase from 2.18 to 2.80 in the work RVUs assigned to CPT code 90801 (Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies)). We accepted this recommendation.

We also received a final work RVU recommendation for CPT code 90820 (Interactive medical psychiatric diagnostic interview examination). In September, the RUC recommended that the current 2.27 work RVUs be maintained until the American Academy of Child and Adolescent Psychiatry had an opportunity to conduct a survey. A survey of nearly 40 child psychiatrists resulted in a median of 3.25 work RVUs. CPT code 90820 requires more work than CPT code 90801 (Psychiatric interview), for which the 5-year review RUC recommendation was 2.80 work RVUs. The survey indicated 170 minutes of total time for this service, compared to 135 minutes for CPT code 90801. The preservice time is greater for CPT code 90820 because the psychiatrist must contact not only the child's pediatrician, but also the child's school and, in some instances, a

non-custodial parent. The intraservice time is longer and the service requires more work to develop a relationship with the child using non-verbal techniques and to collect and interpret data. Drawing inferences from the data requires the child psychiatrist to generate and test a series of developmental and dynamic hypotheses. There is also increased technical skill required to use the play equipment during this interactive interview. The postservice time is greater than that for CPT code 90801 because the psychiatrist must again contact the school and, perhaps, the non-custodial parent.

The RUC agreed that CPT code 90820 requires more work than CPT code 90801 (Psychiatric interview), with 2.80 work RVUs, and recommended 3.01 work RVUs to maintain a consistent relationship between the RUC recommendations for CPT code 90855 (Interactive individual medical psychotherapy), with 2.15 work RVUs, and CPT code 90844 (Psychotherapy, 45–50 minutes), with 2.00 work RVUs. We agree with this recommendation and have assigned 3.01 work RVUs to CPT code 90820 (Interactive medical psychiatric diagnostic interview examination).

The RUC, American Psychiatric Association, and other commenters recommended increases in the work RVUs assigned to CPT code 90843 (Psychotherapy, 20–30 minutes) and CPT code 90844 (Psychotherapy, 45–50 minutes) from 1.10 and 1.72 to 1.47 and 2.00, respectively. We accepted these recommendations and have assigned them to new HCPCS codes G0072 and G0074 that are the codes for reporting psychotherapy with medical evaluation and management services of 20–30 and 45–50 minutes, respectively, in an office or outpatient facility. We believe these two codes correspond most closely to the vignettes for CPT codes 90843 and 90844 that were surveyed as part of the RUC process. The vignettes were for office psychotherapy and included medical evaluation and management services.

For the codes used to report psychotherapy without medical evaluation and management services of 20–30 minutes and 45–50 minutes duration (HCPCS codes G0071 and G0073), we have assigned 1.11 and 1.73 work RVUs. These are the work RVUs currently assigned to CPT codes 90843 and 90844. We considered lowering the work RVUs for HCPCS codes G0071 and G0073 since the codes describe services (psychotherapy alone) that require less work than the existing CPT codes 90843 and 90844 (psychotherapy with continuing medical diagnostic evaluation and drug management when indicated). However, we decided to maintain the current work RVUs out of recognition that the work of psychotherapy alone also may have increased over time.

The RUC has recommended that the work RVUs for CPT code 90842 (Psychotherapy, 75–80 minutes) be maintained at their current level of 2.76. In our May 3, 1996 proposed notice (61 FR 20014), we accepted that recommendation. We now believe these are the appropriate work RVUs for psychotherapy without medical evaluation and management services and have assigned 2.76 work RVUs to HCPCS code G0075. For HCPCS code G0076, which is the code for reporting psychotherapy of 75–80 minutes with medical evaluation and management services, we have assigned 3.15 work RVUs. These work RVUs are 14 percent higher than those for HCPCS code G0075 and correspond to the increases we established for the other psychotherapy codes with medical evaluation and management services relative to the codes for psychotherapy alone.

For the interactive psychotherapy codes in an office or outpatient facility (HCPCS codes G0077 through G0082), we looked to the relationship established by the RUC for interactive psychiatric services relative to other psychiatric services. CPT code 90820 (Interactive medical psychiatric diagnostic interview examination) was valued by the RUC 7.5 percent higher than CPT code 90801 (Psychiatric interview); and CPT code 90855 (Interactive individual medical psychotherapy) was valued 7.5 percent higher than CPT code 90844 (Psychotherapy, 45–50 minutes duration). Therefore, we have assigned work RVUs to HCPCS codes G0077 through G0082 that are 7.5 percent higher than those for the corresponding psychotherapy codes.

Our new coding structure establishes 12 codes for office and other outpatient services and 12 codes for inpatient hospital, partial hospital, or residential care facilities. Within each setting there are six codes for psychotherapy and six codes for interactive psychotherapy. There were no inpatient vignettes surveyed as part of the 5-year refinement. Therefore, we looked to the Harvard study of psychiatric services as a basis for assigning work RVUs to the 12 inpatient codes. Based on our analysis of the findings of that study, we have concluded that inpatient psychiatric services require approximately 12 percent more work than office based services. Therefore, we have assigned work RVUs to the new inpatient codes that are 12 percent higher than those for the corresponding office codes.

Finally, we have examined further our decisions regarding the group psychotherapy codes. For CPT code 90853 (Group psychotherapy (other than of a multiple-family group) by a physician, with continuing medical diagnostic evaluation and drug management when indicated), we initially rejected the RUC recommendation to increase the work RVUs from 0.43 to 0.59. Based on the comments we received, we now accept that recommendation. For CPT code 90857 (Interactive group medical psychotherapy), we initially accepted the RUC recommendation for no increase above the current 0.43 work RVUs. We now believe these work RVUs should be increased to be 7.5 percent more than the work RVUs for CPT code 90853 (Group psychotherapy (other than of a multiple-family group) by a physician, with continuing medical diagnostic evaluation and drug management when indicated) so that the relationship of interactive psychiatric services to other psychiatric services will be maintained. Therefore, we have assigned 0.63 work RVUs to CPT code 90857.

Final decision: We have accepted or increased the RUC-recommended RVUs for psychiatry services. The RUC-recommended RVUs are the basis of the RVUs we have assigned to temporary HCPCS codes G0071 through G0094. We have issued temporary codes so that we may properly recognize the variations in work associated with the different types of psychotherapy as well as the settings in which the different types of psychotherapy are furnished.

The codes and assigned RVUs are considered interim, and we will accept comments on them. We plan to submit the codes to the CPT Editorial Panel as part of a comprehensive review of the psychiatry section, and we will share any comments we receive on the temporary HCPCS ''G'' codes with the Editorial Panel.

We will no longer recognize CPT codes 90842 (Psychotherapy, 75–80

minutes), 90843 (Psychotherapy, 20–30 minutes), 90844 (Psychotherapy, 45–50 minutes), and 90855 (Interactive individual medical psychotherapy). An abbreviated descriptor for the new codes and the values are shown below.

HCPCS code	Descriptor	Work RVUs
G0071	Individual psychotherapy (e.g., insight oriented), office or outpatient, 20–30 minutes	1.11
G0072	Individual psychotherapy (e.g., insight oriented), office or outpatient, 20–30 minutes, with medical evaluation and management.	1.47
G0073	Individual psychotherapy (e.g., insight oriented), office or outpatient, 45–50 minutes	1.73
G0074	Individual psychotherapy (e.g., insight oriented), office or outpatient, 45–50 minutes, with medical evaluation and management.	2.00
G0075	Individual psychotherapy (e.g., insight oriented), office or outpatient, 75–80 minutes	2.76
G0076	Individual psychotherapy (e.g., insight oriented), office or outpatient, 75–80 minutes, with medical evaluation and management.	3.15
G0077	Individual psychotherapy, interactive (non-verbal), office or outpatient, 20–30 minutes	1.19
G0078	Individual psychotherapy, interactive (non-verbal), office or outpatient, 20–30 minutes, with medical evaluation and management.	1.58
G0079	Individual psychotherapy, interactive (non-verbal), office or outpatient, 45–50 minutes	1.86
G0080	Individual psychotherapy, interactive (non-verbal), office or outpatient, 45–50 minutes, with medical evaluation and management.	2.15
G0081	Individual psychotherapy, interactive (non-verbal), office or outpatient, 75–80 minutes	2.97
G0082	Individual psychotherapy, interactive (non-verbal), office or outpatient, 75–80 minutes, with medical evaluation and management.	3.39
G0083	Individual psychotherapy (e.g., insight oriented), inpatient or partial hospital, 20–30 minutes	1.24
G0084	Individual psychotherapy (e.g., insight oriented), inpatient or partial hospital, 20–30 minutes, with medical evaluation and management.	1.65
G0085	Individual psychotherapy (e.g., insight oriented), inpatient or partial hospital, 45–50 minutes	1.94
G0086	Individual psychotherapy (e.g., insight oriented), inpatient or partial hospital, 45–50 minutes, with medical evaluation and management.	2.24
G0087	Individual psychotherapy (e.g., insight oriented), inpatient or partial hospital, 75–80 minutes	3.09
G0088	Individual psychotherapy (e.g., insight oriented), inpatient or partial hospital, 75–80 minutes, with medical evaluation and management.	3.53
G0089	Individual psychotherapy, interactive (non-verbal), inpatient or partial hospital, 20–30 minutes	1.33
G0090	Individual psychotherapy, interactive (non-verbal), inpatient or partial hospital, 20–30 minutes, with medical evaluation and management.	1.77
G0091	Individual psychotherapy, interactive (non-verbal), inpatient or partial hospital, 45–50 minutes	2.08
G0092	Individual psychotherapy, interactive (non-verbal), inpatient or partial hospital, 45–50 minutes, with medical evaluation and management.	2.41
G0093	Individual psychotherapy, interactive (non-verbal), inpatient or partial hospital, 75–80 minutes	3.32
G0094	Individual psychotherapy, interactive (non-verbal), inpatient or partial hospital, 75–80 minutes, with medical evaluation and management.	3.80

15. Other Medical and Therapeutic Services

CPT code 90911 (Anorectal biofeedback).

Comment: A commenter objected to our proposed reduction of the work RVUs from 2.15 to 0.89. We rejected the RUC recommendation to retain the current 2.15 work RVUs because this procedure involves little physician work. We believe the physician work involved in CPT code 90911 to be similar to that in all the other biofeedback codes, which all have 0.89 work RVUs. The commenter pointed out that the typical patient treatment time for this procedure is 1 hour. The commenter stated that during this time, detailed office notes, patient progress and goals, analysis of the electromyogram data printouts, and patient billing information must be completed by the highly trained nurses that deliver the treatment under physician supervision. The commenter stated that the reduction in physician work RVUs would result in an overall payment for this procedure that would be insufficient to cover the overhead associated with this procedure.

Response: We agree that the actual biofeedback therapy is delivered by a nurse or other auxiliary medical personnel under the general supervision of a physician. As such, the physician work involved is minimal as we stated in our proposal in our May 3, 1996 proposed notice (61 FR 20030 through 20031) to reduce the physician work RVUs. The nurse's efforts in delivering the treatment and the other overhead associated with this procedure are included in the practice expense RVUs, not the work RVUs, and are thus not within the scope of the 5-year work RVU refinement as we stated in our May 3, 1996 proposed notice (61 FR 19994).

Final decision: We make final our 0.89 proposed work RVUs for CPT code 90911.

CPT code 94150 (Vital capacity, total (separate procedure)).

Comment: Several commenters expressed support for our proposal to retain the current 0.11 work RVUs for CPT code 94150.

Response: We believe the commenters may have misunderstood the work RVUs we proposed in July 1996. When the RUC reviewed this code, it identified a CPT coding issue and referred it to the CPT Editorial Panel for review. In July, at the time of publication of our proposal, we had not received the RUC's recommendations following the CPT Editorial Panel's revision so we listed the current RVUs of 0.11 as proposed work RVUs. During the comment period of our May 3, 1996 proposed notice, we received the RUC's recommendation to decrease the work RVUs from 0.11 to 0.07.

Final decision: We reviewed and agreed with the RUC recommendation and are decreasing the work RVUs to 0.07 for CPT code 94150.

In addition, in our July 2, 1996 proposed rule (61 FR 34626), we proposed to remove from Medicare coverage, the services represented by CPT code 94150. Our final decision, after review of the comments received, is to make CPT code 94150 a bundled service rather than a non-covered service. See section II.E.1. of this final rule for a more complete discussion of this code.

16. Speech/Language/Hearing

We received no comments on the speech, language, and hearing codes and have accepted all of the RUC recommendations as final.

B. Other Comments

1. Evaluation and Management Services

In our May 3, 1996 proposed notice (61 FR 20031 through 20039), we reevaluated the work RVUs for all 98 of the evaluation and management services that have RVUs. We only accepted two of the RUC's 39 recommendations for evaluation and management services. However, we agreed with many of the RUC's arguments for increasing the work RVUs for evaluation and management services and used those arguments as the basis for our proposed changes.

Comment: We received voluminous identical comments from family practitioners stating that we ''dismissed the RUC recommendations'' and used an arbitrary method for revising the work RVUs.

Response: We provided a lengthy rationale in our May 3, 1996 proposed notice (61 FR 200310 through 20039) for why we rejected the RUC-recommended work RVUs and how we arrived at our proposed work RVUs. We did not ''dismiss'' the RUC recommendations. In its comments, the RUC expressed its pleasure at our acceptance of its arguments about why evaluation and management services were undervalued. In fact, the RUC stated, ''. . . we believe that the overall results for evaluation and management services are consistent with the RUC recommendations and supporting rationale.'' Most primary care specialties, while preferring the RUC-recommended RVUs, supported our decision to increase the work RVUs for evaluation and management services. With a few exceptions, noted below, we are making the proposed work RVUs for evaluation and management services final.

Comment: One commenter stated that we did not specify in what ways we thought the RUC data were ''flawed.''

Response: In our May 3, 1996 proposed notice (61 FR 20032), we identified several flaws, including overstated postservice times.

Comment: One commenter stated that we were inconsistent in our characterization of preservice and postservice work. In one place, we stated that preservice and postservice work intensity is a fixed percentage of intraservice work intensity while elsewhere we stated that preservice work and postservice work is a fixed percentage of intraservice work.

Response: The commenter has identified a proofreading error on our part. Our assumption is that preservice work and postservice work is a fixed percentage of intraservice work. This assumption was articulated in the November 25, 1992 final notice for the 1993 physician fee schedule (57 FR 55949 through 55951) and was based largely on the Harvard resource-based relative value scale study and comments from primary care groups.

Comment: Several primary care groups requested that we recognize that the data on evaluation and management services the RUC presented are sufficient evidence for us to remain open to receiving further information that shows the relationships between some families of these services have changed.

Response: As we explained in our May 3, 1996 proposed notice (61 FR 20032), we do not believe that the data the RUC presented as part of the 5-year review were sufficient for us to change the existing relationships among the evaluation and management service families. However, we will remain open to data regarding evaluation and management services. If, in the future, the data convince us that the relationships have changed, we will go through the public notice and comment procedures to make the necessary changes to the work RVUs for evaluation and management services.

CPT codes 99201 through 99215 (Office visits).

Comment: Some commenters requested that we apply the same increases to CPT code 99211 that we applied to the other office visit codes.

Response: Because CPT code 99211 does not require the presence of a physician, we had considered making it a code with zero work. Instead, we are maintaining the current work RVUs for CPT code 99211 and will reevaluate this as we develop our proposals for resource-based practice expense. We recognize that we have deviated from our approach to the rest of the evaluation and management services. While we have raised the RVUs for other evaluation and management services, we are not raising the RVUs for CPT code 99211 because the use of this code has changed since it was first introduced with all other evaluation and management changes in January 1992. Over time, the code has been used increasingly to report services furnished by physicians' office staff rather than by physicians themselves. Given this change, we do not believe that an increase in the physician work RVUs is warranted.

CPT codes 99241 through 99245 (Office or other outpatient consultations).

Comment: Several commenters objected to our assumption that the preservice and postservice work associated with outpatient consultations was less than that of office visits. Specific specialties provided examples illustrating that the preservice and postservice work of an outpatient consultation is more like a visit, and as such, should have been given the same percentage increase in preservice and postservice work as the office visits. The RUC incorrectly stated that we based our proposed RVUs on the assumption that preservice and postservice work for outpatient consultations had not increased at all. Several other commenters strongly approved of the approach we took when valuing outpatient consultations.

Response: Our proposed work RVUs for outpatient consultations included a recognition that the preservice and postservice work had increased. We increased the preservice and postservice work (expressed as a percentage of intraservice work) by 10 percent rather than the 25 percent increase we included for the office visits. Our assumption was, and still is, that the preservice and postservice work associated with the typical patient is less for an outpatient consultation than for an office visit for the reasons outlined in the May 3, 1996 proposed notice (61 FR 20037). However, based on the comments provided to us, we acknowledge that for some specific specialties the preservice and postservice work associated with the consultations is greater. Because the physician fee schedule has no specialty differential, we cannot assign different

work RVUs for the same service for different specialties. Therefore, we are increasing the percentage of intraservice work slightly more than we did with our proposed work RVUs.

The final work RVUs for CPT codes 99241 through 99245 will include a 12.5 percent increase in the percentage of intraservice work to reflect the added preservice and postservice work rather than the 10 percent increase we proposed. This change reflects that the increase in preservice and postservice work over the past 5 years for outpatient consultations is half of that for office visits. If we had increased the preservice and postservice work percentage further, the current relationship between outpatient consultations and inpatient consultations would be lost since outpatient consultations would be valued higher than the inpatient consultations. As stated in previous regulations, we believe that the work of inpatient consultations is slightly higher than the work of outpatient consultations at the highest levels of service.

CPT codes 99281 through 99285 (Emergency department services).

Comment: We received a comment from the American College of Emergency Physicians expressing support for our proposed changes. However, the RUC, in its comments, made new recommendations for the emergency department services. In its recommendations, the RUC equated CPT codes 99281 through 99283 with CPT codes 99201 through 99203, and assigned 2.00 work RVUs for CPT code 99284 and 2.90 work RVUs for CPT code 99285. These work RVUs, with the exception of the work RVUs for CPT code 99285, are higher than the proposed work RVUs.

Response: We believe our proposed work RVUs maintain the proper relationship with other evaluation and management services. These values are also supported by the American College of Emergency Physicians. Therefore, we are making the proposed work RVUs final.

CPT codes 99321 through 99333 (Domiciliary, rest home (e.g., boarding home), or custodial care services).

Comment: One commenter suggested that domiciliary visits should have the same value as the home visit codes because there is very little difference between these two families of services. The commenter held the view that our assumption that domiciliary visits require less work than home visits because of the availability of personal assistant services is incorrect. The staff, the commenter maintained, is essentially unskilled and too busy to assist the physician.

Response: We are unclear as to why there are separate families of codes if home visits and domiciliary visits require similar work. In our May 3, 1996 proposed notice (61 FR 20038), we maintained the current relationship between domiciliary visits and home visits. Until the comment period for our May 3, 1996 proposed notice, we had not received any comments suggesting that the existing relationship was incorrect. Because we are waiting until the CPT Editorial Panel reworks the home visit codes before revaluing the services, we will also wait until the Panel reworks the domiciliary visit codes before revaluing them. Therefore, we will maintain the 1996 work RVUs for CPT codes 99321 through 99333 until after the CPT Editorial Panel reviews these codes.

CPT codes 99341 through 99353 (Home services).

Comment: Commenters challenged the assumptions that we used in reevaluating all the evaluation and management codes with respect to home visits. They stated that equating home visits with office visits of greater length is not appropriate since home visits were not part of the early stages of the Harvard study. Also, in developing the May 3, 1996 proposed notice, we did not review the RUC recommendations and survey data that were made available in April. The commenters suggested that the difference between new and established patient home visits is less than that seen in other families of evaluation and management services and that the preservice and postservice work is proportionally higher for home visits than for other evaluation and management services. In particular, commenters opposed our proposed reductions in the work RVUs for CPT codes 99351 and 99352.

In its comments, the RUC made its final recommendations for the home visit codes. Whereas the RUC had previously recommended no change in the work RVUs for these services, the new recommendations were for substantial increases. The RUC's comments indicated that the current CPT descriptors do not accurately describe the home visits, and the RUC has referred these codes back to CPT. With its recommendations, the RUC noted ''* * * that there are significant differences between the home visits and other visits, including the severe and multiple disabilities of the patients, the need to assess patients' functional and mental status, to train both patients and untrained caregivers, and the need to manage problems related to patient dementia, other psychiatric problems and the care giver pathologies.'' Other arguments used in the development of the RUC's recommended work RVUs are that because the physician is in the home, he or she must evaluate the environment and its effect on the illness and care plan; ancillary services such as laboratory, EKG, and oximetry that are normally done by a technician in the office must be performed by the physician; the physician has no on-site staff to reduce the time for such functions as dressing and undressing the patient, counseling patients, family members, and caregivers, and taking vital signs; and patients and families have higher intensity needs when a home visit is furnished.

Response: The work RVUs we proposed were created in an effort to maintain the current relationship between home visits and office visits. We had not reviewed the most recent RUC recommendations because they had not been submitted to us as part of the RUC's 5-year review recommendations received in late 1995. Our proposed work RVUs were also based on the current CPT code descriptors. We recognized that there was something intangible about the work of home visits that was not captured in the descriptors but was captured, we had thought, in the current relationship of work RVUs between home and office visits. For the family of home visit services, it appears from the comments that the CPT descriptors do not accurately describe the nature of the services furnished in the typical case. Therefore, because the CPT Editorial Panel is going to reexamine these codes, we are not adjusting the 1996 work RVUs for CPT codes 99341 through 99353, and the work RVUs for CPT codes 99351 and 99352 are not being decreased as proposed. We will revalue these services once the code descriptors are changed. We anticipate that the new descriptors and new work RVUs will become effective in 1998. Simultaneously, the adoption of a practice expense RVU schedule in 1998 will allow us to address the increased physician work and decreased use of clinical staff for these codes in a uniform manner. Only when we have a more accurate description of the service

can we fairly assign work RVUs to the home visits.

Comment: A commenter requested that we allow physician assistants and nurse practitioners to furnish home visits ''incident to'' a physician's practice. The physician would have to be available immediately by telephone.

Response: This issue was not subject to comment. Our current policy stands. A home visit cannot be billed by a physician unless the physician was actually present in the beneficiary's home.

Final decision: With the exception of CPT codes 99241 through 99245 (Office or other outpatient consultations) and 99321 through 99353 (Domiciliary and home care), we finalize the work RVUs we proposed for the evaluation and management services. We are slightly increasing the work RVUs for CPT codes 99241 through 99245, and we will maintain the 1996 work RVUs for 99321 through 99353. The final work RVUs follow:

CPT code	Proposed work RVUs	Final work RVUs
99201	0.45	0.45
99202	0.88	0.88
99203	1.34	1.34
99204	2.00	2.00
99205	2.67	2.67
99211	0.17	0.17
99212	0.45	0.45
99213	0.67	0.67
99214	1.10	1.10
99215	1.77	1.77
99217	1.28	1.28
99218	1.28	1.28
99219	2.14	2.14
99220	2.99	2.99
99221	1.28	1.28
99222	2.14	2.14
99223	2.99	2.99
99231	0.64	0.64
99232	1.06	1.06
99233	1.51	1.51
99238	1.28	1.28
99239	1.75	1.75
99241	0.64	0.64
99242	1.28	1.29
99243	1.71	1.72
99244	2.56	2.58
99245	3.41	3.43
99251	0.66	0.66
99252	1.32	1.32
99253	1.82	1.82
99254	2.64	2.64
99255	3.65	3.65
99261	0.42	0.42
99262	0.85	0.85
99263	1.27	1.27
99271	0.45	0.45
99272	0.84	0.84
99273	1.19	1.19
99274	1.73	1.73
99275	2.31	2.31
99281	0.33	0.33
99282	0.55	0.55
99283	1.24	1.24
99284	1.95	1.95
99285	3.06	3.06
99291	4.00	4.00
99292	2.00	2.00
99295	16.00	16.00
99296	8.00	8.00
99297	4.00	4.00
99301	1.28	1.28
99302	1.71	1.71
99303	2.14	2.14
99311	0.64	0.64
99312	1.06	1.06
99313	1.51	1.51
99321	0.89	0.71
99322	1.34	1.01
99323	1.78	1.28
99331	0.45	0.60
99332	0.73	0.80
99333	1.18	1.00
99341	1.34	1.12
99342	2.00	1.58
99343	2.67	2.09
99351	0.67	0.83
99352	1.10	1.12
99353	1.77	1.48
99354	1.77	1.77
99355	1.77	1.77
99356	1.71	1.71
99357	1.71	1.71
99375	1.73	1.73
99381	1.19	1.19
99382	1.36	1.36
99383	1.36	1.36
99384	1.53	1.53
99385	1.53	1.53
99386	1.88	1.88
99387	2.06	2.06
99391	1.02	1.02
99392	1.19	1.19
99393	1.19	1.19
99394	1.36	1.36
99395	1.36	1.36
99396	1.53	1.53
99397	1.71	1.71
99401	0.48	0.48
99402	0.98	0.98
99403	1.46	1.46
99404	1.95	1.95
99411	0.15	0.15
99412	0.25	0.25
99431	1.17	1.17
99432	1.26	1.26
99433	0.62	0.62
99435	1.50	1.50
99440	2.93	2.93

Although the work RVUs for CPT code 99375 (Care plan oversight) have not changed, we are replacing this code with three HCPCS codes, in an effort to eliminate confusion about proper reporting of this service. Our 1995 and 1996 data reveal inappropriate use of CPT code 99375. Physicians billed it for services furnished to beneficiaries who were not receiving Medicare-covered home health or hospice benefits. The new codes are much more specific than CPT code 99375. They will have the same final work RVUs assigned to them as CPT code 99375. Existing CPT code 99375 will no longer be recognized for Medicare reporting services. We plan to forward the temporary codes to the CPT Editorial Panel for consideration of their inclusion in the CPT. The new codes, effective January 1, 1997, follow:

HCPCS code	Descriptor
G0064	Physician supervision of a patient under care of home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more.
G0065	Physician supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more.

HCPCS code	Descriptor
G0066	Physician supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) with other health care professionals involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more.

The codes for home health and hospice patients, HCPCS codes G0064 and G0065, will be active codes on our fee schedule with 1.73 work RVUs each. The third code, HCPCS code G0066, will be considered a bundled service because we do not recognize separate payment for care plan oversight services furnished to beneficiaries in nursing facilities. This policy is explained in the December 8, 1994 physician fee schedule final rule (59 FR 63418 through 63423). Therefore, there is no separate payment for HCPCS code G0066. Only one of these codes may be billed per month per Medicare beneficiary. All of the policies regarding CPT code 99375 apply to HCPCS codes G0064 and G0065.

2. Pediatrics

Comment: We received a comment from the RUC on the importance of properly valuing pediatric services. The RUC first expressed concern about the need for the Medicare relative value scale to be complete and accurate for pediatric services in 1993. Since then, the RUC has developed work RVU recommendations for several hundred pediatric and pediatric subspecialty services that were previously listed with 0.00 work RVUs. Consistent with our proposal to refine the relative value scale on a periodic basis as necessary rather than waiting until the 10-year review to make additional needed corrections, the RUC urged us to continue to accept coding changes and work RVU recommendations for the pediatric services over the coming year as the American Academy of Pediatrics, the CPT Editorial Panel, and the RUC complete remaining work on these issues.

Response: In our May 3, 1996 proposed notice (61 FR 20039), we restated our belief that the work RVUs for the full range of pediatric services are essentially complete. However, we also indicated our intention to review RUC recommendations for any new or revised CPT codes for pediatric services in future annual physician fee schedule updates. We remain committed to that position.

CPT codes 56805 (Clitoroplasty for intersex state) and 57335 (Vaginoplasty for intersex state).

Comment: The RUC recommended an increase in CPT code 56805 (Clitoroplasty for intersex state), with 15.49 work RVUs in 1996, and CPT code 57335 (Vaginoplasty for intersex state), with 9.11 work RVUs in 1996, to 18.00 to correct a current rank order anomaly and to appropriately value these services that are performed on children less than 1 year of age.

CPT code 56805 is similar in time and intensity to CPT code 54336 (One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap), with 18.95 work RVUs, and is more work than CPT code 54125 (Amputation of penis; complete), with 12.80 work RVUs, a destructive procedure to treat carcinoma of the penis.

CPT code 57335 has a substantially longer intraservice time and is more intense than CPT code 57292 (Construction of artificial vagina; with graft), with 12.34 work RVUs, and is more work than CPT code 45123 (Proctectomy, partial, without anastomosis, perineal approach), with 13.27 work RVUs, which describes a destructive procedure. CPT code 57335 also includes the endocrine management of the adenogenital syndrome.

Response: We have reviewed the RUC recommendations, and we agree with them.

Final decision: We are assigning 18.00 work RVUs to CPT codes 56805 and 57335. Because the public has not had an opportunity to comment on these work RVUs, we consider them to be interim work RVUs and will accept comments on these codes.

3. Anesthesia

Comment: In response to our request for public comments at the beginning of the 5-year review process in December 1994, the American Society of Anesthesiologists furnished comments based on a study by Abt Associates. The Abt study advocated that the anesthesia work under the physician fee schedule be increased by an average of 34.8 percent. We referred that proposal and the Abt study to the RUC for its recommendation. On February 10, 1996, the RUC unanimously recommended that anesthesia work RVUs be increased by 22.8 percent or about two-thirds of the size of the increase recommended by the Abt study.

We did not include the RUC recommendation for increased work RVUs for anesthesia services in the May 3, 1996 proposed notice because it was not included in the RUC's initial recommendation for codes under the 5-year review. The anesthesia recommendation was one of several recommendations that the RUC made to us on June 27, 1996, which we received as a comment in response to the May 3, 1996 proposed notice.

The Abt study evaluated anesthesia work in relation to other services by partitioning an anesthesia service uniformly into five distinct components, assigning intensity values to these components based on the intensity values of benchmark procedures, and multiplying anesthesia time per component by its corresponding intensity. The five components are preanesthesia, induction, procedure, emergence, and postanesthesia.

There was considerable discussion by the RUC about the intensity values for anesthesia services. The RUC accepted the intensity values for the preanesthesia, postanesthesia, emergence, and induction intervals. However, the RUC did not accept the minimum intensity value (that is, 0.25) proposed in the final Abt study for most of the procedure interval. Instead, the RUC assigned an intensity value of 0.017.

For half of the 15 procedures reviewed by the Abt multidisciplinary panel, the procedure interval was consistently valued at one intensity value, namely the minimum intensity value. However, for some anesthesia services, the intensity values for the procedure interval represented a weighted average because the intensity value fluctuated as a result of the underlying complexity of the activities performed in this period.

Since the procedure interval represents the largest portion of the anesthesia service, the relative value for an anesthesia service is most sensitive to the minimum intensity value assigned to the procedure interval. The use of the intensity value of 0.017 means that the intensity of the procedure interval is kept at its current value (that is, pre- 5-year review level) although the increased intensity values of other portions of the anesthesia service are recognized.

The American Society of Anesthesiologists commented that they continue to believe that the minimum procedure intensity benchmark should be 0.025 but recommended that, at the very least, this benchmark should be 0.021. If this latter approach were accepted, application of the Abt methodology would result in increasing the anesthesia work by 29 percent.

Response: While the RUC eventually accepted the Abt methodology and the intensity values, we are somewhat concerned with an approach in which physicians estimate intensity values for an entire service or a component of a service. Research by Harvard that led to the original physician fee schedule values illustrated that work can be overvalued when physician estimates of intensity are matched with service time.

However, in light of the fact that the RUC conducted a thorough and detailed review of this issue, having looked at this issue on three separate occasions, and relied heavily on the expertise of its research committee, we have accepted the RUC recommendation. We agree that the minimum intensity of the procedure interval should be 0.017 because the intensity of this interval is less than the intensity of evaluation and management services.

Because anesthesia services have base and time units, and, thus, are not on the same system as are all other physicians' services, the adjustment is more complicated. This adjustment must be made, in the aggregate, on the anesthesia CF since there is no defined work RVU per code for anesthesia services. In addition, the budget neutrality adjuster will be applied to the anesthesia CF.

Final decision: We have reviewed and accepted the RUC recommendation and are increasing the work for anesthesia services by 22.76 percent. Since the adjustment was not proposed in the May 3, 1996 proposed notice, we will accept comments as we do for interim work RVUs.

4. Codes Without Work Relative Value Units

Comment: The Joint Council for Allergy, Asthma and Immunology commented that work RVUs should be reflected in CPT codes 95004 and 95024 (allergy skin tests) and CPT codes 95115 and 95117 (allergy shots). Currently those codes have zero work RVUs. In our May 3, 1996 proposed notice (61 FR 19994), we advised that codes with zero work RVUs were not subject to review as part of the 5-year review. The Joint Council for Allergy, Asthma and Immunology disagreed with that position. It stated that there is no statutory authority for us to limit the scope of the 5-year review in that manner and that we have not provided an alternative process for the review of codes with zero work RVUs.

Response: We believe that we have the authority to establish reasonable limits on the scope of services reviewed within the 5-year review. As we explained in our May 3, 1996 proposed notice (61 FR 20041), the work RVUs represent primarily the work of physicians. We believe that codes that do not include the work of physicians are more appropriately included as part of the process of developing resource-based practice expense RVUs, Therefore, we plan to invite comments on codes with zero work RVUs during that process. We will also invite comments on codes for which commenters might believe that work now reflected in practice expenses, such as the work of a nurse or technician, is, instead, work that physicians are and should be doing.

5. Potentially Overvalued Services

Comment: The RUC submitted recommendations for several potentially overvalued codes that had not been reviewed in time for consideration before publication of the May 3, 1996 proposed notice. The RUC's recommendations for these codes follow:

CPT code 33970 (Insertion of intra-aortic balloon assist device through the femoral artery, open approach) and CPT code 33971 (Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft).

Comment: The RUC identified CPT code 33970 (Insertion of intra-aortic balloon assist device through femoral artery, open approach) with 8.05 work RVUs, as a potentially overvalued service. The RUC determined that there are rank order anomalies in the intra-aortic balloon insertion and removal codes. The relationship between CPT codes 33970 and 33971 should be similar to CPT code 33973 (Insertion of intra-aortic balloon assist device through the ascending aorta), with 9.76 work RVUs, and CPT code 33974 (Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft), with 12.69 work RVUs.

To correct this rank order problem, the RUC recommended a decrease to 6.75 work RVUs for CPT code 33970. In addition, the RUC compared CPT code 33971 (Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft), with 4.04 work RVUs, to the family of codes and determined that it is currently undervalued and should be increased to 8.40 work RVUs since it is more work than CPT codes 33970 and 35226 (Repair blood vessel, direct; lower extremity), with 8.17 work RVUs.

Response: We have reviewed the RUC recommendations, and we agree with them.

Final decision: We are assigning 6.75 work RVUs to CPT code 33970 and 8.40 work RVUs to CPT code 33971. Because the public has not had an opportunity to comment on these work RVUs, we will consider them to be interim work RVUs and will accept comments on our proposal.

CPT code 67210 (Treatment of retinal lesion).

Comment: In September 1995, the RUC recommended that the current work RVUs for this code be maintained and the issue be referred to CPT. The intraservice work per unit of time analysis and the original work RVUs failed to take into account that the code includes multiple treatments that are bundled into the 90-day global period and cannot be billed separately. There is a bimodal distribution of patients treated within this code. The code includes treatment of acute macular degeneration and diabetic retinopathy. The RUC referred the issue to CPT to consider addition of a code for the treatment of the less complex retinal lesions. The American Academy of Ophthalmology is proceeding with development of two replacement codes for this procedure.

Response: We agree that this code should be reviewed by the CPT Editorial Panel.

Final decision: We are maintaining the current work RVUs of 9.48 for CPT code 67210 as interim until they have

been reviewed by CPT and the RUC. We anticipate assigning final work RVUs that would go into effect on January 1, 1998.

CPT codes 77420, 77425, and 77430 (Weekly radiation therapy management).

Comment: The RUC recommended that the current work RVUs for these codes be maintained on an interim basis until the radiation oncology codes are reviewed by the CPT Editorial Panel. The assignment of complexity levels of weekly radiation treatment currently requires the consideration of equipment that is used for treatment setup (for example, beam arrangement, number of ports, use of blocks, wedges, and other beam attenuation devices). The descriptors should be revised to adequately reflect different levels of complexity in managing the treatment of these patients. The current global period of XXX should also be considered because weekly treatment management includes evaluation and management services during treatment and 90 days posttreatment, the interpretation of port-films, and continuous supervision and management of physics and technical factors.

Another commenter indicated a concern that the section in our May 3, 1996 proposed notice entitled ''Future Review'' (61 FR 20046) had included radiation oncology. The commenter stated the following:

- The three levels of radiation therapy treatment management were included in the 5-year review; further reconsideration would be a violation of the established process for review of work RVUs.
- The identification of the treatment management codes as potentially overvalued was based on faulty data, and no justification was given for further review.
- A significant portion of radiation oncology codes (the technical components and technical only codes) are being addressed under the practice expense study.
- We had accepted the relative value of these procedures without modification when the American College of Radiology and HCFA were jointly developing the Medicare radiologist fee schedule.

Response: We agree with the RUC's recommendation and will leave the current work RVUs for radiation therapy treatment management in place as interim work RVUs with the understanding that the codes will be referred by the RUC to CPT and that the RUC and HCFA may want to revisit the whole area of work RVUs for radiation oncology services at a later date. There continues to be some disagreement or misunderstanding about which services are payable through the weekly treatment management codes and which are separately billable. In fact, the American College of Radiology's examples of treatment management activities that were presented to the RUC included services we thought were paid through the professional component of the treatment devices and physics codes. We continue to believe that there is a reasonable basis to more closely define the work of the exact services payable through the weekly management codes and to consider the bundling of codes when appropriate.

Final decision: We are maintaining the work RVUs of the weekly radiation therapy management codes (CPT codes 77420, 77425, and 77430) as interim pending review of the codes by the CPT Editorial Panel.

C. Other Issues

1. Budget Neutrality

In past years, we have made budget neutrality adjustments across the entire physician fee schedule: to all RVUs (initially) and, beginning in 1996, to the CFs. We generally prefer to make adjustments across the entire fee schedule.

In the May 3, 1996 proposed notice (61 FR 20044 through 20045), we reiterated the policy of making budget neutrality adjustments required by changes in payment policy through adjustments to the CFs. However, since this 5-year review covered work RVUs, we proposed making the required budget neutrality adjustment from the 5-year review only on the work RVUs. We indicated that we proposed simply to rescale the work RVUs. We noted, however, that this rescaling could cause administrative problems for other payers using the RVUs and stated that we would consider developing a new budget neutrality adjuster that would be applied only to the work RVUs.

Comment: No comments questioned our making budget neutrality adjustments required by changes in payment policy through adjustments to the CFs. Regarding the budget neutrality adjustment required for RVU changes resulting from the 5-year refinement, the bulk of the comments focused on making the adjustment to work RVUs (that is, rescaling work RVUs). Most commenters favored achieving budget neutrality through a special separate budget neutrality adjuster for work RVUs. Many commenters, including two payers, indicated that rescaling RVUs would cause administrative difficulties in other programs using the RVUs. One payer stated that lowering RVUs to achieve budget neutrality might cause payers to develop their own RVUs. The other payer emphasized the need for continuity and clear relativity in the relative value scale.

Response: We will continue our policy of making adjustments to the CF for budget neutrality adjustments required by changes in payment policy. However, instead of the policy of rescaling the work RVUs for the 5-year refinement that we proposed in the May 3, 1996 proposed notice, we will use a separate work budget neutrality adjuster in 1997. We emphasize that this is a 1-year policy. We plan to eliminate the separate adjuster in 1998 simultaneously with the implementation of resource-based practice expense payments. We agree with commenters that it will reduce confusion among other payers and enable easier tracking and analysis of work RVUs over time if we can minimize the rescaling of RVUs. While making a separate adjustment to the work RVUs for 1997 introduces an additional term in the payment formula, the term is temporary. In years subsequent to 1998, we plan to make the budget neutrality adjustments to the CFs.

The payment formula for 1997 will be [(work RVU) (work adjuster) (work geographic practice cost expense)] + [(practice expense RVU) (practice expense geographic practice cost expense)] + [(malpractice RVU) (malpractice geographic practice expense)] × conversion factor.

Comment: Several commenters stated that the purpose of the 5-year review is to ensure that the RVUs are correct and reflect the relative difference in work among procedures. They stated that rescaling RVUs would distort the integrity of the RVUs and undermine the relationships among procedures.

Response: We disagree that rescaling work RVUs would distort the integrity of the work RVUs and undermine the relationships among procedures. Because such an adjustment uniformly changes the work RVUs, it does not alter the relationship between them.

Comment: About a quarter of the commenters suggested achieving budget neutrality by adjusting the CFs as an alternative to rescaling RVUs. A few of

the commenters stated that the simplicity of this approach was appealing. A few others observed that we have used different methods to achieve budget neutrality and urged adjusting the CFs to be consistent with the method we used for 1996. One commenter proposed a single budget neutrality adjuster that would, in effect, be applied to the CFs. A few commenters recommended that we make the budget neutrality adjustment without rescaling RVUs but did not recommend a specific method.

Response: We agree that it would be preferable to make adjustments at the CF level as we did in 1996 (and in a similar overall way in prior years, but by adjusting all RVUs). However, achieving budget neutrality by adjusting the CFs would have the effect of reducing payment for all services on the fee schedule. This would include a number of services that have no physician work and are, therefore, outside the scope of the 5-year review. Examples of these services include radiology and other diagnostic tests where the technical component may be reported separately; certain diagnostic tests, such as audiologic function tests; and certain therapeutic services, such as chemotherapy administration. Our goal is to make overall adjustments in the future.

Comment: Several commenters recommended that we maintain the integrity of the three pools of RVUs; some thought this was especially important when we adopt resource-based practice expense RVUs. However, one commenter disagreed, maintaining that the three pools of RVUs are not coherent and independent and noting that gap-filling techniques have relied on a dependable relationship among the three pools.

Response: The Physician Payment Review Commission recommended applying the budget neutrality adjustment from the 5-year review only to work RVUs to preserve the integrity of the three pools of RVUs. (As discussed above, applying the adjustment to the CFs would, in effect, spread the adjustment across all RVUs.) The separate work adjuster will enable us to do that for 1997, prior to the implementation of resource-based practice expense RVUs in 1998, after which time it would be preferable to make budget neutrality adjustments on the CFs as discussed above.

The existing practice expense RVUs were based on historical charges and the historical practice expense shares for the specialities performing the service. (The same is true of malpractice expense RVUs, but the size of that pool is very small.) The commenter is correct that there are some relationships between the work and practice expense RVUs, although we would characterize them as fairly tenuous.

Comment: One commenter observed that the separate budget neutrality adjuster is only for the Medicare program and requested that it not be displayed in tables of RVUs that are published for general information.

Response: Because the adjuster is a constant to be applied to all work RVUs, we will not display it in tables of RVUs. We will provide the value of the adjuster in the text describing the tables of RVUs, just as we provide the values of the CFs.

Comment: Two commenters requested that we restore previous budget neutrality adjustments to the work RVUs and incorporate them into the new budget neutrality adjuster.

Response: We intend to use the new adjuster only for 1 year and only for the budget neutrality adjustment required by changes due to the 5-year review of work RVUs. The previous budget neutrality adjustments generally have been related to changes in payment policy and not specifically to changes in work RVUs.

Comment: One commenter suggested that we perform analyses comparing the impact of the two options for achieving budget neutrality (that is, applying the adjustment to the work RVUs or to the CFs) and invite public comment on those analyses.

Response: The statute requires that we implement the results of the 5-year review in 1997. Time does not permit preparation of impact analyses of the types described, opportunity for public comment, and analysis of those comments prior to January 1, 1997. In our May 3, 1996 proposed notice (61 FR 20045), we indicated that a 7.63 percent decrease in RVUs would be required (based on proposed work RVUs) if the adjustment were applied only to work. We also indicated that the services with no work or with a practice expense percentage of total RVUs greater than average for the fee schedule would be adversely affected by applying the adjustment to the CFs.

Final decision: A separate budget neutrality adjuster is being applied to the work RVUs for 1 year, after which time we plan to eliminate it simultaneously with the implementation of the new practice expense RVUs in 1998. In years subsequent to 1998, we plan to make the budget neutrality adjustments to the CFs.

2. Impact of Work Relative Value Unit Changes for Evaluation and Management Services on Work Relative Value Units for Global Surgical Services

We proposed not to make a change to the values of global surgical packages in connection with the increase in RVUs for evaluation and management services. In the May 3, 1996 proposed notice (61 FR 20045 through 20046), we articulated several arguments for why global surgical packages should be valued solely on their own merit.

Comment: Several commenters supported our proposal to maintain current work RVUs for global surgical services. These groups agreed with the underlying rationale that although increases to the work RVUs for evaluation and management services were warranted, corresponding across-the-board increases in the work RVUs for all global surgical packages would be inappropriate. Other commenters expressed the following opposing comments: the decision not to raise the work RVUs for global surgical services unfairly penalizes physicians whose clinical activities focus primarily on the performance of surgical procedures; evaluation and management services related to a procedure have been subjected to the same increasing complexity as non-procedural evaluation and management services due to such factors as reduced inpatient lengths of stay, same day admissions for major surgery, and increased utilization of home health care programs requiring far more involved and extensive postservice planning and management; and the amount of preoperative and postoperative work required in the provision of these services is the same whether it is performed separately or as part of the global surgical package. However, another group of commenters encouraged further study of this issue. They recommended including an examination of the work involved in furnishing specific global services, changes in practice patterns that may have shifted some of the postoperative care from the surgeon who performed the procedure to other physicians (for example, primary care or medical subspecialists) who are participating in the medical management of the patient during the postoperative period, external data such as changes in length

of stay and an increase in the number of laparoscopic procedures, the number of preoperative and postoperative visits that are assumed to be included in the global surgical period, and the complexity associated with the history, physical examination, and medical decision-making involved in the evaluation and management services of a surgeon during a global period.

Response: The widely divergent comments indicate the need for a more thorough review before we make adjustments to the global surgical services.

Comment: The RUC recommended that we include the relationship between evaluation and management services and global surgical services in a future review of work RVUs so that this aspect of the Medicare physician fee schedule can be updated in 1998. We plan to revisit this issue next year.

Response: We look forward to a RUC recommendation on this issue. We hope to receive the recommendation next year to assist us as we further examine whether a change in the work RVUs for global surgical services is warranted because of the increases in the RVUs for evaluation and management services.

Comment: A commenter stated that if we choose not to revalue global surgical services on the basis of changes in the work RVUs for evaluation and management services, we should, alternatively, discontinue the use of a surgical bundle and return to the practice of separate billing of the component services.

Response: Section 1848(c)(1)(A)(ii) of the Act requires that we use a global definition of surgical services.

Comment: Several commenters requested that we make interim across-the-board adjustments to the values for global surgical services until the RUC presents its recommendations on the issue. This interim adjustment should be utilized until further study results in a precise methodology. One possible approach would be to begin with our existing methodology for identifying the relative value share believed to be attributable to postoperative office visits. A percentage adjustment equivalent to the increase being proposed for physician office visits, perhaps CPT code 99213, a mid-level visit, could be applied. For global services typically furnished on an inpatient basis, available length-of-stay data could be used assuming that at least one inpatient hospital visit occurred on each day of the patient's inpatient stay. The length-of-stay could then be multiplied by the planned increase in RVUs for subsequent hospital care.

Response: Although we believe there may be some merit to the approach recommended by the commenter, we do not believe that an interim adjustment should be made while we are studying the issue more completely during 1997.

Comment: One commenter recommended increasing the RVUs assigned to CPT codes 59400, 59409, 59410, 59510, 59514, 59515, 59425, and 59426 (maternity care and delivery services). The commenter stated that when we valued these services, we explicitly added work RVUs based on specific evaluation and management services as articulated in the December 2, 1993 final rule.

Response: The commenter has correctly identified an area where we should make adjustments to the RVUs assigned to these global services. Therefore, we are accepting this comment and modifying the work RVUs for maternity services. The new work RVUs maintain the relationships that we published in the December 1993 final rule. The commenter did not request that we modify the work RVUs for CPT code 59430 (postpartum care only), but we have adjusted them to be consistent within the family. The following table shows the adjustments that we have made.

CPT code	1996 work RVUs	Adjustment for evaluation and management increase	1997 work RVUs
59400	20.99	2.07	23.06
59409	13.28	0.22	13.50
59410	14.44	0.34	14.78
59425	4.04	0.77	4.81
59426	6.91	1.37	8.28
59430	2.01	0.12	2.13
59510	23.67	2.55	26.22
59514	15.39	0.58	15.97
59515	16.55	0.82	17.37

The percent increase varies across the services because the number and type of evaluation and management services included in each CPT code are different. Therefore, an across-the-board adjustment would have been inappropriate.

Because we have made these adjustments to the delivery codes, we also need to adjust the work RVUs for the vaginal birth after cesarean services in order to maintain the existing relationship. As explained in the December 8, 1995 final rule (60 FR 63165 through 61366), we added 1.56 work RVUs to the delivery codes to establish the values for the corresponding vaginal birth after cesarean services. Therefore, we will add 1.56 work RVUs to the new values for the delivery services to reassign RVUs to the vaginal birth after cesarean codes.

CPT code for vaginal birth after cesarean service	Corresponding delivery code	New work RVUs for delivery code	New work RVUs for vaginal birth after cesarean code
59610	59400	23.06	24.62
59612	59409	13.50	15.06
59614	59410	14.78	16.34
59618	59510	26.22	27.78
59620	59514	15.97	17.53
59622	59515	17.37	18.93

The aforementioned adjustments correct the services with an MMM global period (maternity) to reflect the increases in the work RVUs for the evaluation and management services. We did not modify the work RVUs for CPT code 59525 (removal of uterus after cesarean) because this service is billed in conjunction with either CPT code 59510 or 59515, both of which have had their work RVUs adjusted. We will consider all of these changes to be final.

Final Decision: With the exception of the services described above that have an MMM global period, at present we are making no adjustments to the work RVUs assigned to global surgical services as a result of the increases in the RVUs of evaluation and management services. However, we will reevaluate this policy next year. The extra year will allow time for us to closely examine our data and for the RUC to present us with additional data and a recommendation on this issue. Any further changes that we may make will be effective in 1998.

3. Codes Referred to the Physicians' Current Procedural Terminology Editorial Panel

Comment: We received a comment from the RUC indicating that the RUC has referred to the CPT Editorial Panel the following issues:

- *CPT code 11971 (Removal of tissue expander(s) without insertion of prosthesis).*
- *CPT codes 13300 (Repair of wound or lesion) and 14300 (Skin tissue rearrangement).*

- *CPT codes 15000, 15101, 15121, 15201, 15221, 15241, and 15261 (Skin graft procedures).*
- *CPT code 31090 (Sinusotomy combined, three or more sinuses).*
- *CPT code 46900 (Destruction, anal lesion(s)).*
- *CPT code 54100 (Biopsy of penis).*
- *CPT code 93621 (Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters; with left atrial recordings from coronary sinus or left atrium, with or without pacing).*

For these issues, the RUC believes the codes should be reviewed by the CPT Editorial Panel and the definitions and/or instructions for use be clarified.

Response: We agree that these codes should be reviewed by the CPT Editorial Panel.

Final decision: We are maintaining the work RVUs for these codes as interim during 1997 because we consider them to be 5-year review issues that have not yet been finalized. If the CPT adds, deletes, or revises any of the codes in response to the RUC's referral, then the RUC will have the opportunity to submit work RVU recommendations to us on those new or revised codes. In the event that no action is taken by the CPT Editorial Panel on any of the issues, we anticipate assigning final work RVUs that would go into effect on January 1, 1998.

4. Future Review

Since the physician fee schedule was implemented in 1992, we have undertaken significant annual revisions to the work RVUs for large numbers of codes, and, with the publication of this final rule, we have completed the first 5-year review. We believe that through these extensive efforts the work RVUs are now largely correct, and a significant case would need to be made to convince us to change the work RVUs for the overwhelming bulk of procedures.

For the future, we are considering periodic review of the physician fee schedule as necessary. However, there are several categories of codes and issues that we have tentative plans to review prior to the next 5-year review: Services that typically require reporting more than one code to describe the service correctly; the relationship of physician work between analogous open and closed procedures; radiation oncology; and rank order anomalies within families.

We described these tentative plans in our May 3, 1996 proposed notice (61 FR 20046), and several specialty societies submitted comments on codes that they believe fit into one of the above categories. Most of the codes for which they submitted comments were not subject to comment. Although we typically do not respond to comments on codes that are not subject to comment, we believe that some general responses would be appropriate to provide the public with some insights as to the direction future reviews might take.

Comment: The rapid development of endoscopy and minimally invasive approaches to surgery has led to widespread adoption of these alternative approaches. As these new procedures have become recognized and have been designated by unique procedure codes, we have often but not always adopted work RVUs that were equal to the traditional open approach for the same procedure. Several commenters identified codes that describe procedures performed using a traditional approach whose RVUs are higher than similar procedures that can be performed with endoscopes or minimally invasive techniques. The commenters argued that we should increase the work RVUs of the endoscopic or minimally invasive procedure codes to equal the work RVUs assigned to procedures that accomplish the same result by incision (open procedures). The commenters requested that we make these changes now, as part of the 5-year review process, so that the increased work RVUs would be effective January 1, 1997.

Response: While we agreed with this approach in the past, we now believe it is appropriate to examine the actual work relationship between open and closed procedures. The intent of the relative value scale is to value each procedure based on the work involved, not based on the clinical result. It is not clear that the work involved is in fact the same. We believe that there may be significant differences in the postoperative care between open and minimally invasive procedures. One of the claimed advantages of closed procedures is the rapid patient recovery, which may also represent a decrease in physician postoperative work. The actual work involved in the procedure itself, however, may be greater, resulting in no net difference in total work. Some closed procedures may have greater total work than the analogous open procedure and some may be less. Finally, it is not clear what impact the selection of patients for one approach over another has on the total physician work involved.

The continued clinical use of two different techniques may in part be due to the selection of procedures based on patient risk factors, severity of disease, and the presence or absence of comorbidities. These selection criteria may account for differences in the work when comparing open and closed procedures. For these reasons, we believe it is time to reexamine the assumption that open and closed procedures should be valued equally. With the assistance and advice of the RUC, we plan to revisit this issue before the next 5-year review. In the interim, we will retain the existing work RVUs for codes in these categories unless we have specifically dealt with them in the 5-year review.

Comment: We received some comments supporting our proposed increases for individual codes and advocating increases within the entire family of codes to maintain existing relationships even when the other codes in the family had not been identified as undervalued when the 5-year review began.

Response: In our May 3, 1996 proposed notice, we invited comments on rank order anomalies created as a result of the 5-year review. We expressed our intention to consider correcting anomalies before the next 5-year review. We do not believe that the revaluation of a single code necessarily requires all other codes in a family to be revalued as this comment implies. We believe that the original comments were submitted to identify codes that were under or overvalued. In some cases, commenters requesting 5-year refinement identified groups of related codes. The 5-year review considered groups of codes when groups of codes were thus identified. Alternatively, when a single code was identified, we believe it was appropriate to view that code as a single misvalued code, and we considered the evidence presented. When rank order anomalies have appeared, we have sought to correct them. An example of a rank order problem that we corrected (CPT codes 57260 and 57265) can be found in section IV.A.8. of this final rule.

When recommendations to increase a code resulted in a change in the relationship between that code and other codes, we presume that the new

work RVUs represent a refined relationship. One purpose of the 5-year refinement is to improve the accuracy of relationships by revaluing codes that are under or overvalued. We do not believe it is reasonable to make recommended changes intended to refine existing relationships and then to change all other codes to maintain existing relationships. The following comments illustrate recommendations for revised work RVUs that we do not believe should be accepted without survey or other data that would support the requested change. This will be appropriate for the next 5-year review.

Comment: We received comments related to CPT code 57410 (Pelvic examination under anesthesia). The current work RVUs assigned to this code are 0.59. It was referred to the RUC as part of the 5-year review. The RUC recommended that the work RVUs be increased to 1.75. In our May 3, 1996 proposed notice (61 FR 20006), we agreed with this recommendation. Commenters expressed support for the increase in work RVUs for this service. However, the commenters stated that all gynecological surgical procedures include an examination under anesthesia as part of the procedure. Therefore, they believed that all gynecological procedures should have their work RVUs adjusted to account for the increased work attributable to the examination under anesthesia.

Response: Although a pelvic examination under anesthesia is a common element of many pelvic surgical procedures, it is not clear how this compares to the work assigned to CPT code 57410 (Pelvic examination under anesthesia). The examination performed at the time of other surgery is often such an inherent part of the procedure that we believe it has been properly considered as part of the total work of the surgical procedure.

It could be argued that during the course of a surgical procedure by a vaginal approach, a pelvic examination is performed many times—before, during, and at the end of the procedure. Adding the work RVUs of three CPT 57410 codes to this procedure is clearly not reasonable. The revaluation of CPT code 57410 was based on the evidence presented regarding the performance of a pelvic examination alone, as described by the CPT code. We believe the other procedures to which the commenter alluded should be revalued based on independent evidence of total work, not based on the assumption that if one code is revalued all similar codes should be revalued. We see no evidence that the change in CPT code 57410 creates significant rank order anomalies. If other more complex codes involving examination at the time of surgery are undervalued in their own right, they can be corrected at the next opportunity for refinement.

Comment: We received similar comments stating that the proposed increase in work RVUs from 2.45 to 2.91 for CPT code 58120 (Dilation and curettage (D&C), diagnostic and/or therapeutic (nonobstetrical)) should result in corresponding increases in work RVUs for a code that was not identified as undervalued during the 5-year review: CPT code 56351 (Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C) since a D&C is included in CPT code 56351.

Response: We believe the requested increase in work RVUs for this code is not warranted. First, the CPT definition is clear that not all hysteroscopies involve a dilation and curettage. Second, we are not convinced that the work involved in performing a dilation and curettage as an independent procedure can be equated to the curettage of the uterus following direct visualization of the endometrial cavity. The work involved may be considerably different. The commenter presented no compelling evidence to support the equality of work. The existing work RVUs for CPT code 56531 (2.85) now will be slightly less than the new RVUs for CPT code 58120 (2.91). This reverses the prior relationship. Finally, since we have announced in this rule our intention to examine the proper relationship of open and closed procedures, we believe that it is appropriate to evaluate the relationship between these codes as part of that process rather than change the work RVUs for CPT code 56531 at this time.

V. Refinement of Relative Value Units for Calendar Year 1997 and Responses to Public Comments on Interim Relative Value Units for 1996

A. Summary of Issues Discussed Related to the Adjustment of Relative Value Units

Section V.B. of this final rule describes the methodology used to review the comments received on the RVUs for physician work and the process used to establish RVUs for new and revised CPT codes. Changes to codes on the physician fee schedule reflected in Addendum B are effective for services furnished beginning January 1, 1997.

B. Process for Establishing Work Relative Value Units for the 1997 Fee Schedule

Our December 8, 1995 final rule on the 1996 physician fee schedule (60 FR 63124) announced the final RVUs for Medicare payment for existing procedure codes under the physician fee schedule and interim RVUs for new and revised codes. The RVUs contained in the rule apply to physician services furnished beginning January 1, 1996. We announced that we would accept comments on interim RVUs for these codes. We announced that we considered the RVUs for the remaining codes to be subject to public comment under the 5-year refinement process. In this section, we summarize the refinements to the interim work RVUs that have occurred since publication of the December 1995 final rule and our establishment of the work RVUs for new and revised codes for the 1997 fee schedule.

1. Work Relative Value Unit Refinements of Interim and Related Relative Value Units

a. Methodology (Includes Table 2—Work Relative Value Unit Refinements of 1996 Interim and Related Relative Value Units).

Although the RVUs in the December 1995 final rule were used to calculate 1996 payment amounts, we considered the RVUs for the new or revised codes to be interim. We accepted comments for a period of 60 days. We received substantive comments from approximately 10 specialty societies on approximately 50 CPT codes with interim RVUs.

Only comments received on codes listed in Addendum C of the December 1995 final rule were considered this year. (We also considered comments we received on other codes under the 5-year refinement process.) We convened multispecialty panels of physicians to assist us in the review of comments. The comments that we did not submit to panel review are discussed at the end of this section. The panels were moderated by our medical staff and consisted of the following groups:

- A clinician representing each of the specialties most identified with the procedures in question. Each specialist on the panel was nominated by the specialty society that submitted the

comments. This same clinician also provided ratings for the other procedures being considered. Thus, depending on the codes in question, this clinician was in one of two groups: ''specialist'' or ''other specialist.''

- Primary care clinicians nominated by the American Academy of Family Physicians, the American Society of Internal Medicine, the American College of Physicians, the American Academy of Pediatrics, the American Osteopathic Association, and the American College of Obstetricians and Gynecologists.
- Carrier medical directors.

After eliminating the codes with final RVUs and certain codes that are discussed at the end of this section, we submitted comments on 40 codes for evaluation by the panels. The panels discussed the work involved in each procedure under review in comparison to the work associated with other services on the fee schedule. We had assembled a set of reference services and asked the panel members to compare the clinical aspects of the work of services they believed were incorrectly valued to one or more of the reference services. In compiling the set, we attempted to include: (1) Services that are commonly performed whose work RVUs are not controversial; (2) services that span the entire spectrum from the easiest to the most difficult; and (3) at least three services performed by each of the major specialties so that each specialty would be represented. The set listed approximately 300 services. Panelists were encouraged to make comparisons to reference services.

The intent of the panel process was to capture each participant's independent judgment based on the discussion and his or her clinical experience. Following each discussion, each participant rated the work for the procedure. Ratings were individual and confidential, and there was no attempt to achieve consensus among the panel members.

We then analyzed the ratings based on a presumption that the interim RVUs were correct. To overcome this presumption, the inaccuracy of the interim RVUs had to be apparent to the broad range of physicians participating in each panel.

Ratings of work were analyzed for consistency among the groups represented on each panel. In general terms, we used statistical tests to determine whether there was enough agreement among the groups of the panel and whether the agreed-upon RVUs were significantly different from the interim RVUs published in Addendum C of the December 1995 final rule. We did not modify the RVUs unless there was clear indication for a change. If there was agreement across groups for change, but the groups did not agree on what the new RVUs should be, we eliminated the outlier group and looked for agreement among the three remaining groups as the basis for new RVUs. We used the same methodology in analyzing the ratings that we used in the refinement process for the 1993 fee schedule. The statistical tests were described in detail in the November 25, 1992 final notice (57 FR 55938).

Our decision to convene multispecialty panels of physicians and to apply the statistical tests described above was based on our need to balance the interests of those who commented on the work RVUs against the redistributive effects that would occur in other specialties, particularly the potential adverse effect on primary care services. Of the 40 codes reviewed by our multispecialty panel, all but two of the requests were for increased values.

We also received comments on RVUs that were interim for 1996 but which we did not submit to the panel for review for a variety of reasons. These comments and our decisions on those comments are discussed in further detail in section V.B.1.b. of this final rule. Of the 59 interim work RVUs that were reviewed, approximately 27 percent were increased, and approximately 42 percent were not changed.

Table 2—Work Relative Value Unit Refinements of 1996 Interim and Related Relative Value Units

Table 2 lists the interim and related codes reviewed during the 1996 refinement process described in this section. All of these codes are discussed in code order following Table 2, in section V.B.1.b. of this final rule. This table includes the following information:

- *CPT Code.* This is the CPT code for a service.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *1996 Work RVU.* The work RVUs that appeared in the December 1995 rule are shown for each reviewed code.
- *Requested Work RVU.* This column identifies the work RVUs requested by commenters. We received more than one comment on some codes, and, in a few of these cases, the commenters requested different RVUs. The table lists the highest requested RVUs. For some codes, we received recommendations for an increase but no specific RVU recommendations.
- *1997 Work RVU.* This column contains the final RVUs for physician work.
- *Basis for Decision.* This column indicates whether—

—The recommendations of the refinement panel were the basis upon which we determined that the interim work RVUs published in the December 1995 final rule should be retained (indicator 1);

—A new value emerged from our analysis of the refinement panel ratings (indicator 2); or

—A new or retained value emerged from some other source (indicator 3).

TABLE 2.—WORK RVU REFINEMENTS OF 1996 INTERIM AND RELATED RVUS

CPT *code	Description	1996 work RVU	Requested work RVU	1997 work RVU	Basis for decision
20930	Spinal bone allograft	0.00	Increase	0.00	3
20931	Spinal bone allograft	1.81	Increase	1.81	3
20936	Spinal bone allograft	0.00	Increase	0.00	3
20937	Spinal bone allograft	2.79	Increase	2.79	3
20938	Spinal bone allograft	3.02	Increase	3.02	3
22554	Neck spine fusion	17.24	Increase	17.24	3
22556	Thorax spine fusion	22.27	Increase	22.27	3
22558	Lumbar spine fusion	21.22	Increase	21.22	3
22600	Neck spine fusion	14.74	Increase	14.74	3

TABLE 2.—WORK RVU REFINEMENTS OF 1996 INTERIM AND RELATED RVUS—Continued

CPT *code	Description	1996 work RVU	Requested work RVU	1997 work RVU	Basis for decision
22610	Thorax spine fusion	14.62	Increase	14.62	3
22612	Lumbar spine fusion	20.19	Increase	20.19	3
22840	Insert spine fixation device	6.27	12.54	12.54	3
22842	Insert spine fixation device	7.19	12.58	12.58	3
22843	Insert spine fixation device	8.97	13.46	13.46	3
22844	Insert spine fixation device	10.96	16.44	16.44	3
22845	Insert spine fixation device	5.98	11.96	11.96	3
22846	Insert spine fixation device	8.28	12.42	12.42	3
22847	Insert spine fixation device	9.20	13.80	13.80	3
22851	Apply spine prosth device	6.71	Increase	6.71	3
55859	Percut/needle insert, pros	8.29	14.00	12.00	2
56343	Laproscopic salpingostomy	6.96	13.34	13.34	3
56344	Laproscopic fimbrioplasty	7.16	12.50	12.50	3
92525	Oral function evaluation	1.13	1.61	1.50	2
92526	Oral function therapy	0.52	0.64	0.55	2
92597	Oral speech device eval	1.11	1.50	1.35	2
92598	Modify oral speech device	0.73	0.99	0.99	2
97010	Hot or cold packs therapy	0.11	0.11	0.06	2
97012	Mechanical traction therapy	0.25	0.25	0.25	1
97014	Electric stimulation therapy	0.18	0.18	0.18	1
97016	Vasopneumatic device therapy	0.18	0.18	0.18	1
97018	Paraffin bath therapy	0.11	0.11	0.06	2
97020	Microwave therapy	0.11	0.11	0.06	2
97022	Whirlpool therapy	0.25	0.25	0.17	2
97024	Diathermy treatment	0.11	0.11	0.06	2
97026	Infrared therapy	0.11	0.11	0.06	2
97028	Ultraviolet therapy	0.20	0.20	0.08	2
97032	Electrical stimulation	0.25	0.25	0.25	1
97033	Electric current therapy	0.26	0.26	0.26	1
97034	Contrast bath therapy	0.21	0.21	0.21	1
97035	Ultrasound therapy	0.21	0.21	0.21	1
97036	Hydrotherapy	0.38	0.28	0.28	2
97039	Physical therapy treatment	0.29	0.20	0.20	2
97110	Therapeutic exercises	0.45	0.45	0.45	1
97112	Neuromuscular reeducation	0.45	0.45	0.45	1
97113	Aquatic therapy/exercises	0.44	0.44	0.44	1
97116	Gait training therapy	0.40	0.40	0.40	1
97122	Manual traction therapy	0.45	0.45	0.42	2
97124	Massage therapy	0.35	0.35	0.35	1
97139	Physical medicine procedure	0.21	0.35	0.21	1
97150	Group therapeutic procedures	0.27	0.27	0.27	1
97250	Myofascial release	0.45	0.45	0.45	1
97265	Joint mobilization	0.45	0.45	0.45	1
97530	Therapeutic activities	0.44	0.44	0.44	1
97535	Self care management training	0.33	0.45	0.45	2
97537	Community/work reintegration	0.33	0.45	0.45	2
97542	Wheelchair management training	0.25	0.45	0.25	1
97703	Prosthetic checkout	0.25	0.45	0.25	1
97750	Physical performance test	0.45	0.45	0.45	1
97770	Cognitive skills development	0.44	0.44	0.44	1

*All CPT codes and descriptors copyright 1996 American Medical Association.

b. Interim 1996 Codes.

CPT codes 22840, 22842, 22843, 22844, 22845, 22846, and 22847 (Insert spine fixation device).

Comment: Effective 1996, substantial changes were made in the CPT codes for spine surgery. The RUC recommended work RVUs for these new and revised codes, and we accepted those recommendations as interim work RVUs, which were subject to comment. (When appropriate, malpractice and practice expense RVUs for these new and revised codes were calculated using the weighted average data from predecessor codes or by imputing the RVUs based on the experience of the dominant specialty, in this case, orthopedic surgery.)

We received comments on the interim work RVUs for the spinal instrumentation codes. All commenters indicated that the RUC recommendations for the instrumentation codes, which we had accepted, were based on erroneous assumptions. Those assumptions had, according to the commenters, resulted in the RUC recommending work RVUs

that were, for some codes, half of what they should have been. Specifically, two commenters recommended the following:

- The work RVUs for CPT code 22840 should be increased by 100 percent.
- The work RVUs for CPT code 22842 should be increased by 75 percent.
- The work RVUs for CPT code 22843 should be increased by 50 percent.
- The work RVUs for CPT code 22844 should be increased by 50 percent.
- The work RVUs for CPT code 22845 should be increased by 100 percent.
- The work RVUs for CPT code 22846 should be increased by 50 percent.
- The work RVUs for CPT code 22847 should be increased by 50 percent.

Other commenters recommended that we consider appropriate work RVUs for these codes. The commenters suggested that we ask the RUC or another physician panel to review the matter. Also, one commenter suggested that any increases in the work RVUs be retroactive to January 1, 1996.

Response: We convened a panel that included our medical staff and carrier medical directors to consider the issue of the appropriateness of the instrumentation work RVUs. Members of that panel reviewed the comments and agreed with the commenters who requested 50 percent increases in work RVUs for CPT codes 22843, 22844, 22846, and 22847, a 75 percent increase in work RVUs for CPT code 22842, and 100 percent increases in work RVUs for CPT codes 22840 and 22845. The panel members believed that the resulting work RVUs are an accurate reflection of the relative resource intensity of the work involved in the codes.

In accepting this recommendation for change, the panel members noted that the posterior and anterior segmental codes were in two groups. One group is the posterior segmental, comprised of CPT codes 22842, 22843, and 22844, with CPT code 22842 being the lowest number of segments and CPT code 22844, the highest. Similarly, for the anterior codes, CPT code 22845 is the lowest number of segments, CPT code 22846, the next highest number of segments, and CPT code 22847, the highest number of segments. The panel members concluded that the highest codes in the posterior instrumentation group should be valued, for work, at approximately 25 percent more than the lowest code in the series. They believed that to be the appropriate work differential between the highest and the lowest code. For the anterior group, they concluded that the work for the code representing the highest number of segments should be valued at approximately 15 percent more than the code representing the lowest number of segments. Thus, we accepted the recommendations of the commenters based, in part, on the opinions of the panel members.

However, there is nothing in the law that would permit fee schedule determinations to be made retroactive. Indeed, the entire thrust of section 1848 of the Act is prospective: in accordance with the law, the codes, RVUs, updates, CFs, and volume performance standards are announced in advance of a fee schedule year, and adjustments are prospective only. In our view, the Congress did not intend that there be retroactive ''correction'' of any elements of the fee schedule. Thus, as in the past, we are not retroactively adjusting claims for instrumentation services furnished in 1996.

CPT code 22851 (Application of prosthetic device (eg, metal cages, methylmethacrylate) to vertebral defect or interspace).

Comment: One commenter stated that the proposed work RVUs for this code are too low. The interim work RVUs for 1996 are 6.71.

Response: The interim work RVUs were based, in part, on the RUC recommendation that we accepted. The commenter presented no compelling arguments that would support increasing the work RVUs, which we believe are appropriate for CPT code 22851.

Comment: One commenter objected to our use of a formula that imputes malpractice and practice expense RVUs for new and substantially revised codes. That formula relies on the malpractice and practice expense experience of the specialty or specialties that perform the service. In this case, we relied upon the overall practice experience of orthopedic surgeons. The commenter stated that for spine codes this resulted in inappropriate reductions in practice expense and malpractice expense RVUs.

Response: We believe that the continued use of charge-based practice expense and malpractice expense RVUs is generally inappropriate when codes have substantially changed. The use of the formula that relies on the overall practice expense experience of the specialty performing the service is, in our judgment, the most reasonable approach to pricing until we develop resource-based practice expense RVUs.

CPT codes 20930 through 20938 (Bone grafts).

Comment: One commenter objected to the CPT instruction for reporting spine surgery bone graft codes, beginning with CPT code 20930, that only one bone graft code should be reported per operative session.

Response: The RUC was aware of this coding rule. The recommended work RVUs took into account that only one bone graft code can be reported per operative session. The commenter would have to submit any proposed changes to this coding rule to the CPT Editorial Panel.

CPT codes 22554, 22556, and 22558 (Anterior arthrodesis procedures).

Comment: A commenter expressed concern about the reduction in the work RVUs for CPT codes 22554, 22556, and 22558. The commenter stated that we made this reduction in work RVUs because we assumed that the coding change would result in providers' billing additionally for bone grafts that were not previously billed separately. According to the commenter, bone grafts were billed separately before and will be billed separately now. Therefore, we should not have made the adjustment in work RVUs based on a billing change.

Response: Through the RUC, the specialty societies recommended a reduction in work RVUs because of the expectation that the new bone graft codes would be billed in half of the anterior arthrodesis cases, when in fact there had not been separate bone graft billing before.

Final decision: The following table lists the final work RVUs only for those codes whose work RVUs will be changed in response to our consideration of the public comments:

CPT code	Current/ 1996 interim work RVUs	Recommended percentage increase	Final/ 1997 work RVUs
22840	6.27	100	12.54
22842	7.19	75	12.58
22843	8.97	50	13.46
22844	10.96	50	16.44
22845	5.98	100	11.96
22846	8.28	50	12.42
22847	9.20	50	13.80

CPT codes 22600, 22610, and 22612 (Posterior arthrodesis procedures).

Comment: One commenter expressed concern that the reductions in the work RVUs for CPT codes 22600, 22610, and 22612 are inappropriate because no other codes may be billed in addition.

Response: In making its recommendations regarding these codes,

which we accepted, the RUC pointed out that the reporting of bone grafts and use of spinal instrumentation with some of these services will be appropriate.

CPT code 55859 (Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy).

Comment: Several commenters expressed concern about our rejection of the RUC recommendation of 14.00 work RVUs and our proposed 8.29 work RVUs.

Response: The RUC's initial recommendation of 14.00 work RVUs was based upon the use of CPT code 61770 (Stereotactic localization, any method, including burr hole(s) with insertion of catheter(s) for brachytherapy) as a reference procedure. We believed that 14.00 work RVUs were too high and disagreed with the RUC's use of CPT code 61770 as a reference procedure; we viewed that procedure as requiring greater technical skill, mental effort, and judgment. The recommended 14.00 work RVUs are higher than the work RVUs assigned to CPT code 55860 (Exposure of prostate, any approach, for insertion of radioactive substance), with 13.33 work RVUs. This is an open surgical procedure with significantly more postservice work than CPT code 55859, which can be performed on an outpatient basis.

The placement of needles or catheters into the prostate is performed under ultrasonic guidance, and the guidance is separately reported by new CPT code 76965 for which we accepted the RUC recommendation of 1.34 work RVUs. In addition, CPT also directs separate reporting of the interstitial radioelement application (CPT codes 77776 through 77778). CPT code 77778 (Interstitial radioelement application, complex) is the code most likely to be reported. We assigned 10.46 work RVUs to this code. Thus, we believed a physician performing all aspects of this procedure would report all three codes with 25.80 total work RVUs if we accepted the RUC recommendation of 14.00 work RVUs for CPT code 55859.

We believed it was possible that urologists responding to the surveyed vignette may have misunderstood that this code is used to report only the placement of the needles or catheters into the prostate and that they inadvertently included in their estimates of work the separately reported work of ultrasonic guidance and application of the radioelements.

We believed that a more appropriate reference procedure than a neurosurgical procedure would be another prostate procedure that can be performed on an outpatient basis. We selected CPT code 55700 (Biopsy, prostate; needle or punch, single or multiple, any approach), with 1.57 work RVUs. Because of the increased intraoperative time and complexity as well as the increased surgical risk associated with CPT code 55859, we increased the work RVUs four-fold to 6.28 work RVUs. In addition, we added 2.01 work RVUs, the work RVUs assigned to CPT code 52000, to reflect the added work of the cystoscopy. This addition resulted in the proposed 8.29 work RVUs for CPT code 55859.

In light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: During the panel discussion and before the service was rated, the panel members agreed that the physician inserting needles or catheters into a prostate for interstitial radioelement application could not also report an interstitial brachytherapy code, for example, CPT code 77778, because a radiation oncologist must perform that service.

As a result of our analysis of the refinement panel ratings, we are increasing the interim work RVUs from 8.29 RVUs to 12.00 for CPT code 55859.

CPT code 56343 (Laparoscopy, surgical; with salpingostomy) and CPT code 56344 (Laparoscopy, surgical; with fimbrioplasty).

Comment: We received a recommendation to increase the work RVUs assigned to these two codes from 6.96 and 7.16 to 13.34 and 12.50, respectively, based on a comparison to the work RVUs that were proposed as part of the 5-year review for the corresponding open procedures, CPT code 58760 (Fimbrioplasty), with 12.50 work RVUs, and CPT code 58770 (Salpingostomy (salpingoneostomy)), with 13.34 work RVUs.

Response: CPT 1996 added new CPT codes 56343 and 56344 to allow the reporting of these procedures when they are performed laparoscopically. We reviewed and accepted the RUC recommendation to assign the same work RVUs to the two new codes that were then assigned to the corresponding open procedures, CPT code 58760, with 7.16 work RVUs, and CPT code 58770, with 6.96 work RVUs.

CPT codes 58760 and 58770 were then being evaluated as part of the 5-year review and, based on the RUC's recommendation, these codes were increased in value from 7.16 to 12.50 work RVUs for CPT code 58760 and 6.96 to 13.34 work RVUs for CPT code 58770. We believe that the RUC adequately considered the work relationships between these open and closed procedures and, in spite of our intention to reexamine the general relationships of open versus closed procedures, as described in section IV.C.4. of this final rule, ''Future Review,'' we accept the recommendation to assign the same work RVUs to CPT codes 56343 and 56344 as we have assigned to CPT codes 58770 and 58760.

Final decision: We are assigning 13.34 work RVUs to CPT code 56343 and 12.50 work RVUs to CPT code 56344.

CPT codes 59610, 59612, 59614, 59618, 59620, and 59622 (Vaginal birth after cesarean).

Comment: We received a comment recommending that we assign work RVUs to these codes by increasing the work RVUs for each of the existing delivery codes by 8.5 percent rather than by adding the fixed amount of 1.56 work RVUs to each of the codes as we proposed.

Response: The CPT added a new section to the 1996 edition for ''Delivery After Previous Cesarean Delivery.'' Included in this section are six new codes that are used to report the services furnished to patients who have had a previous cesarean delivery and who present with the expectation of a vaginal delivery. If the patient has a successful vaginal delivery after a previous cesarean delivery, either CPT code 59610, 59612, or 59614 is reported. If the attempt is unsuccessful and another cesarean delivery is carried out, either CPT code 59618, 59620, or 59622 is reported. The RUC recommended work RVUs for all six codes that added varying increments of work to the work RVUs of the six existing codes that are used to report routine vaginal and cesarean deliveries.

While we accepted the RUC conclusion that a vaginal delivery after a previous cesarean delivery entails more physician work and that the existing delivery codes are appropriate reference points, we disagreed with the variable and small differences in work from one code to the next. We believed the increased stress, mental effort, and judgment associated with a vaginal delivery after a previous cesarean delivery is the same regardless of the particular delivery service furnished. Therefore, we added 1.56 work RVUs

(the median work RVUs of the above differences) to each of the existing delivery codes.

We continue to believe that our approach is correct since the increased stress, mental effort, and judgment associated with a vaginal delivery after a previous cesarean delivery is the same regardless of the particular delivery service furnished. Adding a fixed percentage of 8.5 percent to each of the codes would result in additional work RVUs for each of the codes for a vaginal delivery after a previous cesarean delivery that would range from 1.13 work RVUs to 2.01 work RVUs. We do not believe these differences are warranted. We also note that this request would result in lower work RVUs than we proposed for four of the six codes.

Final decision: We are not revising our proposed work RVUs based on our consideration of this comment. However, as part of the 5-year review and the changes we are making in the work RVUs for evaluation and management services, we are increasing the work RVUs for all delivery codes including a vaginal delivery after a previous cesarean delivery. See section IV.C.2. of this final rule for a discussion of these changes and Table 1 for a listing of the new work RVUs.

CPT code 92525 (Evaluation of swallowing and oral function for feeding).

Comment: Commenters objected to our decision to decrease the work RVUs to a value lower than the RUC recommendation.

Response: The RUC recommended 1.61 work RVUs based on a clinical vignette of an inpatient whose evaluation included a barium swallow. The RUC lowered the specialty's recommendation to better account for the times when barium swallow might not be done. We believed that the work RVUs recommended, which were between the work RVUs of a level-three inpatient consultation (CPT code 99253), with 1.56 work RVUs, and a level-four inpatient consultation (CPT code 99254), with 2.27 work RVUs, were too high. While we believed that the intraservice work determined by the survey for the vignette may have been reasonable, we did not agree that the surveyed vignette represents a typical patient.

Our data suggest that this procedure, which was formerly reported by CPT code 92506, is performed primarily in the physician's office. We took into consideration that the procedure is currently reported using CPT code 92506, which is assigned 0.86 work RVUs. We then took into account that the barium swallow is probably included in at least 50 percent of the cases and that the evaluation of the barium swallow is an integral part of the procedure. Therefore, we added half the value of CPT code 74230 (Swallowing function, pharynx and/or esophagus, with cineradiography and/or video), with 0.54 work RVUs, to the 0.86 work RVUs for CPT code 92506, resulting in an assignment of 1.13 work RVUs for CPT code 92525. These proposed work RVUs are slightly higher than the work RVUs of CPT code 99242, which is the code for a level-two office consultation, the components of which include an expanded problem-focused history, an expanded problem-focused examination, and straightforward medical decision making.

However, in light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, the final work RVUs are established as 1.50 for CPT code 92525.

CPT code 92526 (Treatment of swallowing dysfunction and/or oral function for feeding).

Comment: Several commenters objected to our decision to decrease the work RVUs to a value lower than the RUC recommendation. Commenters stated that the vignette describes a typical patient and that it is not proper to equate speech-language pathology treatment (CPT code 92507) with the treatment of swallowing disorders.

Response: The RUC recommended 0.64 work RVUs based on a clinical vignette of an inpatient similar to the patient described in the vignette used for CPT code 92525 described above. Our data suggest that this procedure, which is currently reported using CPT code 92507, also is performed primarily in physicians' offices. Because we believed the surveyed vignette did not describe a typical patient, we reduced the RUC recommendation for CPT code 92526 to 0.52 work RVUs, which are the same work RVUs as those for CPT code 92507 (Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual). These work RVUs are slightly less than the work RVUs assigned to a mid-level office visit (CPT code 99213), with 0.55 work RVUs, which typically requires 15 minutes of face-to-face time with a physician.

In light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, the final work RVUs are established as 0.55 for CPT code 92526.

CPT code 92597 (Evaluation for use and/or fitting of voice prosthetic or augmentative/alternative communication device to supplement oral speech).

Comment: Several commenters objected to our comparison of this service to a level-three new patient office visit. The commenters provided an extensive description of the elements included in the vignette.

Response: The RUC originally recommended 1.50 work RVUs. We believed the recommended work RVUs were too high because they are comparable to the highest level established patient office visit, CPT code 99215, the components of which include a comprehensive history, a comprehensive examination, and medical decision making of high complexity. We did not believe the work of these two services is comparable. Rather, we believed the work associated with CPT code 92597 is slightly less than the work associated with a level-three new patient office visit (CPT code 99203), with 1.14 work RVUs, and a level-two inpatient consultation (CPT code 99252), with 1.13 work RVUs. Therefore, we proposed 1.11 work RVUs for CPT code 92597.

In light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, the final work RVUs are established as 1.35 for CPT code 92597.

CPT code 92598 (Modification of voice prosthetic or augmentative/ alternative communication device to supplement oral speech).

Comment: Several commenters objected to our decision to decrease the work RVUs to a value lower than the RUC recommendation.

Response: The RUC recommended 0.99 work RVUs, which are higher than the work RVUs assigned to a level-four established patient office visit (CPT code 99214), with 0.94 work RVUs. We believed that the recommendation is too high. However, we believed that the relative relationship between this service and CPT code 92597, as

established by the RUC, should be maintained. Thus, we calculated the interim work RVUs by multiplying the recommended 0.99 work RVUs by 74 percent (0.99×1.11/1.5) representing the percentage of the RUC-recommended work RVUs, which we accepted for the preceding code. This calculation resulted in 0.73 interim work RVUs for CPT code 92598.

In light of the comments that objected to our rationale, we referred this code to a refinement panel for review.

Final decision: As a result of our analysis of the refinement panel ratings, the final work RVUs are established as 0.99 for CPT code 92598.

CPT codes 97010 through 97770 (Physical medicine and rehabilitation codes).

Background

The following is a brief summary of the complex history associated with the assignment of work RVUs to all the physical medicine and rehabilitation services reported with CPT codes in the range 97010 through 97770 since the beginning of the physician fee schedule on January 1, 1992. By statute, physicians' services, outpatient physical therapy services, and outpatient occupational therapy services are paid under the physician fee schedule. The work RVUs for physical medicine services that were included in the physician fee schedule for 1992, 1993, and 1994 were based on historic charges rather than the work in furnishing the service.

The CPT codes for physical medicine services were substantially revised for 1995 and the codes were organized into a number of categories: supervised modalities, constant attendance modalities, therapeutic procedures, and other procedures. These revised codes were forwarded to the RUC's Health Care Professionals Advisory Committee (HCPAC) for evaluation of the work in the services represented by the new codes. The HCPAC is a multi-disciplinary committee of nonphysician and limited license practitioners, which includes, but is not limited to, representatives of the American Physical Therapy Association and the American Occupational Therapy Association, both of which had recommended work RVUs for these new and revised codes. The HCPAC reviewed the work in these services in the context of the work in other services on the physician fee schedule and provided us with recommended work RVUs for them.

We base the work RVUs for these services on the expectation that the definition of the codes represents how the services will be furnished when billed to Medicare. For example, we expect that when 15 minutes of a service in the constant attendance category is billed, we may be confident that the provider furnished the 15 minutes of constant one-on-one attendance that is included in the definition of the code. If the provider did not furnish 15 minutes of one-on-one constant attendance, as the code is defined, he or she may not bill a code for 15 minutes of constant attendance. If the provider is overseeing the therapy of more than one patient during a period of time, he or she must bill the code for group therapy (CPT code 97150), since he or she is not furnishing constant attendance to a single patient.

The HCPAC provided recommended work RVUs for 26 of the 28 new or revised codes. Of the 26 codes for which the HCPAC provided recommended work RVUs, we agreed with or increased the work RVUs for 20 codes, mostly therapeutic or other procedures. We decreased the work RVUs for six codes, all of which were modalities that do not require the constant attendance of a professional. The HCPAC provided recommended work RVUs for work hardening/conditioning (CPT codes 97545 and 97546), which we set as carrier-priced.

Thus, the interim work RVUs established for these codes for 1995 represented the first time that the work RVUs for these codes had been based on the work associated with furnishing the service. We accepted the HCPAC's recommendations of 0.45 work RVUs for most therapeutic procedures.

Later in 1995, the HCPAC recommended 0.45 work RVUs for the following four services: CPT code 97535 (Self care management training); CPT code 97537 (Community/work reintegration); CPT code 97542 (Wheelchair management training); and CPT code 97703 (Prosthetic checkout). These recommendations were made on the basis of their comparability to other physical medicine codes, for example, CPT code 97110 (Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility).

For CPT codes 97535 and 97537, we believed the recommended 0.45 work RVUs were too high. Before 1996, they were reported using CPT code 97540 (Training for daily living), with 0.44 work RVUs. We divided the work RVUs for CPT code 97540 by 2 to arrive at work RVUs for 15 minutes and added 50 percent to account for the preservice and postservice work inherent in the service. This resulted in 0.33 work RVUs for CPT codes 97535 and 97537.

For new CPT codes 97542 and 97703, we also believed the recommended 0.45 work RVUs were too high. We believed these services were comparable to attended modality services such as CPT code 97032 (Application of a modality to one or more areas; with electrical stimulation (manual), each 15 minutes), with 0.25 work RVUs. Therefore, we assigned 0.25 work RVUs to both CPT codes 97542 and 97703.

While we agreed that these new services appropriately were compared to other therapeutic procedures, our review of the new services caused us to believe that the interim work RVUs we previously had assigned to the therapeutic procedures may have been too high relative to other services on the fee schedule, for example, osteopathic manipulative treatments and evaluation and management services. In other words, our review of these four new codes caused us to reexamine our previous decision to accept the HCPAC's earlier recommendations for the other physical medicine services.

Therefore, we decided to maintain the work RVUs for the physical medicine and rehabilitation codes (CPT codes 97010 through 97770) as interim work RVUs on the 1996 fee schedule so that we would have additional time to reevaluate them. While we acknowledged in our December 8, 1995 final rule (60 FR 63167) that we had accepted the previous year's recommendations of the HCPAC, we decided to refer these codes back to the RUC HCPAC Review Board for its reconsideration and to notify the RUC of our concerns. The RUC HCPAC Review Board is composed of all members of the HCPAC and three physician representatives of the RUC. It is chaired by a physician member of the RUC and provides recommendations for services performed primarily by non-physician practitioners. In addition, we sought public comments on this issue.

Comment: In response to our concern that the interim work RVUs we previously had assigned to the therapeutic procedures may have been too high relative to other services on the physician fee schedule, the RUC HCPAC Review Board formed a workgroup to assist in developing a response by the American Physical Therapy Association

and the American Occupational Therapy Association. The workgroup was chaired by an AMA representative on the RUC and included members of the RUC HCPAC Review Board and members of the RUC representing orthopedic surgery, psychiatry, and osteopathic medicine.

The workgroup's report was approved by the full RUC HCPAC Review Board and submitted as a comment on our proposal. The report provided rationale for maintaining the current work RVUs for most services or increasing the work RVUs for those services that we had reduced below the HCPAC's initially recommended work RVUs. The recommended work RVUs that were included in the workgroup's report are listed in Table 2.

We also received recommendations from the HCPAC for three codes that will be new in 1997: CPT code 97504 (Orthotics training); CPT code 97520 (Prosthetic training); and CPT code 90901 (Biofeedback training). They recommended 0.45 work RVUs for all three codes.

Response: In light of the comments we received and the report of the workgroup, we referred all of the physical medicine and rehabilitation codes to a refinement panel for review. To expedite the assignment of final work RVUs effective January 1, 1997 for all physical medicine services, we also had the refinement panel review the recommendations from the HCPAC for the three codes that will be new in 1997: CPT code 97504 (Orthotics training); CPT code 97520 (Prosthetic training); and CPT code 90901 (Biofeedback training).

Final decision: The results of the refinement panel ratings for existing CPT codes are listed in Table 2 and for new or revised CPT codes in Table 3. The two most important results are that the ratings for the majority of the therapeutic procedures will be at the level recommended by the HCPAC, and the work RVUs for five of the modality codes that are used to report the application of heat have been reduced from 0.11 to 0.06 work RVUs.

For CPT code 97010, application of hot or cold packs, we have bundled the RVUs across other services, and separate payment will no longer be made effective January 1, 1997. For a discussion of this bundling service, see section II.D.1. of this final rule.

2. Establishment of Interim Work Relative Value Units for New and Revised Physicians' Current Procedural Terminology Codes and New HCFA Common Procedure Coding System Codes for 1997

a. Methodology (Includes Table 3—American Medical Association Specialty Society Relative Value Update Committee and Health Care Professionals Advisory Committee Recommendations and HCFA's Decisions for New and Revised 1997 CPT Codes).

One aspect of establishing work RVUs for 1997 was related to the assignment of interim work RVUs for all new and revised CPT codes. As described in our November 25, 1992 notice on the 1993 fee schedule (57 FR 55938) and in section III.B. of this final rule, we established a process, based on recommendations received from the AMA's RUC, for establishing interim RVUs for new and revised codes.

We received work RVU recommendations for approximately 90 new and revised codes from the RUC. Physician panels consisting of carrier medical directors and our staff reviewed the RUC recommendations by comparing them to our reference set or to other comparable services on the fee schedule for which work RVUs had been established previously, or to both of these criteria. The panels also considered the relationships among the new and revised codes for which we received the RUC recommendations. We agreed with a majority of those relationships reflected in the RUC values. In some cases when we agreed with the RUC relationships, we revised the work RVUs recommended by the RUC in order to achieve work neutrality within families of codes. That is, the work RVUs have been adjusted so that the sum of the new or revised work RVUs (weighted by projected frequency of use) for a family of codes will be the same as the sum of the current work RVUs (weighted by their current frequency of use). For approximately 87 percent of the RUC recommendations, proposed work RVUs were accepted or increased, and, for approximately 13 percent, work RVUs were decreased.

We received 11 recommendations from the HCPAC for new or revised codes for which the RUC did not provide a recommendation. For 8 of the HCPAC recommendations, the proposed work RVUs were accepted. A discussion of the interim RVUs for chiropractic manipulative treatment is discussed in section V.B.2.b. below. For 3 of the recommendations, the proposed work RVUs were decreased.

Table 3 is a listing of those codes that will be new or revised in 1997 for which we received recommended work RVUs. This table includes the following information:

- A ''#'' identifies a new code for 1997.
- *CPT code.* This is the CPT code for a service.
- *Modifier.* A ''26'' in this column indicates that the work RVUs are for the professional component of the code.
- *Description.* This is an abbreviated version of the narrative description of the code.
- *RUC-recommendations.* This column identifies the work RVUs recommended by the RUC.
- *HCPAC recommendations.* This column identifies work RVUs recommended by the HCPAC.
- *HCFA decision.* This column indicates whether we agreed with the RUC recommendation (''agreed''); we established work RVUs that are higher than the RUC recommendation (''increased''); or we established work RVUs that were less than the RUC recommendation (''decreased''). Codes for which we did not accept the RUC recommendation are discussed in greater detail following Table 3 in section V.B.2.c. below. An ''(a)'' in this column indicates that work RVUs were taken from the 5-year refinement of work RVUs and not from the RUC. A ''(b)'' indicates that no RUC recommendation was provided. A discussion follows the table in section V.B.2.c.
- *1997 work RVUs.* This column contains the 1997 RVUs for physician work. The 1997 work RVUs shown have not been adjusted for budget neutrality.

This table includes only those codes that were reviewed by the full RUC or for which we received a recommendation from the HCPAC.

TABLE 3.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1997 CPT CODES

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendations	HCFA decision	1997 work RVU
11010#	.....	Debride skin, fx	4.15	.....	Agreed	4.15
11011#	.....	Debride skin/muscle, fx	4.95	.....	Agreed	4.95
11012#	.....	Debride skin/muscle/bone, fx	6.88	.....	Agreed	6.88
11720#	.....	Debride nail, 1–5	.....	0.45	Decreased ...	0.32
11721#	.....	Debride nail, 6 or more	.....	0.60	Decreased ...	0.54
15756#	.....	Free muscle flap, microvasc	33.23	.....	Agreed	33.23
15757#	.....	Free skin flap, microvasc	33.23	.....	Agreed	33.23
15758#	.....	Free facial flap, microvasc	33.23	.....	Agreed	33.23
20150#	.....	Excise epiphyseal bar	13.00	.....	Agreed	13.00
20956#	.....	Iliac bone graft, microvasc	37.00	.....	Agreed	37.00
20957#	.....	Mt bone graft, microvasc	38.33	.....	Agreed	38.33
20962	.....	Other bone graft, microvasc	Carrier	.....	[b]	37.00
20969	.....	Bone/skin graft, microvasc	42.08	.....	Agreed	42.08
20970	.....	Bone/skin graft, iliac crest	41.22	.....	Agreed	41.22
24149#	.....	Radical resection of elbow	13.25	.....	Agreed	13.25
24341#	.....	Repair tendon/muscle arm	7.33	.....	Agreed	7.33
24342	.....	Repair of ruptured tendon	10.13	.....	Agreed	10.13
25332	.....	Revise wrist joint	10.83	.....	Agreed	10.83
26040	.....	Release palm contracture	3.09	.....	Agreed	3.09
26060	.....	Incision of finger tendon	2.71	.....	Agreed	2.71
26070	.....	Explore/treat hand joint	3.34	.....	Agreed	3.34
26121	.....	Release palm contracture	7.34	.....	Agreed	7.34
26123	.....	Release palm contracture	8.64	.....	Agreed	8.64
26125	.....	Release palm contracture	4.61	.....	Agreed	4.61
26185#	.....	Remove finger bone	5.00	.....	Agreed	5.00
26540	.....	Repair hand joint	6.03	.....	Agreed	6.03
26541	.....	Repair hand joint with graft	8.20	.....	Agreed	8.20
26546#	.....	Repair non-union hand	8.50	.....	Agreed	8.50
26551#	.....	Great toe-hand transfer	44.31	.....	Agreed	44.31
26553#	.....	Single toe-hand transfer	44.00	.....	Agreed	44.00
26554#	.....	Double toe-hand transfer	52.50	.....	Agreed	52.50
26556#	.....	Toe joint transfer	44.75	.....	Agreed	44.75
27036#	.....	Excision of hip joint/muscle	12.00	.....	Agreed	12.00
32491#	.....	Lung volume reduction	21.25	.....	Agreed	21.25
33234	.....	Removal of pacemaker system	5.72	.....	Increased	7.50
33235	.....	Removal pacemaker electrode	6.96	.....	Increased	8.74
37250#	.....	Intravascular us	2.10	.....	Decreased ...	1.51
37251#	.....	Intravascular us	1.60	.....	Decreased ...	1.15
43496#	.....	Free jejunum flap, microvasc	Carrier	.....	Agreed	Carrier
49020	.....	Drain abdominal abscess	14.25	.....	Agreed	14.25
49021#	.....	Drain abdominal abscess	.....	.....	[a]	9.06
49906#	.....	Free omental flap, microvasc	Carrier	.....	Agreed	Carrier
52300	.....	Cystoscopy and treatment	5.31	.....	Agreed	5.31
52301#	.....	Cystoscopy and treatment	5.51	.....	Agreed	5.51
52340	.....	Cystoscopy and treatment	9.00	.....	Agreed	9.00
56300	.....	Pelvic laparoscopy, dx	5.00	.....	Decreased ...	3.65
56305	.....	Pelvic laparoscopy, biopsy	5.30	.....	Decreased ...	3.97
56362	.....	Laparoscopy w/cholangio	4.89	.....	Agreed	4.89
56363	.....	Laparoscopy w/biopsy	5.18	.....	Agreed	5.18
56399	.....	Laparoscopy procedure	Carrier	.....	Agreed	Carrier
57160	.....	Insertion of pessary/device	0.89	.....	Agreed	0.89
59525	.....	Remove uterus after cesarean	8.54	.....	Agreed	8.54
59866#	.....	Abortion	4.00	.....	Agreed	4.00
61586#	.....	Resect nasopharynx, skull	23.60	.....	Agreed	23.60
61793	.....	Focus radiation beam	16.70	.....	Agreed	16.70
68801#	.....	Dilate tear duct opening	0.89	.....	Agreed	0.89
68810#	.....	Probe nasolacrimal duct	1.27	.....	Agreed	1.27
68811#	.....	Probe nasolacrimal duct	2.25	.....	Agreed	2.25
68815#	.....	Probe nasolacrimal duct	3.00	.....	Agreed	3.00
69801	.....	Incise inner ear	8.19	.....	Agreed	8.19
75554	26	Cardiac mri/function	1.83	.....	Agreed	1.83
75555	26	Cardiac mri/limited study	1.74	.....	Agreed	1.74
75945#	26	Intravascular us	0.40	.....	Decreased ...	0.29
75946#	26	Intravascular us	0.40	.....	Decreased ...	0.29
78445	26	Vascular flow imaging	0.49	.....	Agreed	0.49
78460	26	Heart muscle blood single	0.86	.....	Agreed	0.86

[a] No RUC recommendation provided.
[b] RUC retained as carrier priced but HCFA assigned a value. #New Codes
* All numeric HCPCS CPT Copyright 1996 American Medical Association.

TABLE 3.—AMA RUC AND HCPAC RECOMMENDATIONS AND HCFA DECISIONS FOR NEW AND REVISED 1997 CPT CODES—Continued

CPT* code	MOD	Description	RUC recommendation	HCPAC recommendations	HCFA decision	1997 work RVU
78461	26	Heart muscle blood multiple	1.23		Agreed	1.23
78464	26	Heart image (3d) single	1.09		Agreed	1.09
78465	26	Heart image (3d) multiple	1.46		Agreed	1.46
78469	26	Heart infarct image (3d)	0.92		Agreed	0.92
78481	26	Heart first pass single	0.98		Agreed	0.98
78483	26	Heart first pass multiple	1.47		Agreed	1.47
90875#		Psychophysiological therapy		1.11	Agreed	1.11
90876#		Psychophysiological therapy		1.73	Agreed	1.73
90901#		Biofeedback training, any method		0.45	Decreased	0.41
92240#	26	Icg angiography	1.10		Agreed	1.10
92548#	26	Posturography	0.50		Agreed	0.50
92978#	26	Intravascular us, heart	2.50		Decreased	1.80
92979#	26	Intravascular us, heart	2.00		Decreased	1.44
92995		Coronary atherectomy	12.09		Agreed	12.09
93303#	26	Echo transthoracic			[a]	1.30
93304#	26	Echo transthoracic			[a]	0.75
93315#	26	Echo transesophageal			[a]	2.78
93316#		Echo transesophageal			[a]	0.95
93317#	26	Echo transesophageal			[a]	1.83
93619	26	Electrophysiology evaluation	7.32		Agreed	7.32
93620	26	Electrophysiology evaluation	11.59		Agreed	11.59
93975	26	Vascular study	1.80		Agreed	1.80
93976	26	Vascular study	1.21		Agreed	1.21
95921#	26	Autonomic nervous function test	0.90		Decreased	0.45
95922#	26	Autonomic nervous function test	0.96		Decreased	0.48
95923#	26	Autonomic nervous function test	0.90		Decreased	0.45
95950	26	Ambulatory eeg monitoring	1.51		Agreed	1.51
97504#		Orthotic training		0.45	Agreed	0.45
97520		Prosthetic training		0.45	Agreed	0.45
98940#		Chiropractic manipulation		0.45	Agreed	0.45
98941#		Chiropractic manipulation		0.65	Agreed	0.65
98942#		Chiropractic manipulation		0.87	Agreed	0.87
98943#		Chiropractic manipulation		0.40	Agreed	0.40

b. Discussion of Interim Relative Value Units for Chiropractic Manipulative Treatment.

Comment: We received a comment from the RUC HCPAC Review Board recommending RVUs for chiropractic manipulative treatment. Medicare coverage of chiropractic services is limited to manual manipulation for treatment of subluxation of the spine. HCPCS Level II code, A2000 (Manipulation of spine by chiropractor) has been used to report this service. With the introduction of new CPT procedure codes for chiropractic manipulative treatment, a chiropractic professional organization submitted a comment during the 5-year review that the physician work in the chiropractic manipulative treatment is equivalent to the existing osteopathic manipulative treatment codes.

The RUC HCPAC Review Board reviewed data based on survey responses of 106 chiropractors and a previous study performed by Lewin-VHI. The Review Board agreed that the work RVUs for the chiropractic manipulative treatment should be equivalent to the established RVUs for osteopathic manipulative treatment codes as follows:

New chiropractic manipulative treatment CPT code	Existing osteopathic manipulative treatment CPT code	Work RVUs
98940 (Chiropractic manipulative treatment; spinal, 1 to 2 regions).	98925 (Osteopathic manipulative treatment; 1 to 2 body regions).	0.45
98941 (Chiropractic manipulative treatment; spinal, 3 to 4 regions).	98926 (Osteopathic manipulative treatment; 3 to 4 body regions).	0.65
98942 (Chiropractic manipulative treatment; spinal, 5 regions)	98927 (Osteopathic manipulative treatment; 5 to 6 regions)	0.87

The RUC HCPAC Review Board also recommended 0.40 work RVUs for CPT code 98943 (Chiropractic manipulative treatment, extraspinal, one or more regions).

The chiropractic manipulative treatment codes include a premanipulation patient assessment, as do the osteopathic manipulative treatment codes. Additional evaluation and management must be reported separately using the modifier −25, only if the patient's condition requires a significant separately identifiable evaluation and management service.

Response: We agree with the recommendation of the RUC HCPAC Review Board that the chiropractic manipulative treatment codes represent services and physician work that

essentially parallel that of the osteopathic manipulation codes. The work RVUs based on the survey results appear to be identical to osteopathic manipulation treatment, and both the osteopathic manipulation treatment work RVUs and the chiropractic manipulation treatment work RVUs contain a manipulation component as well as an evaluation and management component.

We note that, for purposes of Medicare coverage and payment, the five regions referred to by the CPT codes 98940, 98941, and 98942 are the cervical region (includes atlanto-occipital joint); thoracic region (includes costovertebral and costotransverse joints); lumbar region; sacral region; and pelvic (sacro-iliac joint) region. These are the only codes that the Medicare program will recognize for chiropractic treatment by manual manipulation for subluxation of the spine. CPT code 98943 (Chiropractic manipulation treatment, extraspinal) is not covered by Medicare. HCPCS code A2000 will no longer be recognized by Medicare.

In conclusion, we agree with the RUC that the work assigned to the chiropractic manipulation treatment codes is sufficiently comparable to that assigned to the osteopathic manipulation treatment codes. Therefore, we are assigning work RVUs to CPT codes 98940, 98941, and 98942 according to the RUC recommendation as follows:

CPT code	Descriptor	Work RVUs
98940	Chiropractic manipulative treatment; spinal, 1 to 2 regions.	0.45
98941	Chiropractic manipulative treatment; spinal, 3 to 4 regions.	0.65
98942	Chiropractic manipulative treatment; spinal, 5 regions.	0.87

For CPT code 98943, extraspinal chiropractic manipulative treatment, we agree with the RUC recommendation of 0.40 work RVUs. However, this service is not covered by Medicare. These RVUs are considered interim for 1997. We welcome comments on the interim RVUs.

c. Discussion of Codes for Which the RUC Recommendations Were Not Accepted.

The following is a summary of our rationale for not accepting particular recommendations. It is arranged by type of service in CPT code order. This summary refers only to work RVUs.

CPT code 11720 (Debridement of nail(s) by any method(s); one to five) and CPT code 11721 (Debridement of nail(s) by any method(s); six or more).

The RUC recommended 0.32 work RVUs for CPT code 11720 and 0.45 for CPT code 11721. These codes encompass services that were previously reported using CPT codes 11700, 11701, 11710, and 11711. The following table identifies the codes and the final work RVUs we assigned to them for the 1997 physician fee schedule:

CPT code	Description	Work RVUs
11700	Debridement of nails, manual; five or less.	0.32
11701	Debridement of nails, manual: each additional, five or less.	0.23
11710	Debridement of nails, electric grinder; five or less.	0.32
11711	Debridement of nails, electric grinder; each additional, five or less.	0.20

There are two sets of codes: one set for manual debridement and one set for electric grinder debridement. These codes were initially referred to the RUC in 1995 because we received conflicting comments on the work RVU assignments for the second code in each set. The American Podiatric Medical Association recommended that the correct work RVUs for CPT code 11711 should be 0.23 and not 0.20 based on the analogy that if CPT code 11700 (Debridement of nails, manual; five or less) and CPT code 11710 (Debridement of nails, electric grinder; five or less) have the same work RVUs (0.32), then CPT code 11711 should have the same work RVUs as CPT code 11701. Based on the same analogy, another commenter recommended that the work RVUs for CPT code 11701 be reduced to 0.20.

This issue was referred by the RUC to CPT where the codes were collapsed so that the same codes would be used to report debridement regardless of the method of debridement (manual or electric grinder). In addition, the codes were revised so that only one code would be used to report the debridement of six or more nails. The two new codes then went back to the RUC for the development of recommended work RVUs. For the debridement of one to five nails, the RUC recommended 0.45 RVUs, which represents a 41 percent increase over the work RVUs assigned to the current codes used to report the debridement of one to five nails. For the debridement of six or more nails, the RUC recommended 0.60 work RVUs. Depending on which pair of current codes is used to report the debridement of six or more nails (CPT codes 11700 plus 11701 or 11710 plus 11711), this represents an increase of 9 or 20 percent, respectively, in work RVUs. We believe these increases are unjustified especially since the codes were not identified as undervalued at the beginning of the 5-year review.

When valuing new and revised codes that replace deleted codes, we typically have used Medicare frequency data and used the work RVUs of the deleted codes to arrive at weighted average values for the new codes in a budget-neutral fashion. We have used this method to arrive at the work RVUs for new CPT codes 11720 and 11721. The work RVUs for CPT code 11720 are being established as 0.32, which are the same work RVUs assigned to both of the predecessor codes. The work RVUs for CPT code 11721 are being established as 0.54, which is a weighted average of the sum of the work RVUs of the codes used to report the debridement of six or more nails in the past.

CPT code 20962 (Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal).

This code was revised slightly for CPT 1997. It is currently carrier-priced, and the RUC recommended that it remain carrier-priced. This is a very low-volume service in a family of low-volume services. For two other codes in the family, CPT codes 20956 and 20957, we received RUC recommendations of 37.00 and 38.33 work RVUs, respectively. We believe the work of CPT code 20962 is comparable to these other codes, and we are assigning 37.00 interim work RVUs.

CPT code 33234 (Removal of transvenous pacemaker electrode(s), single lead system, atrial or ventricular) and CPT code 33235 (Removal of transvenous pacemaker electrode(s), dual lead system).

In CPT 1996, the pacemaker removal codes are structured so that the removal of a pulse generator is reported with a single code (CPT code 33233), and the removal of a pulse generator and a lead system is reported with a single code (CPT code 33234 or 33235). There is not a separate code for the removal of a lead system only. For 1997, the CPT Editorial Panel revised the pacemaker section to

allow physicians to report the removal of a pacemaker lead system only. The removal of a pulse generator and a lead system will now be reported with two codes (CPT codes 33233 and 33234 or CPT codes 33233 and 33235).

The RUC recommendations for CPT code 33234 (Removal of transvenous pacemaker electrodes; single lead system, atrial or ventricular) and CPT code 33235 (Dual lead system) were calculated by subtracting 2.97 work RVUs from the work RVUs currently assigned to these two codes. The subtraction of 2.97 work RVUs was necessary because those are the work RVUs assigned to CPT code 33233, which now will be used to report separately the removal of a permanent pacemaker pulse generator. Thus, the RUC revised the work RVUs for CPT codes 33234 and 33235 downward so that the coding change would not result in a net increase in the total work RVUs associated with the removal of a pulse generator and a lead system at the same time.

We agree that the work RVUs should be decreased but we believe the RUC's recommendations were too low because they failed to take into account the fact that the pacemaker removal codes are subject to our multiple surgical reduction policy. If a physician performs the removal of a pulse generator and a lead system at the same time, the lower valued service (in this case, the removal of the pulse generator) will be paid at 50 percent of the current value. Thus, the sum of the recommended work RVUs that would be recognized (as a result of the multiple surgery reduction), if both procedures were performed, would be less than the work RVUs that were in place before the coding change. We do not believe this effect is consistent with the RUC's intent.

To overcome this problem, we made the following adjustments. First, we estimate that 80 percent of the time a lead system is removed, the pulse generator will be removed. We then used the following mathematical formula to calculate RVUs: $0.8(\times + \frac{1}{2}*2.97 \text{ RVUs}) + 0.2\times = y$ where $\times$ equals the new value for CPT code 33234 or CPT code 33235 and y equals the current value of CPT code 33234 or CPT code 33235. As a result of these calculations, we are increasing the RVUs above the RUC's recommendation for CPT code 33234 from 5.72 to 7.50 work RVUs and the recommendation for CPT code 33235 from 6.96 to 8.74 work RVUs.

CPT codes 37250, 37251, 75945, 75946, 92978, and 92979 (Intravascular ultrasound).

CPT 1997 will include two new codes for intravascular ultrasound of non-coronary vessels during therapeutic interventions (CPT codes 37250 and 37251) and two new codes for intravascular ultrasound of coronary vessels during therapeutic interventions (CPT codes 92978 and 92979). In addition, two new codes for the reporting of radiological supervision and interpretation were created (CPT codes 75945 and 75946). They will be reported only with the codes for intravascular ultrasound of non-coronary vessels.

The RUC based its recommendation for intravascular ultrasound on the ultrasound portion of CPT code 43259 (Upper gastrointestinal endoscopy with endoscopic ultrasound examination), with 4.89 work RVUs. If the work RVUs for CPT code 43235 (Upper gastrointestinal endoscopy without ultrasound), with 2.39 work RVUs, are subtracted from the work RVUs assigned to CPT code 43259, the result is 2.50. The RUC suggested that the value of coronary intravascular ultrasound (CPT code 92978) be set equal to this calculated value for the ultrasound portion of CPT code 43259. For non-coronary intravascular ultrasound, the RUC recommended 2.10 work RVUs for CPT code 37250 and 0.40 work RVUs for CPT code 75946 (for radiologic supervision and interpretation). The sum of these recommendations equals the 2.50 work RVUs recommended for CPT code 92978. The RUC intended the work RVUs of CPT code 92978 to be equal to the sum of the work RVUs of CPT codes 37250 and 75946 because the work of CPT code 92978 includes radiologic supervision and interpretation. Thus, for coronary ultrasound, only one code is reported while two codes are reported for non-coronary ultrasound.

We do not agree with the reference procedure used by the RUC because we do not view the work associated with intravascular ultrasound to be as great as it is for endoscopic ultrasound. First, the number of anatomic structures to be studied and the diagnostic possibilities are fewer for intravascular ultrasound. Second, physician work is reduced since access to the vessels has been established and angiographic studies have often been performed.

We believe more appropriate reference procedures would be CPT code 78465 (Myocardial perfusion imaging (SPECT), multiple studies at rest and/or stress), with 1.46 work RVUs, and CPT code 70541 (Magnetic resonance angiography, head and/or neck, with or without contrast material), with 1.81 work RVUs. Therefore, for CPT code 92978, we are assigning 1.80 work RVUs. This value is 72 percent of the RUC-recommended 2.50 work RVUs.

Although we disagree with the recommended work RVUs, we do agree with the relative relationship established by the RUC for the codes in this family, and we have reduced the remaining codes by 28 percent, consistent with the RUC recommendations. Therefore, the interim work RVUs for the six intravascular ultrasound codes are as shown in Table 3.

CPT code 49021 (Drainage of peritoneal abscess, percutaneous).

We received no recommendation from the RUC on this code. The procedure currently is being reported with CPT code 49020 (Drainage of peritoneal abscess, transabdominal), with 9.06 work RVUs. We decided to value CPT code 49021 at 9.06 work RVUs and keep these as interim work RVUs until we receive a recommendation from the RUC.

CPT code 56300 (Laparoscopy (peritoneoscopy), diagnostic (separate procedure)) and CPT code 56305 (Laparoscopy (peritoneoscopy); with biopsy, single or multiple).

CPT 1996 includes separate codes for reporting diagnostic laparoscopic procedures and separate codes for reporting diagnostic peritoneoscopic procedures. The peritoneoscopy codes were deleted from CPT 1997 because they describe the same services as the corresponding laparoscopic procedures. The RUC recommended 5.00 work RVUs for CPT code 56300 and 5.30 work RVUs for CPT code 56305 (Laparoscopy with or without biopsy, respectively). We disagree with these recommendations for two reasons. First, we view the CPT change as editorial. Second, the RUC recommendations would put the work RVUs for CPT codes 56300 and 56305 higher than the work RVUs for CPT codes 56362 and 56363 (Laparoscopy with guided transhepatic cholangiography without or with biopsy, respectively). We believe this would significantly distort the relative relationships within the laparoscopy family since CPT codes 56362 and

56363 are higher-level, more work-intensive procedures.

We believe that the work RVUs should be based on an average of the work RVUs assigned to the laparoscopic and peritoneoscopic codes weighted by the frequency with which they are performed. By calculating a weighted average, we can assure that the coding changes will be work-neutral within the family of codes. These calculations result in 3.65 work RVUs for CPT code 56300 and 3.97 work RVUs for CPT code 56305. In addition, we have reduced the global period for CPT codes 56300 and 56305 from 10 days to 0 days to correspond to the 0 day global period assigned to the peritoneoscopy codes.

CPT codes 93303 through 93317 (Pediatric echocardiography).

We did not receive RUC recommendations for CPT code 93303 (Transthoracic echocardiography for congenital cardiac anomalies; complete) or CPT code 93304 (Transthoracic echocardiography for congenital cardiac anomalies; follow up or limited study). The RUC tabled the issue of pediatric echocardiography at the request of the American Academy of Pediatrics and the American College of Cardiology pending review of the nomenclature of these codes by the CPT Editorial Panel. The societies view modifications made by the CPT Editorial Panel to the nomenclature of the proposed pediatric echocardiography codes as greatly altering the original intent and proposed application of the codes. Until the coding issue is resolved and a survey conducted, the RUC will not submit recommended work RVUs for these services.

Regardless of the outcome of the nomenclature debate, we believe it is essential that the new CPT codes have work RVUs assigned to them at this time because they are the only codes available to report these services. To assign work RVUs to these codes, we looked to a paper entitled ''Resource Based Relative Value Scale for Children—Comparison of Pediatric and Adult Cardiology Work Values'' published by Garson et al. in *Cardiology in the Young* in 1995 (Vol. 5:210–216). Work RVUs for cardiology were found to be different between adults and children in 75 percent of the 20 CPT codes (echocardiography, cardiac catheterization, etc.) that were assessed. For echocardiography, the pediatric median work RVUs were an average of 90 percent higher than the adult work RVUs for CPT code 93307, the CPT code used to report echocardiography. In rating the work of pediatric echocardiography, the codes for cross-sectional echocardiography (CPT code 93307), Doppler echocardiography (CPT code 93320), and Doppler color flow velocity mapping (CPT code 93325) were combined into a single procedure, and panelists provided a single rating for a complex pediatric echocardiogram.

To arrive at work RVUs for the new pediatric echocardiography codes, we looked first to the new work RVUs for echocardiography (CPT code 93307) that emerged from the 5-year refinement. Based on the individual ratings of the members of a refinement panel that reviewed echocardiography services, the new work RVUs for CPT code 93307 will be 0.92. We first increased this value by 90 percent based on the study results described above to arrive at 1.75 work RVUs. We next subtracted the work RVUs for Doppler echocardiography (CPT code 93320) and Doppler color flow velocity mapping (CPT code 93325), which are 0.38 and 0.07, respectively. These work RVUs need to be subtracted because, under the new codes, they will be separately reported in addition to the pediatric echocardiography. Thus, our proposed interim work RVUs for CPT code 93303 (Transthoracic echocardiography for congenital cardiac anomalies; complete) are established as 1.30.

For CPT code 93304 (Transthoracic echocardiography for congenital cardiac anomalies; follow up or limited study), we looked to the relationship of the work RVUs for CPT code 93307 (Complete adult echocardiography) to the work RVUs for CPT code 93308 (Follow up or limited adult echocardiography code). The current work RVUs for CPT code 93308 are 0.53. This code was not identified as undervalued as part of the 5-year review. The 0.53 work RVUs for CPT code 93308 are 58 percent of the new work RVUs for CPT code 93307, which are established as 0.92. To maintain this relationship in the pediatric codes, we calculated 0.75 interim work RVUs for CPT code 93304 by multiplying the proposed work RVUs for CPT code 93303 (1.30) by 58 percent.

CPT 1997 will also include three new codes for transesophageal echocardiography. The codes are CPT code 93315 (Transesophageal echocardiography for congenital cardiac anomalies including probe placement, image acquisition, interpretation and report); CPT code 93316 (Transesophageal echocardiography for congenital cardiac anomalies, placement of transesophageal probe only); and CPT code 93317 (Transesophageal echocardiography for congenital cardiac anomalies, image acquisition, interpretation and report only).

In order to understand how we arrived at the work RVUs for the three new pediatric transesophageal echocardiography codes, it is first necessary to explain the assignment of work RVUs to the three existing codes for adult transesophageal echocardiography that emerged from the 5-year refinement. Based on the individual ratings of the members of a refinement panel that reviewed adult echocardiography services, the new work RVUs for CPT code 93312 (Transesophageal echocardiography, including probe placement, image acquisition, interpretation and report) are established as 2.20. This was the only adult transesophageal echocardiography reviewed by the panel.

We received no comments as part of the 5-year review that the work RVUs for the code used to report only the placement of a transesophageal probe (CPT code 93313) should be revised. Therefore, we have maintained the current 0.95 work RVUs. By subtracting these work RVUs from the new work RVUs for CPT code 93312, we can calculate new work RVUs for CPT code 93314, which is used to report image acquisition, interpretation and report only. The result is 1.25 work RVUs.

It was necessary to calculate these work RVUs because the refinement panel did not specifically address CPT code 93314. However, it was clear during the discussions of the refinement panel that the service considered by the American College of Cardiology and the American Society of Echocardiography to be undervalued was the image acquisition, interpretation and report and not the probe placement.

We also revised the relationship of the three codes in this family so that the work RVUs for CPT code 93312 will equal the sum of the work RVUs for CPT codes 93313 and 93314. When we first assigned work RVUs to these codes, we assigned 20 percent more work RVUs to both CPT codes 93313 and 93314 because two different physicians were often involved in the procedure and each would have a certain amount of preservice and postservice work that could not be considered duplicative. Consequently, the sum of these two codes exceeded the work RVUs assigned to CPT code 93312. We now believe that

most transesophageal echocardiographies are done by a single physician. Therefore, we have adjusted the work RVUs so that the work RVUs for CPT code 93312 equal the sum of the work RVUs for CPT codes 93313 and 93314. To summarize, the 1997 work RVUs for the adult echocardiography CPT codes 93312, 93313, and 93314 are 2.20, 0.95, and 1.25, respectively. These work RVUs are the basis for the work RVUs we propose for the three pediatric transesophageal echocardiography codes (CPT codes 93315, 93316, and 93317).

The paper by Garson et al. in *Cardiology in the Young* did not address the issue of transesophageal echocardiography. To establish interim work RVUs for image acquisition, interpretation and report only (CPT code 93317), we looked to a ''Survey of Physician Work in Pediatric Cardiology'' prepared for the American Academy of Pediatrics and the American College of Cardiology by Lewin-VHI in 1993. That survey found that the work of pediatric transesophageal echocardiography was 46 percent more than the work of adult transesophageal echocardiography. To arrive at work RVUs for the new pediatric transesophageal echocardiography CPT code 93317, we increased the work RVUs we assigned to the adult code (CPT code 93314), with 1.25 work RVUs, by 46 percent. This results in 1.83 interim work RVUs for CPT code 93317.

For CPT code 93316, which is the pediatric code used to report only the placement of the transesophageal probe, we looked to CPT code 93313, which is the code used to report the same service in an adult. The 1997 work RVUs for CPT code 93313 are established as 0.95. We have assigned these same work RVUs to CPT code 93316 because the work of placement of a transesophageal probe in a child was not included in the surveys described above.

For CPT code 93315, which is the pediatric code used to report the complete procedure, we calculated interim proposed work RVUs by adding the work RVUs for CPT codes 93316 and 93317. This results in 2.78 work RVUs.

We look forward to receiving recommendations from the RUC for these services once the coding issues are settled and survey data has been considered.

CPT codes 95921 through 95923 (Testing of autonomic nervous system function).

CPT 1997 will include three new codes to report the testing of autonomic nervous system function. The RUC recommendations for these codes were as follows: CPT code 95921, 0.90 work RVUs; CPT code 95922, 0.96 work RVUs; and CPT code 95923, 0.90 work RVUs.

We believe that the RUC recommendations are too high compared to other services on the fee schedule. The RUC compared the service to needle electromyography (CPT code 95860), with 0.96 work RVUs. We disagree with that comparison because we do not believe the autonomic testing codes involve the extensive physician involvement required during electromyography. We believe more appropriate reference codes would be nerve conduction testing (CPT code 95900), with 0.42 work RVUs; visual field examination (CPT code 92083), with 0.50 work RVUs; and a 24 hour EKG monitor (CPT code 93224), with 0.52 work RVUs. In addition, we believe the vignettes used in the survey may have led to overestimating the amount of work because they describe evaluation and management services that can be separately reported. The autonomic testing codes have a global status of XXX, which means the evaluation and management services can be separately reported since codes with XXX status are not subject to our global surgery policies.

Although we disagree with the recommended work RVUs, we agree with the relative relationship established by the RUC for the three codes in this family. We are reducing the RUC recommendations for the codes by 50 percent so that the work RVUs will be valued appropriately relative to the referenced procedures identified above. Therefore, the interim work RVUs are established as follows: CPT code 95921, 0.45 work RVUs; CPT code 95922, 0.48 work RVUs; and CPT code 95923, 0.45 work RVUs.

d. New HCFA Common Procedure Coding System Codes.

In this final rule, we have created new HCPCS codes that are to be used in lieu of existing CPT codes for four categories of services furnished on or after January 1, 1997. Three of the categories are discussed elsewhere in this rule. The three categories of services and the sections of this rule where they are discussed are: destruction of benign and premalignant skin lesions (section II.D.2.b.); psychotherapy (section IV.A.14.); and care plan oversight (section IV.B.1.). The fourth category, bone mineral density studies, is discussed below.

For the 1997 physician fee schedule, we are establishing several new alpha-numeric HCPCS codes and related work RVUs for the reporting of peripheral and central skeletal bone mineral density services that are not clearly described by existing CPT codes. We view these codes as temporary since we will be referring them to the CPT Editorial Panel for possible inclusion in future editions of the CPT. The related interim RVUs will, like other interim values, be subject to comment during the 60-day public comment period following publication of this rule; however, like other interim values, they will be used for payment purposes for procedures furnished after December 31, 1996. We will address the public comments on these interim codes in the final rule for the 1998 physician fee schedule.

Currently, there is only one CPT code 76070 for computerized tomography bone mineral density studies, only one CPT code 76075 for dual energy x-ray absorptiometry bone mineral density studies, and only one CPT code 78350 for single photon absorptiometry bone mineral density studies. While computerized tomography, dual energy x-ray absorptiometry, and single photon absorptiometry studies may be performed on the peripheral skeleton, new less expensive devices are now being marketed (for example, p-Dexa) that perform studies of peripheral (forearm, wrist, or heel) skeletal bones only. The RVUs assigned to the existing CPT codes that could be used to report these services are excessive when compared to the resources associated with their use.

Recently, a manufacturer, representatives of a specialty society, and our Technical Advisory Committee have recommended that we establish separate bone mineral density codes to distinguish peripheral scans from general pelvic scans because of the belief that Medicare payment for CPT codes 76070, 76075, and 78350 is too high when only a peripheral scan is done to determine bone density. We agree with the recommendation and, thus, are issuing new HCPCS codes for both peripheral and general bone mineral density studies as well as assigning the appropriate RVUs as outlined below.

With the issuance of the interim peripheral and central skeletal bone mineral density codes and the related work RVUs beginning January 1, 1997,

physicians and providers must report all peripheral or skeletal bone mineral density studies under the interim codes for those services. To eliminate the possibility of confusion regarding whether to use the existing CPT codes for these procedures, we will no longer recognize the existing codes (CPT codes 76070, 76075, and 78350) for Medicare reporting purposes.

HCPCS code	Work RVUs	Practice expense RVUs	Malpractice RVUs	Total RVUs
G0062–Peripheral Skeletal Bone Mineral Density Study (e.g. radius, wrist, heel)	0.22	0.82	0.07	1.11
G0062–26	0.22	0.10	0.02	0.34
G0062–TC	0.00	0.72	0.05	0.77
G0063—Central Skeletal Bone Mineral Density Study (e.g. spine, pelvis)	0.30	3.07	0.21	3.58
G0063–26	0.30	0.12	0.02	0.44
G0063–TC	0.00	2.95	0.19	3.14

We have assigned 0.22 work RVUs to HCPCS code G0062, based on the work RVUs assigned to CPT code 78350, which was used to report a single photon absorptiometry bone mineral density study. We have assigned 0.82 practice expense RVUs to HCPCS code G0062, based on the practice expense RVUs assigned to CPT code 78350, single photon absorptiometry bone mineral density study. HCPCS code G0062 is the only code to be used for reporting peripheral bone mineral density studies.

We have assigned 0.30 work RVUs to HCPCS code G0063, based on the work RVUs assigned to CPT code 76075, which is used to report dual energy x-ray absorptiometry studies. We have assigned 3.07 practice expense RVUs to HCPCS code G0063, based on the practice expense RVUs assigned to CPT code 76075, dual energy x-ray absorptiometry studies.

We would like to emphasize that this is a change in coding policy rather than a change in coverage policy. The coverage policy on bone density studies in section 50–44 of the Medicare Coverage Issues Manual (HCFA–Pub. 6) remains in effect. Under that policy:

- Single photon absorptiometry (CPT code 78350) is covered when used in assessing changes in bone density of patients with osteodystrophy or osteoporosis when performed on the same individual at intervals of 6 to 12 months. Under this coding change, HCPCS code G0062 would be used to report a single photo absorptiometry on the peripheral skeleton, and HCPCS code G0063 would be used to report the procedure when performed on the central skeleton.
- Bone biopsy, a physiologic test that is a surgical, invasive procedure, is covered when used for the qualitative evaluation of bone. Billing for this procedure is unaffected by this change.
- Photodensitometry, a noninvasive radiological procedure that attempts to assess bone mass by measuring the optical density of extremity radiographs with a photodensitometer, would be reported by HCPCS code G0062 under this change.
- Dual photon absorptiometry (CPT code 78351) remains a 1 noncovered service under Medicare and may not be reported under HCPCS code G0062 or HCPCS code G0063. Dual photon absorptiometry should be reported with CPT code 78351.
- The coverage of computerized tomography bone mineral density studies (CPT code 76070) and dual energy x-ray absorptiometry bone mineral density studies (CPT code 76075) is a matter of individual carrier discretion. If covered, HCPCS code G0062 would be used to report a peripheral skeleton study by either method, and HCPCS code G0063 would be used to report either procedure when performed on the central skeleton.

We recognize that the use of these temporary codes for destruction of benign and premalignant skin lesions, psychotherapy, care plan oversight and bone mineral density studies will place an administrative burden on both physicians and payers. However, we do not believe the burden will be significant. Also, we believe that our responsibility to publish a relative value scale for physician work and to use codes with a minimal potential for misuse outweighs our concerns regarding the potential administrative burden associated with temporary codes.

We view these codes as temporary, and we plan to forward them to the CPT Editorial Panel as soon as possible. Our statutory responsibility to publish the physician fee schedule each year with an effective date of January 1 occasionally conflicts with the annual CPT publication cycle that precludes consideration of new and revised CPT codes later than February before publication of the next year's book. Thus, for these four categories of temporary codes, we were unable to submit requested new and revised codes to CPT in time for the 1998 book.

VI. Provisions of the Final Rule

The provisions of this final rule, for the most part, restate the provisions of the July 1996 proposed rule with the exception of changes to the regulations text in § 410.32 (''Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions''). We are also making final the provisions of the May 3, 1996 proposed notice with the exception of those issues identified elsewhere in the preamble of this final rule.

VII. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq*.).

VIII. Response to Comments

Because of the large number of items of correspondence we normally receive on Federal Register documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, if we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

IX. Regulatory Impact Analysis

A. Regulatory Flexibility Act

Consistent with the Regulatory Flexibility Act (5 U.S.C. 601 through 612), we prepare a regulatory flexibility analysis unless the Secretary certifies that a rule will not have a significant economic impact on a substantial number of small entities. For purposes of the Regulatory Flexibility Act, all physicians are considered to be small entities.

This final rule will have an economic impact on a substantial number of small entities. A substantial number of physicians will experience some change in Medicare revenue as a result of one or more provisions of this final rule, however, for most physicians the change will not be significant. Under the Regulatory Flexibility Act, we consider a change to be significant if it results in a difference in Medicare payments to a substantial number of entities that equals or exceeds from 3 to 5 percent of each of the entities' total revenue. Where such effect occurs, we must explain the alternatives considered to demonstrate that we considered minimizing adverse effects. However, adverse payment effects result from the application of the budget neutrality requirements (as described below in section IX.B. of this final rule).

The provisions of this rule are expected to have varying effects on Medicare physician payments across specialties and across geographic areas. We anticipate that virtually all of the approximately 500,000 physicians who furnish covered services to Medicare beneficiaries will be affected by one or more provisions of this rule. As illustrated in accompanying charts, some specialties experience greater change in income from Medicare than others. While we present our estimate of the effect of the changes made by this rule on each specialty taken as a whole, practicing members of that specialty may experience quite different effects, depending on the extent to which their billing patterns coincide with changes to codes encompassed by the specialty as a whole, and the Medicare percentage of their practice. (This is further explained in section L.3. of this impact statement.) In addition, physicians who are paid by private insurers for non-Medicare services will be affected to the extent that they are paid by private insurers that choose to use the RVUs.

With few exceptions, we expect that an impact on an individual medical practitioner of more than 5 percent of practice income will be limited. In instances where there is a likelihood of some practitioners' practice income being affected, such as in some localities being realigned, we discuss in detail elsewhere in this preamble alternate considerations and our conclusions for the policies adopted.

B. Budget Neutrality

Section 1848(c)(2)(B) of the Act requires that adjustments in a year may not cause the amount of expenditures for the year to differ by more than $20 million from what expenditures would have been in the absence of these changes. If this threshold is exceeded, we make adjustments to preserve this budget neutrality.

This year budget neutrality adjustments are required by changes in fees resulting from the 5-year refinement and revisions in payment policies, including the establishment of interim and final RVUs for CPT coding changes.

In past years, we have made budget neutrality adjustments across the entire physician fee schedule: to all relative values (initially) and, beginning in 1996, to the CFs. As is discussed in section IV.C.1. of this final rule, we are making the budget neutrality adjustment required for changes in fees resulting from the 5-year review through a temporary separate adjuster to the work RVUs in 1997. We plan on eliminating this adjuster in 1998 when we implement the resource-based practice expense RVUs. The budget neutrality adjustment required for all other changes will be applied to the CF, as in prior years.

The components of the budget neutrality adjustment to the CFs required by payment policy changes are discussed in sections IX.C. through IX.J. below. The impact of the changes resulting from the 5-year refinement is discussed in section IX.K. below.

C. Payment Area (Locality) and Corresponding Geographic Practice Cost Index Changes

As mentioned earlier, our policy change will reduce existing urban/rural payment differences. Overall, urban areas will experience an average decrease in payments of –0.14 percent, while rural areas will experience an increase in payments of 1 percent. We analyzed the effects of these changes on physicians by specialty. The changes are quite small and follow the expected pattern. We estimate that overall, physicians in family practice and general practice will experience modest increases of about 0.3 percent in payments, while most medical and surgical specialties will experience negligible decreases of about –0.1 to –0.2 percent. This pattern results from the tendency of specialists to be disproportionately concentrated in urban areas, which are estimated to experience a slight decrease in payments under our policy change.

The impact on beneficiaries is likewise minor. We examined the impact by beneficiary age, gender, race, and income level. Roughly 20 percent of beneficiaries reside in areas in which payments decrease by less than 5 percent, roughly 50 percent live in areas that experience no change in payments, roughly 25 percent live in areas where payments will increase by less than 5 percent, and about 2 percent live in areas where payments will rise by 5 to 10 percent.

The distribution of beneficiaries by age and gender and of Caucasian beneficiaries are nearly identical to this overall distribution. Minority beneficiaries are more heavily concentrated in areas that experience no change in payments; a lower proportion of minority beneficiaries live both in areas experiencing a loss and areas experiencing a gain than do Caucasian beneficiaries. For example, 14.4 percent of minority beneficiaries live in an area experiencing a loss compared to 21 percent of all beneficiaries who live in these areas. Beneficiaries living below the poverty level are less likely than all beneficiaries to be living in an area experiencing a payment decrease under our policy change, 16 percent compared to 21 percent. It does not appear that vulnerable Medicare groups—minorities, the very old, or the poor—will suffer decreases in access resulting from our policy change.

D. Special Rules for the Payment of Diagnostic Tests, Including Diagnostic Radiologic Procedures

One policy change will require that, to be covered under Medicare, diagnostic tests, including diagnostic radiologic procedures, must be ordered by the physician who treats a beneficiary or furnishes a consultation to the physician who treats the beneficiary. Under § 410.22(b)(2) (''Limitations on services of a chiropractor''), no payment can be made to a chiropractor who orders diagnostic tests. However, we are allowing an exception for x-rays that demonstrate subluxation of the spine that are ordered for a chiropractor. We are allowing

payment for these x-rays when ordered by a physician who will not be treating the patient for subluxation of the spine. Nonphysician practitioners functioning within the scope of their State licensure and Medicare benefit will be considered a physician treating the beneficiary for the purpose of the regulation. The regulation (§ 410.31 ''Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions'') codifies our current manual instruction. Implementing this policy by regulation may result in some program savings due to the denial of payment for tests that may not be medically necessary because they were ordered by a physician who was not treating the beneficiary. However, we do not have sufficient data to furnish any reliable estimates of savings.

E. Transportation in Connection With Furnishing Diagnostic Tests

We are eliminating separate payment for the transportation of EKG equipment (HCPCS code R0076) by all suppliers. In 1995, we allowed 236,051 services and paid $10,700,974. Therefore, were it not for our budget-neutrality adjustment, we estimate that this policy change would result in approximately a $9.2 million reduction in Medicare payments.

F. Bundled Services

1. Hot or Cold Packs

We are changing the status indicator for CPT code 97010 (Application of a modality to one or more areas; hot or cold packs) to ''B'' to indicate that the service is covered under Medicare but payment for it is bundled into payment for other services. Separate payment for CPT code 97010 will not be permitted under this policy change. The annual expenditures for CPT code 97010 under our current policy are approximately $41.2 million. Because the RVUs for this procedure will be redistributed across all physician fee schedule services in a budget neutral manner, there will be no measurable impact from this proposal.

2. Dermatology Procedures

a. Bundling of Repair Codes Into Excision Codes

As a result of our review of the comments related to our proposal to bundle the dermatology repair codes into the excision codes, we have decided not to implement this proposal. We have clarified the definitions of simple and intermediate skin repair codes to reflect the differences in physician work for these procedures. These clarifications will reduce the potential for misuse of the intermediate repair codes but will have no significant impact on Medicare expenditures.

b. Skin Lesion Destruction Codes

We are changing the way Medicare pays for the destruction of benign or premalignant skin lesions. Currently there are several CPT codes that describe a variety of ways of reporting the destruction of skin lesions. We are assigning a ''G'' status code to CPT codes 17000 through 17105 and create three HCPCS codes to report the destruction of skin lesions. Because we will use a weighted average of the final RVUs that emerged from the 5-year review process that are assigned to the CPT codes for the destruction of benign or premalignant skin lesions in valuing the three new codes, this policy change will have no significant impact on Medicare expenditures.

G. Change of Coverage Status for Screening and Obsolete Procedures

1. Vital Capacity Testing

We are changing the status for vital capacity tests (CPT code 94150) from ''active'' to ''bundled.'' To the extent that these tests are still being performed in medical practice today, we understand that they are often performed as a part of a comprehensive evaluation. Therefore, we are bundling Medicare payment for these tests into Medicare payment for evaluation and management services. We do not believe that the change in status will have a significant impact on Medicare expenditures.

2. Certain Cardiovascular Procedures

We are discontinuing coverage for certain cardiovascular procedures (CPT codes 93201, 93202, 93204, 93205, 93208, 93209, 93210, 93220, 93221, and 93222). These codes have been deleted from the CPT because they are considered to be obsolete. Because there has been a decline in the billing of these services in recent years and in 1994, we only allowed a total of 17,925 services with $690,326 in allowed charges for all 10 diagnostic tests. We do not believe that the change in coverage status will have a significant impact on Medicare expenditures.

H. Payments for Supervising Physicians in Teaching Settings

This final rule is making a technical change to § 415.152 (''Definitions'') to make the definition of an approved graduate medical education program consistent with the definition in § 413.86(b) (''Direct graduate medical education payments''). Because this is only a technical change to standardize almost identical definitions, it will have no budgetary impact on Medicare expenditures.

We are making a technical change to remove the word ''gender'' from § 415.174(a)(4)(iii) (''Exception: Evaluation and management services furnished in certain centers''). We did not include the reference to gender with the intention of excluding obstetric and gynecological or other women's care residency programs solely because of patient gender. This technical change will make clear that the exception criteria will not be applied in such a manner. There will be no budgetary effect.

I. Change in Global Period for Four Percutaneous Biliary Procedures

We are maintaining the current global period of 90 days and the current RVUs for these four percutaneous biliary procedures. There will be no budgetary effect.

J. Impact of Payment Policy Changes, Including Establishment of Interim and Final RVUs for CPT Coding Changes

We have estimated the net increase in program costs in CY 1997 resulting from all payment policy changes, prior to application of an adjustment factor in order to comply with the budget neutrality requirement, to be approximately $250 million. This is a net figure in that savings from the reductions for some changes partially offset the costs associated with others. This figure requires a reduction of 0.6 percent in the CFs for all services to comply with the statutory limitation on increases in expenditures. Although a $20 million tolerance is permitted under the law, this 0.6 percent reduction to all CFs is designed to approximate budget neutrality as closely as possible, without creating any increase or decrease in expenditures as a result of the changes.

K. Effect of Changes Resulting From the Five-Year Review of Work Relative Value Units

Because the new work RVUs resulting from the 5-year review of work relative values cause an increase in total estimated payments under the physician fee schedule, we must reduce payments in order to maintain budget neutrality as required by section 1848(c)(2)(B)(ii)(II) of the Act. As is discussed in section

IV.C.1. of this final rule, we are making a budget neutrality adjustment for changes in fees resulting from the 5-year review through a separate adjuster to the work RVUs. We plan on eliminating this adjuster in 1998 when we implement the resource-based practice expense RVUs.

The separate budget neutrality work adjuster required by changes in fees resulting from the 5-year refinement is 8.3 percent. The impact of this adjustment on the fees for any individual service will vary depending on what percentage the work RVUs represent of the total RVUs for the service. The smaller the percentage represented by work, the smaller the fee impact. As an extreme example, the payment for CPT code 96408 (Chemotherapy administration, intravenous; push technique) will be unaffected by this adjuster because the service has no work RVUs, only practice and malpractice expense RVUs. At the other extreme, the average payment for CPT 36500 (Venous catheterization for selective organ blood sampling) will decrease by 8.1 percent since the work RVUs currently represent almost 98 percent of the total RVUs. On average, the fee schedule work RVUs represent approximately 55 percent of the total RVUs. A service with work RVUs representing 55 percent of its total RVUs will see a 4.6 percent decrease in fees because of the separate 8.3 percent budget neutrality adjustment on work.

We anticipate that the reduction of net Medicare revenues for some physician practices due to the changes contained in this regulation will result in a volume and intensity response that will cause overall physician expenditures to increase by 0.9 percent, requiring an offsetting 0.9 percent reduction in the CFs to maintain budget neutrality. Although we always take into account anticipated volume and intensity responses in our impact analyses, in some prior years the magnitude of the CF updates has been sufficient to offset any loss in Medicare revenues resulting from fee schedule changes.

As in previous years, we increased the Medicare Volume Performance Standard (MVPS) targets for physician spending by the anticipated 0.9 volume and intensity response. Because we increased the targets, if the anticipated volume and intensity response does not occur, the MVPS system will return the 0.9 percent reduction to the CFs in the form of higher future updates.

L. Net Impact of Changes on Medicare Specialties

1. Impact Estimation Methodology

Physician fee schedule impacts were estimated by comparing predicted physician payments under a continuation of the current RVUs and policies to the estimated payments under the new RVUs and policies described above.

2. Overall Fee Schedule Impact

As described above, we are making the budget neutrality adjustment required for changes in fees resulting from the 5-year review through a separate adjuster to the work RVUs. The budget neutrality adjustment for all other changes is being applied to the CFs. In the discussion below of differential impacts by specialty, we have incorporated the separate 8.3 percent downward adjustment on the work RVUs and the 1.5 percent downward adjustment on the CFs.

3. Specialty Level Effect (Includes Table 4—Five-Year Review Impact on Medicare Payments by Specialty)

Table 4, ''Five-Year Review Impact on Medicare Payments by Specialty,'' shows the estimated percentage change in Medicare physician fees from the current RVUs and policies to the new RVUs and policies by specialty. The specialties are ranked according to the impact of the changes to Medicare fees. The impact of the changes contained in this regulation on the total revenue (Medicare and non-Medicare) for a given specialty is less than impact displayed in Table 4 since physicians provide services to Medicare and non-Medicare patients.

The magnitude of the Medicare impact depends on the mix of services the specialty provides. In general, because of the changes to the evaluation and management services, those specialties that account for more visits and fewer procedures are expected to experience larger increases in Medicare payments than procedurally oriented specialties, including surgical specialties.

Because the budget neutrality adjustment reduces fees for services with work RVUs that did not experience any change as a result of the 5-year review, specialties that primarily perform these services will experience a negative impact. For example, although the work RVUs for the majority of procedures performed by radiologists remained unchanged (with the exception of the increase in work RVUs for mammography), fees for services provided by radiologists will, on average, experience a 4.4 percent decrease due to the budget neutrality adjustments.

TABLE 4.—IMPACT ON MEDICARE PAYMENTS BY SPECIALTY

Specialty	Impact of changes (percent)
Chiropractor	15.5
Anesthesiology	5.2
Psychiatry	3.6
Family Practice	2.5
Internal Medicine	2.1
Hematology Oncology	1.9
Emergency Medicine	1.7
Pulmonary	1.6
General Practice	1.4
Rheumatology	1.2
All Other Physician	0.8
Neurology	0.6
Obstetrics/Gynecology	0.3
Clinics	−0.1
Cardiology	−0.5
Otolaryngology	−0.8
Nonphysician Practitioner	−0.9
Vascular Surgery	−1.0
Gastroenterology	−1.6
Neurosurgery	−1.7
General Surgery	−2.5
Oral Surgery	−3.0
Suppliers	−3.1
Plastic Surgery	−3.2
Urology	−3.2
Orthopedic Surgery	−3.4
Nephrology	−3.4
Thoracic Surgery	−3.5
Cardiac Surgery	−4.0
Podiatry	−4.3
Dermatology	−4.3
Radiology	−4.4
Radiation Oncology	−4.8
Optometrist	−5.1
Ophthalmology	−5.5
Pathology	−5.7
Total	−0.9

M. Rural Hospital Impact Statement

Section 1102(b) of the Act requires the Secretary to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the Regulatory Flexibility Act. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

This final rule will have little direct effect on payments to rural hospitals since this rule will change only

payments made to physicians and certain other practitioners under Part B of the Medicare program and will make no change in payments to hospitals under Part A. We do not believe the changes will have a major, indirect effect on rural hospitals.

Therefore, we are not preparing an analysis for section 1102(b) of the Act since we have determined, and the Secretary certifies, that this rule will not have a significant impact on the operations of a substantial number of small rural hospitals.

In accordance with the provisions of Executive Order 12866, this final rule was reviewed by the Office of Management and Budget.

List of Subjects

42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

42 CFR Part 415

Health facilities, Health professions, Medicare, and Reporting and recordkeeping requirements.

42 CFR chapter IV is amended as set forth below:

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

A. Part 410 is amended as set forth below:

1. The authority citation for part 410 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh), unless otherwise indicated.

2. In § 410.32 paragraphs (a) and (b) are redesignated as paragraphs (d) and (e), respectively, and new paragraphs (a), (b), and (c) are added to read as follows:

§ 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

(a) *Ordering diagnostic tests.* All diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who treats the beneficiary, that is, the physician who is actively furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem.

(b) *Exception.* A physician may order an x-ray to be used by a chiropractor to demonstrate the subluxation of the spine that is the basis for a beneficiary to receive manual manipulation treatments even though the physician does not treat the beneficiary.

(c) *Application to non-physician practitioners.* Non-physician practitioners (that is, clinical nurse specialists, clinical psychologists, clinical social workers, nurse-midwives, nurse practitioners, and physician assistants) who provide services that would be physician services if furnished by a physician, and who are operating within the scope of their authority under State law and within the scope of their Medicare statutory benefit, may be treated the same as physicians treating beneficiaries for the purpose of this section.

* * * * *

PART 415—SERVICES FURNISHED BY PHYSICIANS IN PROVIDERS, SUPERVISING PHYSICIANS IN TEACHING SETTINGS, AND RESIDENTS IN CERTAIN SETTINGS

B. Part 415 is amended as set forth below:

1. The authority citation for part 415 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

2. In § 415.152 the introductory text is republished, and the definition of ''approved graduate medical education (GME) program'' is revised to read as follows:

§ 415.152 Definitions.

As used in this subpart—

Approved graduate medical education (GME) program means one of the following:

(1) A residency program approved by the Accreditation Council for Graduate Medical Education of the American Medical Association, by the Committee on Hospitals of the Bureau of Professional Education of the American Osteopathic Association, by the Council on Dental Education of the American Dental Association, or by the Council on Podiatric Medicine Education of the American Podiatric Medical Association.

(2) A program otherwise recognized as an ''approved medical residency program'' under § 413.86(b) of this chapter.

* * * * *

§ 415.174 [Amended]

3. In § 415.174, in paragraph (a)(4)(iii), the phrase ''system, diagnosis, or gender'' is removed, and the phrase ''system or diagnosis'' is added in its place.

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

Dated: November 7, 1996.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: November 12, 1996.

Donna E. Shalala,

Secretary.

Note: These addenda will not appear in the Code of Federal Regulations.

Addendum A—Explanation and Use of Addenda B Through E

The addenda on the following pages provide various data pertaining to the Medicare fee schedule for physician services furnished in 1997. Addendum B contains the RVUs for work, practice expense, and malpractice expense, and other information for all services included in the physician fee schedule. Addendum C provides interim RVUs and related information for codes that are subject to comment. Each code listed in Addendum C is also included in Addendum B. Further explanations of the information in these addenda are provided at the beginning of each addendum.

To compute a fee schedule amount according to the formula provided in the final rule, use the RVUs listed in Addendum B and the GPCIs for 1997 listed in Addendum D of this final rule. In applying the formula, use the appropriate CF: For services designated as surgical, use a CF of $40.9603. For primary care services, use a CF of $35.7671. For other nonsurgical services, use a CF of $33.8454. The work adjuster for 1997 is 0.917.

Addendum B—1997 Relative Value Units and Related Information Used in Determining Medicare Payments for 1997

This addendum contains the following information for each CPT code and alphanumeric HCPCS code, except for alphanumeric codes beginning with B (enteral and parenteral therapy), E (durable medical equipment), K (temporary codes for nonphysician services or items), or L (orthotics), and codes for anesthesiology.

1. *CPT/HCPCS code.* This is the CPT or alphanumeric HCPCS number for the service. Alphanumeric HCPCS codes are included at the end of this addendum.

2. *Modifier.* A modifier is shown if there is a technical component (modifier TC) and a professional component (PC) (modifier –26) for the service. If there is a PC and a TC for the service, Addendum B 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 PC and the TC of the service.

Modifier –53 is shown for a discontinued procedure. There will be RVUs for the code (CPT code 45378) with this modifier.

3. *Status indicator.* This indicator shows whether the CPT/HCPCS code is in the physician fee schedule and whether it is separately payable if the service is covered.

A=Active code. These codes are separately payable under the fee schedule if covered. There will be RVUs for codes with this status. The presence of an ''A'' indicator does not mean that Medicare has made a national decision regarding the coverage of the service. Carriers remain responsible for coverage decisions in the absence of a national Medicare policy.

B=Bundled code. Payment for covered services is always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient.)

C=Carrier-priced code. Carriers will establish RVUs and payment amounts for these services, generally on a case-by-case basis following review of documentation, such as an operative report.

D=Deleted code. These codes are deleted effective with the beginning of the calendar year.

E=Excluded from physician fee schedule by regulation. These codes are for items or services that we chose to exclude from the physician fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the physician fee schedule for these codes. Payment for them, if they are covered, continues under reasonable charge or other payment procedures.

G=Code not valid for Medicare purposes. Medicare does not recognize codes assigned this status. Medicare uses another code for reporting of, and payment for, these services.

N=Noncovered service. These codes are noncovered services. Medicare payment may not be made for these codes. If RVUs are shown, they are not used for Medicare payment.

P=Bundled or excluded code. There are no RVUs for these services. No separate payment should be made for them under the physician fee schedule.

—If the item or service is covered as incident to a physician service and is furnished on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident (an example is an elastic bandage furnished by a physician incident to a physician service).

—If the item or service is covered as other than incident to a physician service, it is excluded from the physician fee schedule (for example, colostomy supplies) and is paid under the other payment provisions of the Act.

R=Restricted coverage. Special coverage instructions apply. If the service is covered and no RVUs are shown, it is carrier-priced.

T=Injections. There are RVUs for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the service(s) for which payment is made.

X=Exclusion by law. These codes represent an item or service that is not within the definition of ''physician services'' for physician fee schedule payment purposes. No RVUs are shown for these codes, and no payment may be made under the physician fee schedule. (Examples are ambulance services and clinical diagnostic laboratory services.)

4. *Description of code.* This is an abbreviated version of the narrative description of the code.

5. *Physician work RVUs.* These are the RVUs for the physician work for this service in 1997. Codes that are not used for Medicare payment are identified with a ''+.''

6. *Practice expense RVUs.* These are the RVUs for the practice expense for the service for 1997.

7. *Malpractice expense RVUs.* These are the RVUs for the malpractice expense for the service for 1997.

8. *Total RVUs.* This is the sum of the work, practice expense, and malpractice expense RVUs for 1997.

9. *Global period.* This indicator shows the number of days in the global period for the code (0, 10, or 90 days). An explanation of the alpha codes follows:

MMM=The code describes a service furnished in uncomplicated maternity cases including antepartum care, delivery, and postpartum care. The usual global surgical concept does not apply. See the 1997 Physicians' Current Procedural Terminology for specific definitions.

XXX=The global concept does not apply.

YYY=The global period is to be set by the carrier (for example, unlisted surgery codes).

ZZZ=The code is part of another service and falls within the global period for the other service.

10. *Update indicator.* 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 1997 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 B.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
10040	.....	A	Acne surgery of skin abscess	1.15	0.32	0.03	1.50	010	S
10060	.....	A	Drainage of skin abscess	1.12	0.44	0.04	1.60	010	S
10061	.....	A	Drainage of skin abscess	2.24	0.64	0.06	2.94	010	S
10080	.....	A	Drainage of pilonidal cyst	1.12	0.50	0.05	1.67	010	N
10081	.....	A	Drainage of pilonidal cyst	2.40	1.11	0.16	3.67	010	S
10120	.....	A	Remove foreign body	1.19	0.46	0.05	1.70	010	S
10121	.....	A	Remove foreign body	2.64	1.00	0.12	3.76	010	S
10140	.....	A	Drainage of hematoma/fluid	1.48	0.48	0.05	2.01	010	S
10160	.....	A	Puncture drainage of lesion	1.15	0.38	0.05	1.58	010	S
10180	.....	A	Complex drainage, wound	2.20	1.05	0.18	3.43	010	S
11000	.....	A	Debride infected skin	0.60	0.40	0.04	1.04	000	S
11001	.....	A	Debride infect skin add	0.30	0.26	0.02	0.58	ZZZ	S
11010	.....	A	Debride skin, fx	4.15	3.96	0.65	8.76	010	S
11011	.....	A	Debride skin/muscle, fx	4.95	4.72	0.77	10.44	000	S
11012	.....	A	Debride skin/muscle/bone, fx	6.88	6.56	1.07	14.51	000	S
11040	.....	A	Debride skin partial	0.50	0.40	0.04	0.94	000	S
11041	.....	A	Debride skin full	0.82	0.56	0.06	1.44	000	S
11042	.....	A	Debride skin/tissue	1.12	0.65	0.08	1.85	000	S
11043	.....	A	Debride tissue/muscle	1.83	1.81	0.34	3.98	010	S
11044	.....	A	Debride tissue/muscle/bone	2.28	2.82	0.49	5.59	010	S
11050	.....	A	Trim skin lesion	0.43	0.37	0.03	0.83	000	S
11051	.....	A	Trim 2 to 4 skin lesions	0.66	0.50	0.05	1.21	000	S
11052	.....	A	Trim over 4 skin lesions	0.86	0.41	0.04	1.31	000	S
11100	.....	A	Biopsy of skin lesion	0.81	0.51	0.04	1.36	000	S
11101	.....	A	Biopsy, each added lesion	0.41	0.29	0.02	0.72	ZZZ	S
11200	.....	A	Removal of skin tags	0.69	0.43	0.04	1.16	010	S
11201	.....	A	Removal of added skin tags	0.26	0.17	0.02	0.45	ZZZ	S
11300	.....	A	Shave skin lesion	0.51	0.53	0.05	1.09	000	S
11301	.....	A	Shave skin lesion	0.85	0.67	0.06	1.58	000	S
11302	.....	A	Shave skin lesion	1.05	0.89	0.09	2.03	000	S
11303	.....	A	Shave skin lesion	1.24	1.36	0.17	2.77	000	S
11305	.....	A	Shave skin lesion	0.67	0.52	0.05	1.24	000	S
11306	.....	A	Shave skin lesion	0.99	0.71	0.07	1.77	000	S
11307	.....	A	Shave skin lesion	1.14	0.94	0.10	2.18	000	S
11308	.....	A	Shave skin lesion	1.41	1.40	0.17	2.98	000	S
11310	.....	A	Shave skin lesion	0.73	0.69	0.06	1.48	000	S
11311	.....	A	Shave skin lesion	1.05	0.85	0.08	1.98	000	S
11312	.....	A	Shave skin lesion	1.20	1.12	0.11	2.43	000	S
11313	.....	A	Shave skin lesion	1.62	1.49	0.15	3.26	000	S
11400	.....	A	Removal of skin lesion	0.86	0.53	0.05	1.44	010	S
11401	.....	A	Removal of skin lesion	1.27	0.67	0.06	2.00	010	S
11402	.....	A	Removal of skin lesion	1.56	0.89	0.09	2.54	010	S
11403	.....	A	Removal of skin lesion	1.87	1.17	0.13	3.17	010	S
11404	.....	A	Removal of skin lesion	2.15	1.38	0.17	3.70	010	S
11406	.....	A	Removal of skin lesion	2.71	1.88	0.33	4.92	010	S
11420	.....	A	Removal of skin lesion	1.01	0.52	0.05	1.58	010	S
11421	.....	A	Removal of skin lesion	1.48	0.71	0.07	2.26	010	S
11422	.....	A	Removal of skin lesion	1.71	0.94	0.10	2.75	010	S
11423	.....	A	Removal of skin lesion	2.12	1.31	0.15	3.58	010	S
11424	.....	A	Removal of skin lesion	2.57	1.39	0.16	4.12	010	S
11426	.....	A	Removal of skin lesion	3.73	1.83	0.29	5.85	010	S
11440	.....	A	Removal of skin lesion	1.10	0.69	0.06	1.85	010	S
11441	.....	A	Removal of skin lesion	1.56	0.85	0.08	2.49	010	S
11442	.....	A	Removal of skin lesion	1.82	1.12	0.11	3.05	010	S
11443	.....	A	Removal of skin lesion	2.44	1.45	0.15	4.04	010	S
11444	.....	A	Removal of skin lesion	3.37	1.47	0.14	4.98	010	S
11446	.....	A	Removal of skin lesion	4.44	1.78	0.18	6.40	010	S
11450	.....	A	Removal, sweat gland lesion	2.58	2.68	0.44	5.70	090	S
11451	.....	A	Removal, sweat gland lesion	3.80	2.90	0.46	7.16	090	S
11462	.....	A	Removal, sweat gland lesion	2.36	2.41	0.36	5.13	090	S
11463	.....	A	Removal, sweat gland lesion	3.80	2.00	0.34	6.14	090	S
11470	.....	A	Removal, sweat gland lesion	3.10	2.78	0.45	6.33	090	S
11471	.....	A	Removal, sweat gland lesion	4.26	2.46	0.48	7.20	090	S
11600	.....	A	Removal of skin lesion	1.36	1.13	0.10	2.59	010	S
11601	.....	A	Removal of skin lesion	1.88	1.39	0.12	3.39	010	S
11602	.....	A	Removal of skin lesion	2.04	1.82	0.16	4.02	010	S
11603	.....	A	Removal of skin lesion	2.30	2.25	0.21	4.76	010	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
11604	.....	A	Removal of skin lesion	2.53	2.59	0.26	5.38	010	S
11606	.....	A	Removal of skin lesion	3.38	3.11	0.49	6.98	010	S
11620	.....	A	Removal of skin lesion	1.29	1.34	0.12	2.75	010	S
11621	.....	A	Removal of skin lesion	1.92	1.75	0.16	3.83	010	S
11622	.....	A	Removal of skin lesion	2.29	2.20	0.19	4.68	010	S
11623	.....	A	Removal of skin lesion	2.88	2.58	0.25	5.71	010	S
11624	.....	A	Removal of skin lesion	3.38	3.21	0.32	6.91	010	S
11626	.....	A	Removal of skin lesion	4.20	3.41	0.51	8.12	010	S
11640	.....	A	Removal of skin lesion	1.48	1.65	0.15	3.28	010	S
11641	.....	A	Removal of skin lesion	2.39	2.09	0.18	4.66	010	S
11642	.....	A	Removal of skin lesion	2.88	2.57	0.23	5.68	010	S
11643	.....	A	Removal of skin lesion	3.45	3.01	0.28	6.74	010	S
11644	.....	A	Removal of skin lesion	4.50	3.51	0.33	8.34	010	S
11646	.....	A	Removal of skin lesion	5.85	4.32	0.60	10.77	010	S
11700	.....	D	Scraping of 1–5 nails	0.00	0.00	0.00	0.00	000	S
11701	.....	D	Scraping of additional nails	0.00	0.00	0.00	0.00	ZZZ	S
11710	.....	D	Scraping of 1–5 nails	0.00	0.00	0.00	0.00	000	S
11711	.....	D	Scraping of additional nails	0.00	0.00	0.00	0.00	ZZZ	S
11720	.....	A	Debride nail, 1–5	0.32	0.32	0.03	0.67	000	S
11721	.....	A	Debride nail, 6 or more	0.54	0.54	0.05	1.13	000	S
11730	.....	A	Removal of nail plate	1.13	0.45	0.04	1.62	000	S
11731	.....	A	Removal of second nail plate	0.57	0.51	0.05	1.13	ZZZ	S
11732	.....	A	Remove additional nail plate	0.57	0.25	0.02	0.84	ZZZ	S
11740	.....	A	Drain blood from under nail	0.37	0.39	0.04	0.80	000	S
11750	.....	A	Removal of nail bed	1.66	2.10	0.19	3.95	010	S
11752	.....	A	Remove nail bed/finger tip	2.37	2.82	0.36	5.55	010	S
11755	.....	A	Biopsy, nail unit	1.31	0.99	0.12	2.42	000	S
11760	.....	A	Reconstruction of nail bed	1.53	0.93	0.09	2.55	010	S
11762	.....	A	Reconstruction of nail bed	2.84	2.57	0.24	5.65	010	S
11765	.....	A	Excision of nail fold, toe	0.64	0.51	0.05	1.20	010	S
11770	.....	A	Removal of pilonidal lesion	2.56	2.67	0.44	5.67	010	S
11771	.....	A	Removal of pilonidal lesion	5.15	4.52	0.92	10.59	090	S
11772	.....	A	Removal of pilonidal lesion	6.36	4.82	1.01	12.19	090	S
11900	.....	A	Injection into skin lesions	0.52	0.25	0.02	0.79	000	S
11901	.....	A	Added skin lesions injection	0.80	0.41	0.03	1.24	000	S
11920	.....	R	Correct skin color defects	1.61	1.18	0.23	3.02	000	S
11921	.....	R	Correct skin color defects	1.93	1.40	0.28	3.61	000	S
11922	.....	R	Correct skin color defects	0.49	0.36	0.07	0.92	ZZZ	S
11950	.....	R	Therapy for contour defects	0.84	1.19	0.11	2.14	000	S
11951	.....	R	Therapy for contour defects	1.19	1.19	0.11	2.49	000	S
11952	.....	R	Therapy for contour defects	1.69	1.19	0.11	2.99	000	S
11954	.....	R	Therapy for contour defects	1.85	1.19	0.11	3.15	000	S
11960	.....	A	Insert tissue expander(s)	8.00	7.73	1.48	17.21	090	S
11970	.....	A	Replace tissue expander	6.65	8.51	1.61	16.77	090	S
11971	.....	A	Remove tissue expander(s)	1.51	2.30	0.82	4.63	090	S
11975	.....	N	Insert contraceptive cap	+1.48	1.06	0.25	2.79	XXX	0
11976	.....	R	Removal of contraceptive cap	1.78	1.28	0.30	3.36	XXX	N
11977	.....	N	Removal/reinsert contra cap	+3.30	2.36	0.55	6.21	XXX	0
12001	.....	A	Repair superficial wound(s)	1.65	0.57	0.05	2.27	010	N
12002	.....	A	Repair superficial wound(s)	1.81	0.79	0.07	2.67	010	N
12004	.....	A	Repair superficial wound(s)	2.19	1.14	0.10	3.43	010	N
12005	.....	A	Repair superficial wound(s)	2.81	1.47	0.14	4.42	010	N
12006	.....	A	Repair superficial wound(s)	3.62	1.78	0.19	5.59	010	N
12007	.....	A	Repair superficial wound(s)	4.07	1.80	0.19	6.06	010	S
12011	.....	A	Repair superficial wound(s)	1.71	0.74	0.06	2.51	010	N
12013	.....	A	Repair superficial wound(s)	1.94	1.03	0.08	3.05	010	N
12014	.....	A	Repair superficial wound(s)	2.41	1.19	0.10	3.70	010	N
12015	.....	A	Repair superficial wound(s)	3.14	1.62	0.14	4.90	010	N
12016	.....	A	Repair superficial wound(s)	3.88	2.26	0.19	6.33	010	N
12017	.....	A	Repair superficial wound(s)	4.66	3.36	0.31	8.33	010	N
12018	.....	A	Repair superficial wound(s)	5.48	5.15	0.48	11.11	010	S
12020	.....	A	Closure of split wound	2.57	1.19	0.18	3.94	010	S
12021	.....	A	Closure of split wound	1.79	0.62	0.11	2.52	010	S
12031	.....	A	Layer closure of wound(s)	2.10	0.72	0.07	2.89	010	S
12032	.....	A	Layer closure of wound(s)	2.42	1.05	0.10	3.57	010	S
12034	.....	A	Layer closure of wound(s)	2.87	1.47	0.15	4.49	010	S
12035	.....	A	Layer closure of wound(s)	3.38	1.92	0.23	5.53	010	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
12036	.....	A	Layer closure of wound(s)	4.00	2.32	0.37	6.69	010	S
12037	.....	A	Layer closure of wound(s)	4.62	3.09	0.48	8.19	010	S
12041	.....	A	Layer closure of wound(s)	2.32	0.84	0.08	3.24	010	N
12042	.....	A	Layer closure of wound(s)	2.69	1.17	0.12	3.98	010	N
12044	.....	A	Layer closure of wound(s)	3.09	1.62	0.17	4.88	010	N
12045	.....	A	Layer closure of wound(s)	3.59	2.13	0.23	5.95	010	N
12046	.....	A	Layer closure of wound(s)	4.20	2.82	0.37	7.39	010	S
12047	.....	A	Layer closure of wound(s)	4.60	4.02	0.56	9.18	010	N
12051	.....	A	Layer closure of wound(s)	2.42	1.01	0.10	3.53	010	S
12052	.....	A	Layer closure of wound(s)	2.72	1.47	0.14	4.33	010	S
12053	.....	A	Layer closure of wound(s)	3.07	1.76	0.17	5.00	010	S
12054	.....	A	Layer closure of wound(s)	3.41	2.60	0.25	6.26	010	S
12055	.....	A	Layer closure of wound(s)	4.38	3.24	0.37	7.99	010	S
12056	.....	A	Layer closure of wound(s)	5.19	4.74	0.52	10.45	010	S
12057	.....	A	Layer closure of wound(s)	5.91	5.57	0.48	11.96	010	S
13100	.....	A	Repair of wound or lesion	3.07	1.14	0.13	4.34	010	S
13101	.....	A	Repair of wound or lesion	3.87	2.08	0.21	6.16	010	S
13120	.....	A	Repair of wound or lesion	3.25	1.35	0.17	4.77	010	S
13121	.....	A	Repair of wound or lesion	4.28	2.65	0.33	7.26	010	S
13131	.....	A	Repair of wound or lesion	3.74	1.98	0.23	5.95	010	S
13132	.....	A	Repair of wound or lesion	5.75	4.57	0.44	10.76	010	S
13150	.....	A	Repair of wound or lesion	3.76	1.76	0.23	5.75	010	S
13151	.....	A	Repair of wound or lesion	4.40	2.45	0.35	7.20	010	S
13152	.....	A	Repair of wound or lesion	6.28	5.13	0.68	12.09	010	S
13160	.....	A	Late closure of wound	9.53	3.33	0.58	13.44	090	S
13300	.....	A	Repair of wound or lesion	5.11	5.71	0.86	11.68	010	S
14000	.....	A	Skin tissue rearrangement	5.43	3.41	0.38	9.22	090	S
14001	.....	A	Skin tissue rearrangement	7.78	4.75	0.76	13.29	090	S
14020	.....	A	Skin tissue rearrangement	6.08	4.90	0.49	11.47	090	S
14021	.....	A	Skin tissue rearrangement	9.37	6.21	0.94	16.52	090	S
14040	.....	A	Skin tissue rearrangement	7.18	6.77	0.65	14.60	090	S
14041	.....	A	Skin tissue rearrangement	10.74	7.88	1.02	19.64	090	S
14060	.....	A	Skin tissue rearrangement	8.05	7.75	1.04	16.84	090	S
14061	.....	A	Skin tissue rearrangement	11.42	10.49	1.27	23.18	090	S
14300	.....	A	Skin tissue rearrangement	10.76	11.31	1.84	23.91	090	S
14350	.....	A	Skin tissue rearrangement	9.05	6.07	1.05	16.17	090	S
15000	.....	A	Skin graft procedure	1.95	2.49	0.53	4.97	ZZZ	S
15050	.....	A	Skin pinch graft procedure	3.90	1.79	0.30	5.99	090	S
15100	.....	A	Skin split graft procedure	8.05	4.54	0.89	13.48	090	S
15101	.....	A	Skin split graft procedure	1.72	1.59	0.33	3.64	ZZZ	S
15120	.....	A	Skin split graft procedure	9.14	6.05	0.94	16.13	090	S
15121	.....	A	Skin split graft procedure	2.67	2.91	0.53	6.11	ZZZ	S
15200	.....	A	Skin full graft procedure	7.46	4.13	0.69	12.28	090	S
15201	.....	A	Skin full graft procedure	1.32	1.68	0.50	3.50	ZZZ	S
15220	.....	A	Skin full graft procedure	7.42	4.84	0.85	13.11	090	S
15221	.....	A	Skin full graft procedure	1.19	1.59	0.50	3.28	ZZZ	S
15240	.....	A	Skin full graft procedure	8.30	6.10	1.03	15.43	090	S
15241	.....	A	Skin full graft procedure	1.86	2.38	0.58	4.82	ZZZ	S
15260	.....	A	Skin full graft procedure	9.56	7.46	0.99	18.01	090	S
15261	.....	A	Skin full graft procedure	2.23	2.85	0.60	5.68	ZZZ	S
15350	.....	A	Skin homograft procedure	3.89	2.15	0.42	6.46	090	S
15400	.....	A	Skin heterograft procedure	4.91	1.06	0.17	6.14	090	S
15570	.....	A	Form skin pedicle flap	8.39	5.50	2.08	15.97	090	S
15572	.....	A	Form skin pedicle flap	8.59	5.38	1.86	15.83	090	S
15574	.....	A	Form skin pedicle flap	8.97	5.40	1.66	16.03	090	S
15576	.....	A	Form skin pedicle flap	8.14	3.12	0.60	11.86	090	S
15580	.....	A	Attach skin pedicle graft	8.84	4.31	1.30	14.45	090	S
15600	.....	A	Skin graft procedure	1.70	2.51	0.88	5.09	090	S
15610	.....	A	Skin graft procedure	2.21	2.82	0.80	5.83	090	S
15620	.....	A	Skin graft procedure	2.69	3.44	0.86	6.99	090	S
15625	.....	A	Skin graft procedure	1.81	2.41	0.78	5.00	090	S
15630	.....	A	Skin graft procedure	3.02	3.86	0.90	7.78	090	S
15650	.....	A	Transfer skin pedicle flap	3.61	4.62	0.93	9.16	090	S
15732	.....	A	Muscle-skin graft, head/neck	16.52	15.48	3.46	35.46	090	S
15734	.....	A	Muscle-skin graft, trunk	16.52	19.01	3.24	38.77	090	S
15736	.....	A	Muscle-skin graft, arm	15.26	16.21	3.02	34.49	090	S
15738	.....	A	Muscle-skin graft, leg	16.52	12.89	3.29	32.70	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
15740	.....	A	Island pedicle flap graft	9.45	10.39	1.62	21.46	090	S
15750	.....	A	Neurovascular pedicle graft	10.61	11.96	2.03	24.60	090	S
15755	.....	D	Microvascular flap graft	0.00	0.00	0.00	0.00	090	S
15756	.....	A	Free muscle flap, microvasc	33.23	30.09	5.33	68.65	090	S
15757	.....	A	Free skin flap, microvasc	33.23	30.09	5.33	68.65	090	S
15758	.....	A	Free fascial flap, microvasc	33.23	30.09	5.33	68.65	090	S
15760	.....	A	Composite skin graft	8.28	7.29	1.11	16.68	090	S
15770	.....	A	Derma-fat-fascia graft	6.85	7.46	0.95	15.26	090	S
15775	.....	R	Hair transplant punch grafts	3.96	2.88	0.56	7.40	000	S
15776	.....	R	Hair transplant punch grafts	5.54	4.03	0.79	10.36	000	S
15780	.....	A	Abrasion treatment of skin	6.73	1.53	0.13	8.39	090	S
15781	.....	A	Abrasion treatment of skin	4.67	3.77	0.39	8.83	090	S
15782	.....	A	Abrasion treatment of skin	4.19	1.19	0.13	5.51	090	S
15783	.....	A	Abrasion treatment of skin	4.16	1.85	0.19	6.20	090	S
15786	.....	A	Abrasion treatment of lesion	1.98	0.62	0.06	2.66	010	S
15787	.....	A	Abrasion, added skin lesions	0.33	0.23	0.03	0.59	ZZZ	S
15788	.....	R	Chemical peel, face, epiderm	1.96	1.48	0.12	3.56	090	S
15789	.....	R	Chemical peel, face, dermal	4.69	1.48	0.12	6.29	090	S
15792	.....	R	Chemical peel, nonfacial	1.73	0.50	0.05	2.28	090	S
15793	.....	A	Chemical peel, nonfacial	3.51	0.50	0.05	4.06	090	S
15810	.....	A	Salabrasion	4.49	3.80	0.29	8.58	090	S
15811	.....	A	Salabrasion	5.14	3.74	0.73	9.61	090	S
15819	.....	A	Plastic surgery, neck	8.87	8.01	0.87	17.75	090	S
15820	.....	A	Revision of lower eyelid	4.80	6.14	0.64	11.58	090	S
15821	.....	A	Revision of lower eyelid	5.37	6.87	0.68	12.92	090	S
15822	.....	A	Revision of upper eyelid	4.27	5.47	0.56	10.30	090	S
15823	.....	A	Revision of upper eyelid	6.65	7.71	0.61	14.97	090	S
15824	.....	R	Removal of forehead wrinkles	0.00	0.00	0.00	0.00	XXX	S
15825	.....	R	Removal of neck wrinkles	0.00	0.00	0.00	0.00	XXX	S
15826	.....	R	Removal of brow wrinkles	0.00	0.00	0.00	0.00	XXX	S
15828	.....	R	Removal of face wrinkles	0.00	0.00	0.00	0.00	XXX	S
15829	.....	R	Removal of skin wrinkles	0.00	0.00	0.00	0.00	XXX	S
15831	.....	A	Excise excessive skin tissue	11.66	9.84	2.01	23.51	090	S
15832	.....	A	Excise excessive skin tissue	10.97	8.29	1.33	20.59	090	S
15833	.....	A	Excise excessive skin tissue	10.02	6.22	1.12	17.36	090	S
15834	.....	A	Excise excessive skin tissue	10.16	7.18	1.22	18.56	090	S
15835	.....	A	Excise excessive skin tissue	10.98	7.00	1.22	19.20	090	S
15836	.....	A	Excise excessive skin tissue	8.83	5.80	1.10	15.73	090	S
15837	.....	A	Excise excessive skin tissue	8.08	5.97	0.85	14.90	090	S
15838	.....	A	Excise excessive skin tissue	6.78	5.88	0.73	13.39	090	S
15839	.....	A	Excise excessive skin tissue	8.92	2.44	0.46	11.82	090	S
15840	.....	A	Graft for face nerve palsy	12.26	15.54	2.28	30.08	090	S
15841	.....	A	Graft for face nerve palsy	21.53	16.87	2.76	41.16	090	S
15842	.....	A	Graft for face nerve palsy	35.98	29.00	2.68	67.66	090	S
15845	.....	A	Skin and muscle repair, face	11.80	15.10	2.54	29.44	090	S
15850	.....	B	Removal of sutures	+0.78	0.36	0.04	1.18	XXX	0
15851	.....	A	Removal of sutures	0.86	0.30	0.03	1.19	000	N
15852	.....	A	Dressing change, not for burn	0.86	0.44	0.07	1.37	000	N
15860	.....	A	Test for blood flow in graft	1.95	1.35	0.25	3.55	000	S
15876	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15877	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15878	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15879	.....	R	Suction assisted lipectomy	0.00	0.00	0.00	0.00	XXX	S
15920	.....	A	Removal of tail bone ulcer	7.37	2.95	0.63	10.95	090	S
15922	.....	A	Removal of tail bone ulcer	9.17	5.98	1.19	16.34	090	S
15931	.....	A	Remove sacrum pressure sore	8.13	2.93	0.55	11.61	090	S
15933	.....	A	Remove sacrum pressure sore	9.64	6.92	1.43	17.99	090	S
15934	.....	A	Remove sacrum pressure sore	11.40	7.46	1.50	20.36	090	S
15935	.....	A	Remove sacrum pressure sore	13.05	11.24	2.27	26.56	090	S
15936	.....	A	Remove sacrum pressure sore	11.31	10.27	2.05	23.63	090	S
15937	.....	A	Remove sacrum pressure sore	12.98	13.47	2.67	29.12	090	S
15940	.....	A	Removal of pressure sore	8.19	3.55	0.73	12.47	090	S
15941	.....	A	Removal of pressure sore	10.15	7.05	1.39	18.59	090	S
15944	.....	A	Removal of pressure sore	10.18	9.26	1.82	21.26	090	S
15945	.....	A	Removal of pressure sore	11.32	11.14	2.09	24.55	090	S
15946	.....	A	Removal of pressure sore	19.81	16.61	3.24	39.66	090	S
15950	.....	A	Remove thigh pressure sore	6.79	3.01	0.58	10.38	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
15951	.....	A	Remove thigh pressure sore	9.57	7.65	1.58	18.80	090	S
15952	.....	A	Remove thigh pressure sore	10.18	7.13	1.37	18.68	090	S
15953	.....	A	Remove thigh pressure sore	11.39	9.08	1.87	22.34	090	S
15956	.....	A	Remove thigh pressure sore	13.93	17.17	3.39	34.49	090	S
15958	.....	A	Remove thigh pressure sore	13.89	17.77	3.76	35.42	090	S
15999	.....	C	Removal of pressure sore	0.00	0.00	0.00	0.00	YYY	S
16000	.....	A	Initial treatment of burn(s)	0.89	0.35	0.03	1.27	000	N
16010	.....	A	Treatment of burn(s)	0.87	0.32	0.03	1.22	000	N
16015	.....	A	Treatment of burn(s)	2.35	2.04	0.38	4.77	000	S
16020	.....	A	Treatment of burn(s)	0.80	0.34	0.03	1.17	000	N
16025	.....	A	Treatment of burn(s)	1.85	0.45	0.05	2.35	000	S
16030	.....	A	Treatment of burn(s)	2.08	0.52	0.08	2.68	000	S
16035	.....	A	Incision of burn scab	4.53	1.88	0.34	6.75	090	S
16040	.....	A	Burn wound excision	1.02	1.56	0.53	3.11	000	S
16041	.....	A	Burn wound excision	2.70	3.16	0.53	6.39	000	S
16042	.....	A	Burn wound excision	2.35	3.02	0.53	5.90	000	S
17000	.....	G	Destroy benign/premal lesion	+0.56	0.42	0.03	1.01	010	S
17001	.....	G	Destruction of add'l lesions	+0.19	0.19	0.02	0.40	ZZZ	S
17002	.....	G	Destruction of add'l lesions	+0.19	0.10	0.01	0.30	ZZZ	S
17010	.....	G	Destruction skin lesion(s)	+1.01	0.48	0.04	1.53	010	S
17100	.....	G	Destruction of skin lesion	+0.53	0.37	0.03	0.93	010	S
17101	.....	G	Destruction of 2nd lesion	+0.11	0.18	0.02	0.31	ZZZ	S
17102	.....	G	Destruction of add'l lesions	+0.11	0.08	0.01	0.20	ZZZ	S
17104	.....	G	Destruction of skin lesions	+2.01	0.07	0.01	2.09	010	S
17105	.....	G	Destruction of skin lesions	+0.76	0.31	0.03	1.10	010	S
17106	.....	A	Destruction of skin lesions	4.54	1.93	0.18	6.65	090	S
17107	.....	A	Destruction of skin lesions	9.06	3.70	0.39	13.15	090	S
17108	.....	A	Destruction of skin lesions	13.10	9.32	0.69	23.11	090	S
17110	.....	A	Destruction of skin lesions	0.55	0.40	0.03	0.98	010	S
17200	.....	A	Electrocautery of skin tags	0.59	0.41	0.04	1.04	010	S
17201	.....	A	Electrocautery added lesions	0.38	0.15	0.01	0.54	ZZZ	S
17250	.....	A	Chemical cautery, tissue	0.50	0.34	0.04	0.88	000	S
17260	.....	A	Destruction of skin lesions	0.86	1.13	0.10	2.09	010	S
17261	.....	A	Destruction of skin lesions	1.12	1.39	0.12	2.63	010	S
17262	.....	A	Destruction of skin lesions	1.53	1.82	0.16	3.51	010	S
17263	.....	A	Destruction of skin lesions	1.74	2.25	0.21	4.20	010	S
17264	.....	A	Destruction of skin lesions	1.89	2.59	0.26	4.74	010	S
17266	.....	A	Destruction of skin lesions	2.29	3.11	0.49	5.89	010	S
17270	.....	A	Destruction of skin lesions	1.27	1.34	0.12	2.73	010	S
17271	.....	A	Destruction of skin lesions	1.44	1.75	0.16	3.35	010	S
17272	.....	A	Destruction of skin lesions	1.72	2.20	0.19	4.11	010	S
17273	.....	A	Destruction of skin lesions	2.00	2.58	0.25	4.83	010	S
17274	.....	A	Destruction of skin lesions	2.54	3.21	0.32	6.07	010	S
17276	.....	A	Destruction of skin lesions	3.15	3.41	0.51	7.07	010	S
17280	.....	A	Destruction of skin lesions	1.12	1.65	0.15	2.92	010	S
17281	.....	A	Destruction of skin lesions	1.67	2.09	0.18	3.94	010	S
17282	.....	A	Destruction of skin lesions	1.99	2.57	0.23	4.79	010	S
17283	.....	A	Destruction of skin lesions	2.59	3.01	0.28	5.88	010	S
17284	.....	A	Destruction of skin lesions	3.16	3.51	0.33	7.00	010	S
17286	.....	A	Destruction of skin lesions	4.39	4.32	0.60	9.31	010	S
17304	.....	A	Chemosurgery of skin lesion	7.60	4.02	0.31	11.93	000	S
17305	.....	A	2nd stage chemosurgery	2.85	2.26	0.17	5.28	000	S
17306	.....	A	3rd stage chemosurgery	2.85	1.40	0.11	4.36	000	S
17307	.....	A	Followup skin lesion therapy	2.85	1.47	0.12	4.44	000	S
17310	.....	A	Extensive skin chemosurgery	0.95	0.13	0.01	1.09	000	S
17340	.....	A	Cryotherapy of skin	0.73	0.28	0.02	1.03	010	S
17360	.....	A	Skin peel therapy	1.40	0.27	0.02	1.69	010	S
17380	.....	R	Hair removal by electrolysis	0.00	0.00	0.00	0.00	XXX	S
17999	.....	C	Skin tissue procedure	0.00	0.00	0.00	0.00	YYY	S
19000	.....	A	Drainage of breast lesion	0.84	0.38	0.07	1.29	000	S
19001	.....	A	Drain added breast lesion	0.42	0.24	0.05	0.71	ZZZ	S
19020	.....	A	Incision of breast lesion	3.37	1.40	0.28	5.05	090	S
19030	.....	A	Injection for breast x-ray	1.53	0.49	0.04	2.06	000	N
19100	.....	A	Biopsy of breast	1.27	0.64	0.13	2.04	000	S
19101	.....	A	Biopsy of breast	3.13	2.34	0.45	5.92	010	S
19110	.....	A	Nipple exploration	4.15	2.46	0.51	7.12	090	S
19112	.....	A	Excise breast duct fistula	3.52	2.34	0.35	6.21	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
19120	.....	A	Removal of breast lesion	5.35	2.90	0.60	8.85	090	S
19125	.....	A	Excision, breast lesion	5.85	2.90	0.60	9.35	090	S
19126	.....	A	Excision, add'l breast lesion	2.93	1.45	0.31	4.69	ZZZ	S
19140	.....	A	Removal of breast tissue	4.85	4.29	0.91	10.05	090	S
19160	.....	A	Removal of breast tissue	5.75	4.13	0.88	10.76	090	S
19162	.....	A	Remove breast tissue, nodes	12.81	9.38	1.96	24.15	090	S
19180	.....	A	Removal of breast	8.09	5.61	1.17	14.87	090	S
19182	.....	A	Removal of breast	7.28	6.07	1.27	14.62	090	S
19200	.....	A	Removal of breast	14.23	10.22	2.15	26.60	090	S
19220	.....	A	Removal of breast	14.23	10.73	2.38	27.34	090	S
19240	.....	A	Removal of breast	14.71	9.44	1.99	26.14	090	S
19260	.....	A	Removal of chest wall lesion	13.91	5.05	1.04	20.00	090	S
19271	.....	A	Revision of chest wall	17.07	13.95	2.77	33.79	090	S
19272	.....	A	Extensive chest wall surgery	19.47	12.60	2.56	34.63	090	S
19290	.....	A	Place needle wire, breast	1.27	0.44	0.07	1.78	000	S
19291	.....	A	Place needle wire, breast	0.63	0.25	0.04	0.92	ZZZ	S
19316	.....	A	Suspension of breast	10.07	12.84	2.43	25.34	090	S
19318	.....	A	Reduction of large breast	15.00	14.18	3.23	32.41	090	S
19324	.....	A	Enlarge breast	5.55	3.29	0.67	9.51	090	S
19325	.....	A	Enlarge breast with implant	8.05	5.87	1.13	15.05	090	S
19328	.....	A	Removal of breast implant	5.32	3.76	0.73	9.81	090	S
19330	.....	A	Removal of implant material	7.18	3.88	0.75	11.81	090	S
19340	.....	A	Immediate breast prosthesis	6.33	8.10	2.06	16.49	ZZZ	S
19342	.....	A	Delayed breast prosthesis	10.64	10.81	2.03	23.48	090	S
19350	.....	A	Breast reconstruction	8.52	7.08	1.38	16.98	090	S
19355	.....	A	Correct inverted nipple(s)	7.27	4.93	1.00	13.20	090	S
19357	.....	A	Breast reconstruction	16.72	12.15	2.37	31.24	090	S
19361	.....	A	Breast reconstruction	17.82	20.13	3.88	41.83	090	S
19364	.....	A	Breast reconstruction	27.60	16.68	3.58	47.86	090	S
19366	.....	A	Breast reconstruction	19.84	16.40	3.18	39.42	090	S
19367	.....	A	Breast reconstruction	24.73	20.13	3.88	48.74	090	S
19368	.....	A	Breast reconstruction	31.15	20.13	3.88	55.16	090	S
19369	.....	A	Breast reconstruction	28.68	20.13	3.88	52.69	090	S
19370	.....	A	Surgery of breast capsule	7.59	6.17	1.19	14.95	090	S
19371	.....	A	Removal of breast capsule	8.84	7.91	1.54	18.29	090	S
19380	.....	A	Revise breast reconstruction	8.63	8.11	1.57	18.31	090	S
19396	.....	A	Design custom breast implant	2.17	1.57	0.31	4.05	000	S
19499	.....	C	Breast surgery procedure	0.00	0.00	0.00	0.00	YYY	S
20000	.....	A	Incision of abscess	1.85	0.85	0.08	2.78	010	S
20005	.....	A	Incision of deep abscess	3.02	1.83	0.28	5.13	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
20150	.....	A	Excise epiphyseal bar	13.00	12.40	2.03	27.43	090	S
20200	.....	A	Muscle biopsy	1.46	1.12	0.18	2.76	000	S
20205	.....	A	Deep muscle biopsy	2.35	1.88	0.33	4.56	000	S
20206	.....	A	Needle biopsy, muscle	0.99	0.96	0.14	2.09	000	S
20220	.....	A	Bone biopsy, trocar/needle	1.27	1.31	0.09	2.67	000	N
20225	.....	A	Bone biopsy, trocar/needle	1.87	2.39	0.28	4.54	000	N
20240	.....	A	Bone biopsy, excisional	3.07	1.88	0.18	5.13	010	S
20245	.....	A	Bone biopsy, excisional	3.68	3.58	0.44	7.70	010	S
20250	.....	A	Open bone biopsy	4.63	5.07	0.76	10.46	010	S
20251	.....	A	Open bone biopsy	5.16	5.84	0.92	11.92	010	S
20500	.....	A	Injection of sinus tract	1.18	0.36	0.04	1.58	010	N
20501	.....	A	Inject sinus tract for x-ray	0.76	0.30	0.02	1.08	000	N
20520	.....	A	Removal of foreign body	1.80	0.71	0.08	2.59	010	S
20525	.....	A	Removal of foreign body	3.23	2.23	0.33	5.79	010	S
20550	.....	A	Inj tendon/ligament/cyst	0.86	0.38	0.04	1.28	000	N
20600	.....	A	Drain/inject joint/bursa	0.66	0.47	0.05	1.18	000	S
20605	.....	A	Drain/inject joint/bursa	0.68	0.45	0.05	1.18	000	S
20610	.....	A	Drain/inject joint/bursa	0.79	0.45	0.05	1.29	000	N
20615	.....	A	Treatment of bone cyst	2.23	0.49	0.06	2.78	010	N
20650	.....	A	Insert and remove bone pin	2.07	1.08	0.14	3.29	010	S
20660	.....	A	Apply,remove fixation device	2.51	1.56	0.21	4.28	000	S
20661	.....	A	Application of head brace	4.27	3.82	0.65	8.74	090	S
20662	.....	A	Application of pelvis brace	5.52	6.54	1.03	13.09	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
20663	.....	A	Application of thigh brace	4.88	4.64	0.76	10.28	090	S
20665	.....	A	Removal of fixation device	1.26	0.50	0.07	1.83	010	S
20670	.....	A	Removal of support implant	1.69	0.74	0.11	2.54	010	S
20680	.....	A	Removal of support implant	3.25	3.33	0.51	7.09	090	S
20690	.....	A	Apply bone fixation device	3.52	3.66	0.58	7.76	ZZZ	S
20692	.....	A	Apply bone fixation device	6.41	5.51	0.89	12.81	ZZZ	S
20693	.....	A	Adjust bone fixation device	5.42	2.49	0.42	8.33	090	S
20694	.....	A	Remove bone fixation device	3.81	2.60	0.41	6.82	090	S
20802	.....	A	Replantation, arm, complete	39.56	37.72	6.17	83.45	090	S
20805	.....	A	Replant forearm, complete	48.41	46.17	7.56	102.14	090	S
20808	.....	A	Replantation, hand, complete	60.19	57.40	9.40	126.99	090	S
20816	.....	A	Replantation digit, complete	29.67	28.30	4.63	62.60	090	S
20822	.....	A	Replantation digit, complete	24.53	23.39	3.83	51.75	090	S
20824	.....	A	Replantation thumb, complete	29.67	28.30	4.63	62.60	090	S
20827	.....	A	Replantation thumb, complete	25.22	24.05	3.94	53.21	090	S
20838	.....	A	Replantation, foot, complete	39.56	37.72	6.17	83.45	090	S
20900	.....	A	Removal of bone for graft	5.03	2.80	0.45	8.28	090	S
20902	.....	A	Removal of bone for graft	6.74	4.95	0.80	12.49	090	S
20910	.....	A	Remove cartilage for graft	5.03	0.79	0.09	5.91	090	S
20912	.....	A	Remove cartilage for graft	6.04	4.62	0.64	11.30	090	S
20920	.....	A	Removal of fascia for graft	4.87	3.93	0.50	9.30	090	S
20922	.....	A	Removal of fascia for graft	6.04	4.39	0.71	11.14	090	S
20924	.....	A	Removal of tendon for graft	6.04	5.45	0.85	12.34	090	S
20926	.....	A	Removal of tissue for graft	5.03	2.59	0.39	8.01	090	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
20950	.....	A	Record fluid pressure,muscle	1.26	1.09	0.17	2.52	000	S
20955	.....	A	Fibula bone graft, microvasc	37.58	35.84	5.87	79.29	090	S
20956	.....	A	Iliac bone graft, microvasc	37.00	26.90	5.26	69.16	090	S
20957	.....	A	Mt bone graft, microvasc	38.33	27.87	5.45	71.65	090	S
20960	.....	D	Microvascular rib graft	0.00	0.00	0.00	0.00	090	S
20962	.....	A	Other bone graft, microvasc	37.00	26.90	5.26	69.16	090	S
20969	.....	A	Bone/skin graft, microvasc	42.08	40.13	6.57	88.78	090	S
20970	.....	A	Bone/skin graft, iliac crest	41.22	39.31	6.44	86.97	090	S
20971	.....	D	Bone-skin graft, rib	0.00	0.00	0.00	0.00	090	S
20972	.....	A	Bone-skin graft, metatarsal	41.54	39.61	6.49	87.64	090	S
20973	.....	A	Bone-skin graft, great toe	44.31	42.25	6.91	93.47	090	S
20974	.....	A	Electrical bone stimulation	0.62	3.42	0.53	4.57	ZZZ	S
20975	.....	A	Electrical bone stimulation	2.60	3.33	0.56	6.49	ZZZ	S
20999	.....	C	Musculoskeletal surgery	0.00	0.00	0.00	0.00	YYY	S
21010	.....	A	Incision of jaw joint	9.06	10.24	0.93	20.23	090	S
21015	.....	A	Resection of facial tumor	4.94	6.32	1.13	12.39	090	S
21025	.....	A	Excision of bone, lower jaw	8.98	4.14	0.38	13.50	090	S
21026	.....	A	Excision of facial bone(s)	4.53	3.14	0.28	7.95	090	S
21029	.....	A	Contour of face bone lesion	7.21	9.23	0.78	17.22	090	S
21030	.....	A	Removal of face bone lesion	6.04	3.35	0.29	9.68	090	S
21031	.....	A	Remove exostosis, mandible	3.14	3.68	0.32	7.14	090	S
21032	.....	A	Remove exostosis, maxilla	3.14	3.88	0.35	7.37	090	S
21034	.....	A	Removal of face bone lesion	15.11	6.98	0.89	22.98	090	S
21040	.....	A	Removal of jaw bone lesion	2.01	2.76	0.24	5.01	090	S
21041	.....	A	Removal of jaw bone lesion	6.04	5.76	0.50	12.30	090	S
21044	.....	A	Removal of jaw bone lesion	11.08	9.55	1.11	21.74	090	S
21045	.....	A	Extensive jaw surgery	15.11	13.83	1.58	30.52	090	S
21050	.....	A	Removal of jaw joint	10.07	12.33	1.08	23.48	090	S
21060	.....	A	Remove jaw joint cartilage	9.56	11.59	1.04	22.19	090	S
21070	.....	A	Remove coronoid process	7.66	6.81	0.82	15.29	090	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
21079	.....	A	Prepare face/oral prosthesis	20.88	27.93	2.25	51.06	090	S
21080	.....	A	Prepare face/oral prosthesis	23.46	31.38	2.52	57.36	090	S
21081	.....	A	Prepare face/oral prosthesis	21.38	28.59	2.30	52.27	090	S
21082	.....	A	Prepare face/oral prosthesis	19.50	26.08	2.10	47.68	090	S
21083	.....	A	Prepare face/oral prosthesis	18.04	24.13	1.94	44.11	090	S
21084	.....	A	Prepare face/oral prosthesis	21.04	28.14	2.28	51.46	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
21085	.....	A	Prepare face/oral prosthesis	8.41	11.25	0.90	20.56	010	S
21086	.....	A	Prepare face/oral prosthesis	23.29	31.15	2.51	56.95	090	S
21087	.....	A	Prepare face/oral prosthesis	23.29	31.15	2.51	56.95	090	S
21088	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21089	.....	C	Prepare face/oral prosthesis	0.00	0.00	0.00	0.00	090	S
21100	.....	A	Maxillofacial fixation	4.04	1.06	0.11	5.21	090	S
21110	.....	A	Interdental fixation	5.03	5.53	0.46	11.02	090	S
21116	.....	A	Injection, jaw joint x-ray	0.81	0.73	0.06	1.60	000	S
21120	.....	A	Reconstruction of chin	4.75	3.59	0.42	8.76	090	S
21121	.....	A	Reconstruction of chin	7.46	5.65	0.66	13.77	090	S
21122	.....	A	Reconstruction of chin	8.21	6.23	0.73	15.17	090	S
21123	.....	A	Reconstruction of chin	10.74	8.14	0.95	19.83	090	S
21125	.....	A	Augmentation lower jaw bone	10.00	4.72	0.54	15.26	090	S
21127	.....	A	Augmentation lower jaw bone	10.43	7.91	0.92	19.26	090	S
21137	.....	A	Reduction of forehead	9.40	7.11	0.83	17.34	090	S
21138	.....	A	Reduction of forehead	11.72	8.86	1.04	21.62	090	S
21139	.....	A	Reduction of forehead	14.06	10.64	1.25	25.95	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
21150	.....	A	Reconstruct midface, lefort	24.41	18.46	2.17	45.04	090	S
21151	.....	A	Reconstruct midface, lefort	27.34	20.68	2.42	50.44	090	S
21154	.....	A	Reconstruct midface, lefort	29.28	22.15	2.59	54.02	090	S
21155	.....	A	Reconstruct midface, lefort	33.19	25.11	2.94	61.24	090	S
21159	.....	A	Reconstruct midface, lefort	40.99	31.02	3.63	75.64	090	S
21160	.....	A	Reconstruct midface, lefort	44.90	33.96	3.98	82.84	090	S
21172	.....	A	Reconstruct orbit/forehead	26.84	20.30	2.37	49.51	090	S
21175	.....	A	Reconstruct orbit/forehead	32.21	24.37	2.85	59.43	090	S
21179	.....	A	Reconstruct entire forehead	21.47	16.24	1.90	39.61	090	S
21180	.....	A	Reconstruct entire forehead	24.41	18.46	2.17	45.04	090	S
21181	.....	A	Contour cranial bone lesion	9.40	7.11	0.83	17.34	090	S
21182	.....	A	Reconstruct cranial bone	31.23	23.63	2.77	57.63	090	S
21183	.....	A	Reconstruct cranial bone	34.17	25.85	3.03	63.05	090	S
21184	.....	A	Reconstruct cranial bone	37.10	28.06	3.28	68.44	090	S
21188	.....	A	Reconstruction of midface	21.47	16.24	1.90	39.61	090	S
21193	.....	A	Reconstruct lower jaw bone	16.23	12.31	1.44	29.98	090	S
21194	.....	A	Reconstruct lower jaw bone	18.81	14.26	1.67	34.74	090	S
21195	.....	A	Reconstruct lower jaw bone	16.27	12.34	1.44	30.05	090	S
21196	.....	A	Reconstruct lower jaw bone	17.94	13.61	1.58	33.13	090	S
21198	.....	A	Reconstruct lower jaw bone	13.36	14.82	1.74	29.92	090	S
21206	.....	A	Reconstruct upper jaw bone	13.36	10.14	1.19	24.69	090	S
21208	.....	A	Augmentation of facial bones	9.56	11.26	1.07	21.89	090	S
21209	.....	A	Reduction of facial bones	6.28	4.59	0.76	11.63	090	S
21210	.....	A	Face bone graft	9.56	12.24	1.29	23.09	090	S
21215	.....	A	Lower jaw bone graft	10.07	12.89	1.42	24.38	090	S
21230	.....	A	Rib cartilage graft	10.07	10.37	1.69	22.13	090	S
21235	.....	A	Ear cartilage graft	6.28	8.04	1.09	15.41	090	S
21240	.....	A	Reconstruction of jaw joint	13.10	16.77	2.09	31.96	090	S
21242	.....	A	Reconstruction of jaw joint	12.10	15.55	2.25	29.90	090	S
21243	.....	A	Reconstruction of jaw joint	18.98	14.40	1.68	35.06	090	S
21244	.....	A	Reconstruction of lower jaw	11.08	14.18	1.93	27.19	090	S
21245	.....	A	Reconstruction of jaw	11.08	11.47	1.31	23.86	090	S
21246	.....	A	Reconstruction of jaw	11.65	8.83	1.04	21.52	090	S
21247	.....	A	Reconstruct lower jaw bone	21.15	27.08	2.27	50.50	090	S
21248	.....	A	Reconstruction of jaw	11.08	14.18	1.75	27.01	090	S
21249	.....	A	Reconstruction of jaw	17.12	23.10	3.29	43.51	090	S
21255	.....	A	Reconstruct lower jaw bone	15.63	20.00	1.68	37.31	090	S
21256	.....	A	Reconstruction of orbit	15.13	19.36	1.63	36.12	090	S
21260	.....	A	Revise eye sockets	15.44	19.76	1.66	36.86	090	S
21261	.....	A	Revise eye sockets	29.43	17.78	1.65	48.86	090	S
21263	.....	A	Revise eye sockets	26.56	34.00	2.86	63.42	090	S
21267	.....	A	Revise eye sockets	17.66	14.61	2.13	34.40	090	S
21268	.....	A	Revise eye sockets	22.88	15.35	3.13	41.36	090	S
21270	.....	A	Augmentation cheek bone	9.56	9.60	1.41	20.57	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
21275	.....	A	Revision orbitofacial bones	10.50	8.95	1.26	20.71	090	S
21280	.....	A	Revision of eyelid	5.64	7.19	0.61	13.44	090	S
21282	.....	A	Revision of eyelid	3.26	4.52	0.79	8.57	090	S
21295	.....	A	Revision of jaw muscle/bone	1.43	0.96	0.13	2.52	090	S
21296	.....	A	Revision of jaw muscle/bone	3.97	3.62	0.22	7.81	090	S
21299	.....	C	Cranio/maxillofacial surgery	0.00	0.00	0.00	0.00	YYY	S
21300	.....	A	Treatment of skull fracture	0.72	0.92	0.11	1.75	000	S
21310	.....	A	Treatment of nose fracture	0.58	0.75	0.09	1.42	000	N
21315	.....	A	Treatment of nose fracture	1.41	1.81	0.21	3.43	010	S
21320	.....	A	Treatment of nose fracture	1.82	2.33	0.34	4.49	010	S
21325	.....	A	Repair of nose fracture	3.52	4.09	0.52	8.13	090	S
21330	.....	A	Repair of nose fracture	5.03	6.45	0.86	12.34	090	S
21335	.....	A	Repair of nose fracture	8.05	10.31	1.56	19.92	090	S
21336	.....	A	Repair nasal septal fracture	5.35	4.09	0.52	9.96	090	S
21337	.....	A	Repair nasal septal fracture	2.52	2.82	0.38	5.72	090	S
21338	.....	A	Repair nasoethmoid fracture	6.04	5.01	0.66	11.71	090	S
21339	.....	A	Repair nasoethmoid fracture	7.56	7.09	0.70	15.35	090	S
21340	.....	A	Repair of nose fracture	10.07	8.91	1.04	20.02	090	S
21343	.....	A	Repair of sinus fracture	12.10	9.17	1.08	22.35	090	S
21344	.....	A	Repair of sinus fracture	18.43	9.17	1.08	28.68	090	S
21345	.....	A	Repair of nose/jaw fracture	7.63	7.90	0.81	16.34	090	S
21346	.....	A	Repair of nose/jaw fracture	9.92	9.40	1.04	20.36	090	S
21347	.....	A	Repair of nose/jaw fracture	11.86	10.36	1.36	23.58	090	S
21348	.....	A	Repair of nose/jaw fracture	15.60	11.34	2.22	29.16	090	S
21355	.....	A	Repair cheek bone fracture	3.52	1.56	0.17	5.25	010	S
21356	.....	A	Repair cheek bone fracture	3.88	4.96	0.89	9.73	010	S
21360	.....	A	Repair cheek bone fracture	6.04	7.28	0.89	14.21	090	S
21365	.....	A	Repair cheek bone fracture	13.97	12.35	1.63	27.95	090	S
21366	.....	A	Repair cheek bone fracture	16.61	12.08	2.36	31.05	090	S
21385	.....	A	Repair eye socket fracture	8.56	9.59	1.13	19.28	090	S
21386	.....	A	Repair eye socket fracture	8.56	9.07	1.25	18.88	090	S
21387	.....	A	Repair eye socket fracture	9.07	7.45	0.96	17.48	090	S
21390	.....	A	Repair eye socket fracture	9.47	11.89	1.37	22.73	090	S
21395	.....	A	Repair eye socket fracture	11.85	9.63	1.37	22.85	090	S
21400	.....	A	Treat eye socket fracture	1.31	1.67	0.17	3.15	090	N
21401	.....	A	Repair eye socket fracture	3.05	2.58	0.32	5.95	090	S
21406	.....	A	Repair eye socket fracture	6.55	5.21	0.74	12.50	090	S
21407	.....	A	Repair eye socket fracture	8.05	7.09	0.78	15.92	090	S
21408	.....	A	Repair eye socket fracture	11.57	8.49	0.99	21.05	090	S
21421	.....	A	Treat mouth roof fracture	4.80	6.14	0.62	11.56	090	S
21422	.....	A	Repair mouth roof fracture	7.78	9.80	1.19	18.77	090	S
21423	.....	A	Repair mouth roof fracture	9.72	9.80	1.19	20.71	090	S
21431	.....	A	Treat craniofacial fracture	6.59	6.02	0.71	13.32	090	S
21432	.....	A	Repair craniofacial fracture	8.05	6.76	0.84	15.65	090	S
21433	.....	A	Repair craniofacial fracture	23.69	17.96	2.10	43.75	090	S
21435	.....	A	Repair craniofacial fracture	16.12	13.25	1.88	31.25	090	S
21436	.....	A	Repair craniofacial fracture	26.21	14.65	2.08	42.94	090	S
21440	.....	A	Repair dental ridge fracture	2.52	3.07	0.28	5.87	090	S
21445	.....	A	Repair dental ridge fracture	5.03	6.11	0.56	11.70	090	S
21450	.....	A	Treat lower jaw fracture	2.78	2.84	0.26	5.88	090	S
21451	.....	A	Treat lower jaw fracture	4.55	5.83	0.74	11.12	090	S
21452	.....	A	Treat lower jaw fracture	1.85	1.39	0.17	3.41	090	S
21453	.....	A	Treat lower jaw fracture	5.18	6.64	0.55	12.37	090	S
21454	.....	A	Treat lower jaw fracture	6.04	8.19	1.42	15.65	090	S
21461	.....	A	Repair lower jaw fracture	7.56	9.67	1.30	18.53	090	S
21462	.....	A	Repair lower jaw fracture	9.15	11.71	1.34	22.20	090	S
21465	.....	A	Repair lower jaw fracture	11.13	8.44	0.99	20.56	090	S
21470	.....	A	Repair lower jaw fracture	14.19	17.13	1.74	33.06	090	S
21480	.....	A	Reset dislocated jaw	0.61	0.78	0.09	1.48	000	S
21485	.....	A	Reset dislocated jaw	3.73	2.19	0.20	6.12	090	S
21490	.....	A	Repair dislocated jaw	11.08	6.31	0.52	17.91	090	S
21493	.....	A	Treat hyoid bone fracture	1.19	1.52	0.13	2.84	090	S
21494	.....	A	Repair hyoid bone fracture	5.87	7.52	0.63	14.02	090	S
21495	.....	A	Repair hyoid bone fracture	5.32	4.82	0.51	10.65	090	S
21497	.....	A	Interdental wiring	3.61	3.97	0.38	7.96	090	S
21499	.....	C	Head surgery procedure	0.00	0.00	0.00	0.00	YYY	S
21501	.....	A	Drain neck/chest lesion	3.52	1.82	0.26	5.60	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
21502	.....	A	Drain chest lesion	6.44	4.22	0.75	11.41	090	S
21510	.....	A	Drainage of bone lesion	5.03	3.82	0.50	9.35	090	S
21550	.....	A	Biopsy of neck/chest	2.01	0.85	0.12	2.98	010	S
21555	.....	A	Remove lesion neck/chest	4.09	1.60	0.25	5.94	090	S
21556	.....	A	Remove lesion neck/chest	5.28	3.80	0.64	9.72	090	S
21557	.....	A	Remove tumor, neck or chest	8.56	8.50	1.41	18.47	090	S
21600	.....	A	Partial removal of rib	6.27	4.50	0.88	11.65	090	S
21610	.....	A	Partial removal of rib	13.66	5.17	0.76	19.59	090	S
21615	.....	A	Removal of rib	9.03	10.13	1.96	21.12	090	S
21616	.....	A	Removal of rib and nerves	11.11	7.26	1.50	19.87	090	S
21620	.....	A	Partial removal of sternum	6.04	6.85	1.23	14.12	090	S
21627	.....	A	Sternal debridement	6.06	5.03	0.90	11.99	090	S
21630	.....	A	Extensive sternum surgery	15.77	12.89	2.40	31.06	090	S
21632	.....	A	Extensive sternum surgery	16.62	11.54	2.22	30.38	090	S
21700	.....	A	Revision of neck muscle	5.84	4.16	0.50	10.50	090	S
21705	.....	A	Revision of neck muscle/rib	9.03	4.85	0.96	14.84	090	S
21720	.....	A	Revision of neck muscle	5.44	3.84	0.52	9.80	090	S
21725	.....	A	Revision of neck muscle	6.55	4.84	0.74	12.13	090	S
21740	.....	A	Reconstruction of sternum	15.42	8.99	1.64	26.05	090	S
21750	.....	A	Repair of sternum separation	10.07	7.33	1.43	18.83	090	S
21800	.....	A	Treatment of rib fracture	0.91	0.77	0.07	1.75	090	N
21805	.....	A	Treatment of rib fracture	2.62	1.35	0.17	4.14	090	S
21810	.....	A	Treatment of rib fracture(s)	6.68	7.33	0.61	14.62	090	N
21820	.....	A	Treat sternum fracture	1.20	1.36	0.17	2.73	090	S
21825	.....	A	Repair sternum fracture	6.82	6.90	1.12	14.84	090	S
21899	.....	C	Neck/chest surgery procedure	0.00	0.00	0.00	0.00	YYY	S
21920	.....	A	Biopsy soft tissue of back	2.01	0.79	0.11	2.91	010	S
21925	.....	A	Biopsy soft tissue of back	4.23	1.95	0.32	6.50	090	S
21930	.....	A	Remove lesion, back or flank	4.82	2.72	0.49	8.03	090	S
21935	.....	A	Remove tumor of back	17.12	6.59	1.30	25.01	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
22116	.....	A	Remove extra spine segment	2.32	2.21	0.36	4.89	ZZZ	S
22210	.....	A	Revision of neck spine	22.51	13.83	2.43	38.77	090	S
22212	.....	A	Revision of thorax spine	18.14	17.29	2.83	38.26	090	S
22214	.....	A	Revision of lumbar spine	18.14	15.11	2.68	35.93	090	S
22216	.....	A	Revise, extra spine segment	6.04	5.07	0.89	12.00	ZZZ	S
22220	.....	A	Revision of neck spine	20.15	16.64	2.63	39.42	090	S
22222	.....	A	Revision of thorax spine	20.15	13.61	1.58	35.34	090	S
22224	.....	A	Revision of lumbar spine	20.15	14.68	2.66	37.49	090	S
22226	.....	A	Revise, extra spine segment	6.04	5.07	0.89	12.00	ZZZ	S
22305	.....	A	Treat spine process fracture	1.86	2.38	0.37	4.61	090	S
22310	.....	A	Treat spine fracture	1.86	2.52	0.69	5.07	090	S
22315	.....	A	Treat spine fracture	8.36	5.51	0.86	14.73	090	S
22325	.....	A	Repair of spine fracture	17.19	8.32	1.34	26.85	090	S
22326	.....	A	Repair neck spine fracture	18.43	15.93	2.74	37.10	090	S
22327	.....	A	Repair thorax spine fracture	17.56	15.95	2.35	35.86	090	S
22328	.....	A	Repair each add spine fx	4.61	4.40	0.72	9.73	ZZZ	S
22505	.....	A	Manipulation of spine	1.77	1.31	0.17	3.25	010	N
22548	.....	A	Neck spine fusion	24.08	22.74	3.82	50.64	090	S
22554	.....	A	Neck spine fusion	17.24	19.81	3.52	40.57	090	S
22556	.....	A	Thorax spine fusion	22.27	21.68	3.58	47.53	090	S
22558	.....	A	Lumbar spine fusion	21.22	20.17	3.38	44.77	090	S
22585	.....	A	Additional spinal fusion	5.53	5.40	0.93	11.86	ZZZ	S
22590	.....	A	Spine & skull spinal fusion	19.50	21.57	3.44	44.51	090	S
22595	.....	A	Neck spinal fusion	18.19	22.46	3.87	44.52	090	S
22600	.....	A	Neck spine fusion	14.74	19.36	3.32	37.42	090	S
22610	.....	A	Thorax spine fusion	14.62	17.87	2.75	35.24	090	S
22612	.....	A	Lumbar spine fusion	20.19	20.60	3.33	44.12	090	S
22614	.....	A	Spine fusion, extra segment	6.44	5.65	0.92	13.01	ZZZ	S
22630	.....	A	Lumbar spine fusion	20.03	18.44	3.15	41.62	090	S
22632	.....	A	Spine fusion, extra segment	5.23	4.99	0.82	11.04	ZZZ	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
22800	.....	A	Fusion of spine	16.92	21.66	3.58	42.16	090	S
22802	.....	A	Fusion of spine	29.74	28.32	4.61	62.67	090	S
22804	.....	A	Fusion of spine	35.00	28.32	4.61	67.93	090	S
22808	.....	A	Fusion of spine	25.00	18.41	3.15	46.56	090	S
22810	.....	A	Fusion of spine	29.00	18.41	3.15	50.56	090	S
22812	.....	A	Fusion of spine	31.00	25.93	4.24	61.17	090	S
22830	.....	A	Exploration of spinal fusion	10.22	13.07	2.18	25.47	090	S
22840	.....	A	Insert spine fixation device	12.54	5.98	0.98	19.50	ZZZ	S
22841	.....	B	Insert spine fixation device	0.00	0.00	0.00	0.00	XXX	0
22842	.....	A	Insert spine fixation device	12.58	6.86	1.12	20.56	ZZZ	S
22843	.....	A	Insert spine fixation device	13.46	8.55	1.40	23.41	ZZZ	S
22844	.....	A	Insert spine fixation device	16.44	10.45	1.71	28.60	ZZZ	S
22845	.....	A	Insert spine fixation device	11.96	5.70	0.93	18.59	ZZZ	S
22846	.....	A	Insert spine fixation device	12.42	7.90	1.29	21.61	ZZZ	S
22847	.....	A	Insert spine fixation device	13.80	8.77	1.44	24.01	ZZZ	S
22848	.....	A	Insert pelvic fixationdevice	6.00	5.72	0.94	12.66	ZZZ	S
22849	.....	A	Reinsert spinal fixation	17.55	11.76	1.97	31.28	090	S
22850	.....	A	Remove spine fixation device	8.98	9.17	1.50	19.65	090	S
22851	.....	A	Apply spine prosth device	6.71	6.40	1.05	14.16	ZZZ	S
22852	.....	A	Remove spine fixation device	8.40	9.80	1.57	19.77	090	S
22855	.....	A	Remove spine fixation device	14.11	7.46	1.25	22.82	090	S
22899	.....	C	Spine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
22900	.....	A	Remove abdominal wall lesion	5.13	3.03	0.60	8.76	090	S
22999	.....	C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	YYY	S
23000	.....	A	Removal of calcium deposits	4.12	3.24	0.47	7.83	090	S
23020	.....	A	Release shoulder joint	8.25	7.27	1.09	16.61	090	S
23030	.....	A	Drain shoulder lesion	3.16	2.16	0.35	5.67	010	S
23031	.....	A	Drain shoulder bursa	2.69	0.50	0.05	3.24	010	S
23035	.....	A	Drain shoulder bone lesion	7.80	6.22	1.04	15.06	090	S
23040	.....	A	Exploratory shoulder surgery	8.39	9.27	1.47	19.13	090	S
23044	.....	A	Exploratory shoulder surgery	6.40	6.91	1.18	14.49	090	S
23065	.....	A	Biopsy shoulder tissues	2.24	0.66	0.09	2.99	010	S
23066	.....	A	Biopsy shoulder tissues	4.01	1.18	0.10	5.29	090	S
23075	.....	A	Removal of shoulder lesion	2.34	1.68	0.29	4.31	010	S
23076	.....	A	Removal of shoulder lesion	7.12	3.54	0.65	11.31	090	S
23077	.....	A	Remove tumor of shoulder	14.65	7.38	1.38	23.41	090	S
23100	.....	A	Biopsy of shoulder joint	5.63	7.20	1.24	14.07	090	S
23101	.....	A	Shoulder joint surgery	5.21	6.68	1.21	13.10	090	S
23105	.....	A	Remove shoulder joint lining	7.74	9.91	1.73	19.38	090	S
23106	.....	A	Incision of collarbone joint	5.56	4.75	0.80	11.11	090	S
23107	.....	A	Explore,treat shoulder joint	8.13	9.59	1.60	19.32	090	S
23120	.....	A	Partial removal, collar bone	6.65	4.61	0.74	12.00	090	S
23125	.....	A	Removal of collarbone	8.90	8.49	1.27	18.66	090	S
23130	.....	A	Partial removal, shoulderbone	7.10	7.05	1.14	15.29	090	S
23140	.....	A	Removal of bone lesion	6.43	4.16	0.73	11.32	090	S
23145	.....	A	Removal of bone lesion	8.54	8.13	1.33	18.00	090	S
23146	.....	A	Removal of bone lesion	7.34	5.23	1.01	13.58	090	S
23150	.....	A	Removal of humerus lesion	7.80	6.64	1.01	15.45	090	S
23155	.....	A	Removal of humerus lesion	9.58	8.80	1.37	19.75	090	S
23156	.....	A	Removal of humerus lesion	8.00	7.64	1.25	16.89	090	S
23170	.....	A	Remove collarbone lesion	6.27	4.81	0.78	11.86	090	S
23172	.....	A	Remove shoulder blade lesion	6.24	5.16	0.73	12.13	090	S
23174	.....	A	Remove humerus lesion	8.71	8.55	1.21	18.47	090	S
23180	.....	A	Remove collar bone lesion	7.82	4.30	0.67	12.79	090	S
23182	.....	A	Remove shoulder blade lesion	7.44	6.57	1.13	15.14	090	S
23184	.....	A	Remove humerus lesion	8.61	8.83	1.48	18.92	090	S
23190	.....	A	Partial removal of scapula	6.78	6.07	0.98	13.83	090	S
23195	.....	A	Removal of head of humerus	9.00	8.91	1.45	19.36	090	S
23200	.....	A	Removal of collar bone	11.05	9.17	1.26	21.48	090	S
23210	.....	A	Removal of shoulderblade	11.39	9.01	1.41	21.81	090	S
23220	.....	A	Partial removal of humerus	13.31	12.05	2.03	27.39	090	S
23221	.....	A	Partial removal of humerus	16.62	18.13	1.19	35.94	090	S
23222	.....	A	Partial removal of humerus	22.78	15.02	2.30	40.10	090	S
23330	.....	A	Remove shoulder foreign body	1.80	0.55	0.07	2.42	010	S
23331	.....	A	Remove shoulder foreign body	6.89	2.26	0.38	9.53	090	S
23332	.....	A	Remove shoulder foreign body	10.59	9.72	1.57	21.88	090	S
23350	.....	A	Injection for shoulder x-ray	1.00	0.52	0.05	1.57	000	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
23395	.....	A	Muscle transfer, shoulder/arm	16.00	11.13	1.84	28.97	090	S
23397	.....	A	Muscle transfers	15.23	13.97	2.34	31.54	090	S
23400	.....	A	Fixation of shoulder blade	12.96	9.84	1.68	24.48	090	S
23405	.....	A	Incision of tendon & muscle	7.97	7.49	0.99	16.45	090	S
23406	.....	A	Incise tendon(s) & muscle(s)	10.33	9.41	1.58	21.32	090	S
23410	.....	A	Repair of tendon(s)	11.90	10.94	1.75	24.59	090	S
23412	.....	A	Repair of tendon(s)	12.69	13.37	2.16	28.22	090	S
23415	.....	A	Release of shoulder ligament	9.51	5.18	0.83	15.52	090	S
23420	.....	A	Repair of shoulder	12.60	14.68	2.34	29.62	090	S
23430	.....	A	Repair biceps tendon	9.56	7.34	1.19	18.09	090	S
23440	.....	A	Removal/transplant tendon	10.08	7.17	1.17	18.42	090	S
23450	.....	A	Repair shoulder capsule	12.85	12.75	2.04	27.64	090	S
23455	.....	A	Repair shoulder capsule	13.82	15.56	2.50	31.88	090	S
23460	.....	A	Repair shoulder capsule	14.66	14.07	2.24	30.97	090	S
23462	.....	A	Repair shoulder capsule	14.62	15.13	2.48	32.23	090	S
23465	.....	A	Repair shoulder capsule	15.14	14.15	2.27	31.56	090	S
23466	.....	A	Repair shoulder capsule	13.65	16.53	2.67	32.85	090	S
23470	.....	A	Reconstruct shoulder joint	16.12	16.76	2.65	35.53	090	S
23472	.....	A	Reconstruct shoulder joint	16.09	20.60	4.89	41.58	090	S
23480	.....	A	Revision of collarbone	10.56	6.59	1.02	18.17	090	S
23485	.....	A	Revision of collar bone	12.68	11.35	1.87	25.90	090	S
23490	.....	A	Reinforce clavicle	11.31	9.98	0.80	22.09	090	S
23491	.....	A	Reinforce shoulder bones	13.63	12.70	2.11	28.44	090	S
23500	.....	A	Treat clavicle fracture	1.95	1.65	0.21	3.81	090	S
23505	.....	A	Treat clavicle fracture	3.54	2.57	0.38	6.49	090	S
23515	.....	A	Repair clavicle fracture	7.01	6.93	1.12	15.06	090	S
23520	.....	A	Treat clavicle dislocation	2.03	1.38	0.19	3.60	090	S
23525	.....	A	Treat clavicle dislocation	3.40	1.98	0.27	5.65	090	S
23530	.....	A	Repair clavicle dislocation	7.02	6.58	0.91	14.51	090	S
23532	.....	A	Repair clavicle dislocation	7.59	7.23	1.19	16.01	090	S
23540	.....	A	Treat clavicle dislocation	2.10	1.55	0.19	3.84	090	S
23545	.....	A	Treat clavicle dislocation	3.07	1.98	0.29	5.34	090	S
23550	.....	A	Repair clavicle dislocation	6.65	8.51	1.46	16.62	090	S
23552	.....	A	Repair clavicle dislocation	7.83	7.29	1.17	16.29	090	S
23570	.....	A	Treat shoulderblade fracture	2.10	1.70	0.25	4.05	090	S
23575	.....	A	Treat shoulderblade fracture	3.88	2.75	0.43	7.06	090	S
23585	.....	A	Repair scapula fracture	8.41	7.70	1.29	17.40	090	S
23600	.....	A	Treat humerus fracture	2.75	2.90	0.43	6.08	090	S
23605	.....	A	Treat humerus fracture	4.56	4.76	0.76	10.08	090	S
23615	.....	A	Repair humerus fracture	8.38	10.72	1.78	20.88	090	S
23616	.....	A	Repair humerus fracture	19.88	22.32	3.54	45.74	090	S
23620	.....	A	Treat humerus fracture	2.25	2.88	0.46	5.59	090	S
23625	.....	A	Treat humerus fracture	3.64	3.82	0.60	8.06	090	S
23630	.....	A	Repair humerus fracture	6.89	8.82	1.40	17.11	090	S
23650	.....	A	Treat shoulder dislocation	3.24	2.10	0.24	5.58	090	S
23655	.....	A	Treat shoulder dislocation	4.26	2.93	0.44	7.63	090	S
23660	.....	A	Repair shoulder dislocation	7.09	9.07	1.40	17.56	090	S
23665	.....	A	Treat dislocation/fracture	4.16	3.35	0.51	8.02	090	S
23670	.....	A	Repair dislocation/fracture	7.44	9.52	1.85	18.81	090	S
23675	.....	A	Treat dislocation/fracture	5.60	3.93	0.61	10.14	090	S
23680	.....	A	Repair dislocation/fracture	9.44	12.09	2.13	23.66	090	S
23700	.....	A	Fixation of shoulder	2.47	2.09	0.34	4.90	010	S
23800	.....	A	Fusion of shoulder joint	13.32	16.35	2.63	32.30	090	S
23802	.....	A	Fusion of shoulder joint	15.62	14.07	2.24	31.93	090	S
23900	.....	A	Amputation of arm & girdle	18.40	12.57	2.40	33.37	090	S
23920	.....	A	Amputation at shoulder joint	13.60	13.85	2.54	29.99	090	S
23921	.....	A	Amputation follow-up surgery	5.03	4.27	0.74	10.04	090	S
23929	.....	C	Shoulder surgery procedure	0.00	0.00	0.00	0.00	YYY	S
23930	.....	A	Drainage of arm lesion	2.78	1.61	0.24	4.63	010	S
23931	.....	A	Drainage of arm bursa	1.63	0.75	0.11	2.49	010	S
23935	.....	A	Drain arm/elbow bone lesion	5.56	4.69	0.78	11.03	090	S
24000	.....	A	Exploratory elbow surgery	5.32	6.81	1.44	13.57	090	S
24006	.....	A	Release elbow joint	8.70	7.14	1.17	17.01	090	S
24065	.....	A	Biopsy arm/elbow soft tissue	2.03	0.79	0.10	2.92	010	S
24066	.....	A	Biopsy arm/elbow soft tissue	4.95	2.71	0.41	8.07	090	S
24075	.....	A	Remove arm/elbow lesion	3.79	1.98	0.35	6.12	090	S
24076	.....	A	Remove arm/elbow lesion	6.01	3.68	0.67	10.36	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
24077	.....	A	Remove tumor of arm/elbow	11.18	9.79	1.87	22.84	090	S
24100	.....	A	Biopsy elbow joint lining	4.67	4.23	0.69	9.59	090	S
24101	.....	A	Explore/treat elbow joint	5.84	7.47	1.41	14.72	090	S
24102	.....	A	Remove elbow joint lining	7.57	9.68	1.81	19.06	090	S
24105	.....	A	Removal of elbow bursa	3.43	3.77	0.63	7.83	090	S
24110	.....	A	Remove humerus lesion	7.08	7.69	1.22	15.99	090	S
24115	.....	A	Remove/graft bone lesion	8.88	7.68	1.33	17.89	090	S
24116	.....	A	Remove/graft bone lesion	11.13	9.72	1.47	22.32	090	S
24120	.....	A	Remove elbow lesion	6.36	6.02	0.98	13.36	090	S
24125	.....	A	Remove/graft bone lesion	7.40	5.79	0.61	13.80	090	S
24126	.....	A	Remove/graft bone lesion	7.76	7.40	1.21	16.37	090	S
24130	.....	A	Removal of head of radius	5.96	6.72	1.08	13.76	090	S
24134	.....	A	Removal of arm bone lesion	8.98	8.69	1.24	18.91	090	S
24136	.....	A	Remove radius bone lesion	7.33	8.78	0.92	17.03	090	S
24138	.....	A	Remove elbow bone lesion	7.36	6.39	1.06	14.81	090	S
24140	.....	A	Partial removal of arm bone	8.56	8.77	1.45	18.78	090	S
24145	.....	A	Partial removal of radius	7.12	6.38	1.03	14.53	090	S
24147	.....	A	Partial removal of elbow	7.00	6.61	1.08	14.69	090	S
24149	.....	A	Radical resection of elbow	13.25	12.64	2.07	27.96	090	S
24150	.....	A	Extensive humerus surgery	12.43	14.08	2.24	28.75	090	S
24151	.....	A	Extensive humerus surgery	14.65	13.83	2.11	30.59	090	S
24152	.....	A	Extensive radius surgery	9.51	6.80	1.16	17.47	090	S
24153	.....	A	Extensive radius surgery	10.96	10.44	1.71	23.11	090	S
24155	.....	A	Removal of elbow joint	11.11	10.75	1.72	23.58	090	S
24160	.....	A	Remove elbow joint implant	7.43	4.84	0.80	13.07	090	S
24164	.....	A	Remove radius head implant	5.79	5.53	0.90	12.22	090	S
24200	.....	A	Removal of arm foreign body	1.71	0.56	0.06	2.33	010	N
24201	.....	A	Removal of arm foreign body	4.30	3.06	0.49	7.85	090	S
24220	.....	A	Injection for elbow x-ray	1.31	0.51	0.05	1.87	000	N
24301	.....	A	Muscle/tendon transfer	9.78	7.90	1.23	18.91	090	S
24305	.....	A	Arm tendon lengthening	7.16	3.08	0.29	10.53	090	S
24310	.....	A	Revision of arm tendon	5.72	2.95	0.48	9.15	090	S
24320	.....	A	Repair of arm tendon	10.01	9.20	1.29	20.50	090	S
24330	.....	A	Revision of arm muscles	9.18	8.74	1.43	19.35	090	S
24331	.....	A	Revision of arm muscles	10.10	9.62	1.57	21.29	090	S
24340	.....	A	Repair of biceps tendon	7.58	7.00	1.13	15.71	090	S
24341	.....	A	Repair tendon/muscle arm	7.33	6.99	1.14	15.46	090	S
24342	.....	A	Repair of ruptured tendon	10.13	10.38	1.76	22.27	090	S
24350	.....	A	Repair of tennis elbow	5.05	4.23	0.69	9.97	090	S
24351	.....	A	Repair of tennis elbow	5.73	4.57	0.73	11.03	090	S
24352	.....	A	Repair of tennis elbow	6.14	5.69	0.93	12.76	090	S
24354	.....	A	Repair of tennis elbow	6.19	5.61	0.94	12.74	090	S
24356	.....	A	Revision of tennis elbow	6.39	7.28	1.18	14.85	090	S
24360	.....	A	Reconstruct elbow joint	11.76	15.05	2.47	29.28	090	S
24361	.....	A	Reconstruct elbow joint	13.50	13.13	2.00	28.63	090	S
24362	.....	A	Reconstruct elbow joint	14.41	13.14	0.80	28.35	090	S
24363	.....	A	Replace elbow joint	17.66	22.61	4.13	44.40	090	S
24365	.....	A	Reconstruct head of radius	7.93	7.52	1.19	16.64	090	S
24366	.....	A	Reconstruct head of radius	8.67	11.05	1.80	21.52	090	S
24400	.....	A	Revision of humerus	10.55	8.43	1.37	20.35	090	S
24410	.....	A	Revision of humerus	14.28	14.04	2.06	30.38	090	S
24420	.....	A	Revision of humerus	12.90	12.30	2.01	27.21	090	S
24430	.....	A	Repair of humerus	12.26	14.66	2.34	29.26	090	S
24435	.....	A	Repair humerus with graft	12.19	15.61	2.84	30.64	090	S
24470	.....	A	Revision of elbow joint	8.32	7.92	1.30	17.54	090	S
24495	.....	A	Decompression of forearm	7.59	5.75	1.10	14.44	090	S
24498	.....	A	Reinforce humerus	11.30	10.37	1.62	23.29	090	S
24500	.....	A	Treat humerus fracture	3.01	2.54	0.36	5.91	090	S
24505	.....	A	Treat humerus fracture	4.83	4.50	0.71	10.04	090	S
24515	.....	A	Repair humerus fracture	10.92	9.65	1.54	22.11	090	S
24516	.....	A	Repair humerus fracture	10.92	9.65	1.54	22.11	090	S
24530	.....	A	Treat humerus fracture	3.30	2.73	0.42	6.45	090	S
24535	.....	A	Treat humerus fracture	6.51	4.85	0.78	12.14	090	S
24538	.....	A	Treat humerus fracture	8.85	7.98	1.26	18.09	090	S
24545	.....	A	Repair humerus fracture	9.65	9.97	1.59	21.21	090	S
24546	.....	A	Repair humerus fracture	14.66	9.97	1.59	26.22	090	S
24560	.....	A	Treat humerus fracture	2.62	2.16	0.30	5.08	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
24565	.....	A	Treat humerus fracture	5.22	3.45	0.54	9.21	090	S
24566	.....	A	Treat humerus fracture	7.17	6.06	0.96	14.19	090	S
24575	.....	A	Repair humerus fracture	9.91	7.79	1.24	18.94	090	S
24576	.....	A	Treat humerus fracture	2.66	2.16	0.33	5.15	090	S
24577	.....	A	Treat humerus fracture	5.45	4.00	0.61	10.06	090	S
24579	.....	A	Repair humerus fracture	10.85	8.37	1.35	20.57	090	S
24582	.....	A	Treat humerus fracture	7.83	6.62	1.06	15.51	090	S
24586	.....	A	Repair elbow fracture	14.37	14.72	2.36	31.45	090	S
24587	.....	A	Repair elbow fracture	14.26	13.72	2.17	30.15	090	S
24600	.....	A	Treat elbow dislocation	4.08	1.95	0.26	6.29	090	S
24605	.....	A	Treat elbow dislocation	5.08	2.29	0.37	7.74	090	S
24615	.....	A	Repair elbow dislocation	8.76	9.29	1.48	19.53	090	S
24620	.....	A	Treat elbow fracture	6.62	3.78	0.57	10.97	090	S
24635	.....	A	Repair elbow fracture	12.42	11.06	1.78	25.26	090	S
24640	.....	A	Treat elbow dislocation	1.15	1.01	0.08	2.24	010	N
24650	.....	A	Treat radius fracture	2.01	2.25	0.33	4.59	090	S
24655	.....	A	Treat radius fracture	4.17	3.01	0.45	7.63	090	S
24665	.....	A	Repair radius fracture	7.69	7.13	1.14	15.96	090	S
24666	.....	A	Repair radius fracture	8.87	10.27	1.60	20.74	090	S
24670	.....	A	Treatment of ulna fracture	2.39	1.95	0.27	4.61	090	S
24675	.....	A	Treatment of ulna fracture	4.52	3.51	0.54	8.57	090	S
24685	.....	A	Repair ulna fracture	8.34	8.40	1.34	18.08	090	S
24800	.....	A	Fusion of elbow joint	10.75	10.59	1.55	22.89	090	S
24802	.....	A	Fusion/graft of elbow joint	12.79	12.18	1.99	26.96	090	S
24900	.....	A	Amputation of upper arm	8.76	7.68	1.39	17.83	090	S
24920	.....	A	Amputation of upper arm	8.69	6.78	1.19	16.66	090	S
24925	.....	A	Amputation follow-up surgery	6.61	6.27	0.75	13.63	090	S
24930	.....	A	Amputation follow-up surgery	9.40	8.16	1.17	18.73	090	S
24931	.....	A	Amputate upper arm & implant	11.71	11.17	1.84	24.72	090	S
24935	.....	A	Revision of amputation	14.37	13.70	2.24	30.31	090	S
24940	.....	C	Revision of upper arm	0.00	0.00	0.00	0.00	090	S
24999	.....	C	Upper arm/elbow surgery	0.00	0.00	0.00	0.00	YYY	S
25000	.....	A	Incision of tendon sheath	3.20	3.94	0.62	7.76	090	S
25020	.....	A	Decompression of forearm	5.55	4.35	0.77	10.67	090	S
25023	.....	A	Decompression of forearm	11.80	5.44	0.94	18.18	090	S
25028	.....	A	Drainage of forearm lesion	4.88	2.06	0.36	7.30	090	S
25031	.....	A	Drainage of forearm bursa	3.90	0.66	0.09	4.65	090	S
25035	.....	A	Treat forearm bone lesion	6.83	6.30	1.01	14.14	090	S
25040	.....	A	Explore/treat wrist joint	6.61	5.69	0.90	13.20	090	S
25065	.....	A	Biopsy forearm soft tissues	1.94	0.75	0.09	2.78	010	S
25066	.....	A	Biopsy forearm soft tissues	3.87	1.54	0.22	5.63	090	S
25075	.....	A	Removal of forearm lesion	3.61	2.19	0.37	6.17	090	S
25076	.....	A	Removal of forearm lesion	4.77	3.77	0.67	9.21	090	S
25077	.....	A	Remove tumor, forearm/wrist	9.25	8.48	1.67	19.40	090	S
25085	.....	A	Incision of wrist capsule	5.13	4.62	0.71	10.46	090	S
25100	.....	A	Biopsy of wrist joint	3.66	4.69	0.79	9.14	090	S
25101	.....	A	Explore/treat wrist joint	4.43	5.61	0.98	11.02	090	S
25105	.....	A	Remove wrist joint lining	5.56	7.11	1.19	13.86	090	S
25107	.....	A	Remove wrist joint cartilage	5.89	5.28	0.89	12.06	090	S
25110	.....	A	Remove wrist tendon lesion	3.79	2.80	0.46	7.05	090	S
25111	.....	A	Remove wrist tendon lesion	3.24	3.22	0.55	7.01	090	S
25112	.....	A	Reremove wrist tendon lesion	4.38	3.72	0.66	8.76	090	S
25115	.....	A	Remove wrist/forearm lesion	8.00	7.14	1.23	16.37	090	S
25116	.....	A	Remove wrist/forearm lesion	6.44	8.17	1.38	15.99	090	S
25118	.....	A	Excise wrist tendon sheath	4.11	5.26	1.02	10.39	090	S
25119	.....	A	Partial removal of ulna	5.64	7.22	1.32	14.18	090	S
25120	.....	A	Removal of forearm lesion	5.70	6.53	1.14	13.37	090	S
25125	.....	A	Remove/graft forearm lesion	7.06	6.84	1.04	14.94	090	S
25126	.....	A	Remove/graft forearm lesion	7.13	6.80	1.12	15.05	090	S
25130	.....	A	Removal of wrist lesion	5.08	4.21	0.67	9.96	090	S
25135	.....	A	Remove & graft wrist lesion	6.58	5.46	0.97	13.01	090	S
25136	.....	A	Remove & graft wrist lesion	5.68	4.74	0.85	11.27	090	S
25145	.....	A	Remove forearm bone lesion	5.97	5.95	0.75	12.67	090	S
25150	.....	A	Partial removal of ulna	6.56	6.67	1.12	14.35	090	S
25151	.....	A	Partial removal of radius	6.86	5.75	1.02	13.63	090	S
25170	.....	A	Extensive forearm surgery	10.45	9.79	1.51	21.75	090	S
25210	.....	A	Removal of wrist bone	5.55	4.88	0.80	11.23	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
25215	.....	A	Removal of wrist bones	7.40	8.68	1.42	17.50	090	S
25230	.....	A	Partial removal of radius	4.86	5.57	0.85	11.28	090	S
25240	.....	A	Partial removal of ulna	4.91	5.30	0.86	11.07	090	S
25246	.....	A	Injection for wrist x-ray	1.45	0.50	0.05	2.00	000	N
25248	.....	A	Remove forearm foreign body	4.96	2.18	0.37	7.51	090	S
25250	.....	A	Removal of wrist prosthesis	6.31	5.63	0.91	12.85	090	S
25251	.....	A	Removal of wrist prosthesis	9.08	8.25	1.39	18.72	090	S
25260	.....	A	Repair forearm tendon/muscle	7.33	4.61	0.78	12.72	090	S
25263	.....	A	Repair forearm tendon/muscle	7.37	5.77	1.03	14.17	090	S
25265	.....	A	Repair forearm tendon/muscle	9.54	7.93	1.41	18.88	090	S
25270	.....	A	Repair forearm tendon/muscle	5.71	3.36	0.55	9.62	090	S
25272	.....	A	Repair forearm tendon/muscle	6.75	3.44	0.54	10.73	090	S
25274	.....	A	Repair forearm tendon/muscle	8.44	6.62	1.13	16.19	090	S
25280	.....	A	Revise wrist/forearm tendon	6.82	4.22	0.69	11.73	090	S
25290	.....	A	Incise wrist/forearm tendon	5.03	2.47	0.41	7.91	090	S
25295	.....	A	Release wrist/forearm tendon	6.26	3.05	0.52	9.83	090	S
25300	.....	A	Fusion of tendons at wrist	8.46	7.36	1.19	17.01	090	S
25301	.....	A	Fusion of tendons at wrist	8.09	6.77	1.18	16.04	090	S
25310	.....	A	Transplant forearm tendon	7.68	7.14	1.17	15.99	090	S
25312	.....	A	Transplant forearm tendon	9.08	7.63	1.31	18.02	090	S
25315	.....	A	Revise palsy hand tendon(s)	9.45	8.06	1.34	18.85	090	S
25316	.....	A	Revise palsy hand tendon(s)	11.49	10.58	1.78	23.85	090	S
25320	.....	A	Repair/revise wrist joint	9.89	8.60	1.45	19.94	090	S
25330	.....	D	Revise wrist joint	0.00	0.00	0.00	0.00	090	S
25331	.....	D	Revise wrist joint	0.00	0.00	0.00	0.00	090	S
25332	.....	A	Revise wrist joint	10.83	9.98	1.61	22.42	090	S
25335	.....	A	Realignment of hand	12.11	11.41	1.56	25.08	090	S
25337	.....	A	Reconstruct ulna/radioulnar	9.50	8.60	1.45	19.55	090	S
25350	.....	A	Revision of radius	8.23	7.61	1.26	17.10	090	S
25355	.....	A	Revision of radius	9.55	9.12	1.49	20.16	090	S
25360	.....	A	Revision of ulna	7.88	6.41	0.99	15.28	090	S
25365	.....	A	Revise radius & ulna	11.63	10.31	1.57	23.51	090	S
25370	.....	A	Revise radius or ulna	12.34	11.76	1.92	26.02	090	S
25375	.....	A	Revise radius & ulna	12.27	13.38	0.87	26.52	090	S
25390	.....	A	Shorten radius/ulna	9.85	8.82	1.50	20.17	090	S
25391	.....	A	Lengthen radius/ulna	12.75	11.25	1.93	25.93	090	S
25392	.....	A	Shorten radius & ulna	13.05	12.44	2.04	27.53	090	S
25393	.....	A	Lengthen radius & ulna	14.90	14.21	2.32	31.43	090	S
25400	.....	A	Repair radius or ulna	10.30	10.78	1.75	22.83	090	S
25405	.....	A	Repair/graft radius or ulna	13.48	12.42	2.02	27.92	090	S
25415	.....	A	Repair radius & ulna	12.64	11.42	1.92	25.98	090	S
25420	.....	A	Repair/graft radius & ulna	15.34	14.70	2.28	32.32	090	S
25425	.....	A	Repair/graft radius or ulna	12.44	12.02	1.87	26.33	090	S
25426	.....	A	Repair/graft radius & ulna	14.92	11.72	2.13	28.77	090	S
25440	.....	A	Repair/graft wrist bone	9.95	9.05	1.50	20.50	090	S
25441	.....	A	Reconstruct wrist joint	12.26	11.36	1.89	25.51	090	S
25442	.....	A	Reconstruct wrist joint	10.34	7.06	1.22	18.62	090	S
25443	.....	A	Reconstruct wrist joint	9.88	9.38	1.52	20.78	090	S
25444	.....	A	Reconstruct wrist joint	10.64	10.14	1.66	22.44	090	S
25445	.....	A	Reconstruct wrist joint	9.27	10.36	1.72	21.35	090	S
25446	.....	A	Wrist replacement	15.52	19.86	3.49	38.87	090	S
25447	.....	A	Repair wrist joint(s)	9.86	9.65	1.56	21.07	090	S
25449	.....	A	Remove wrist joint implant	13.78	7.84	1.16	22.78	090	S
25450	.....	A	Revision of wrist joint	7.67	7.31	1.19	16.17	090	S
25455	.....	A	Revision of wrist joint	9.15	8.71	1.42	19.28	090	S
25490	.....	A	Reinforce radius	9.12	8.69	1.42	19.23	090	S
25491	.....	A	Reinforce ulna	9.54	9.10	1.49	20.13	090	S
25492	.....	A	Reinforce radius and ulna	11.75	11.20	1.84	24.79	090	S
25500	.....	A	Treat fracture of radius	2.30	2.33	0.29	4.92	090	S
25505	.....	A	Treat fracture of radius	4.96	3.57	0.51	9.04	090	S
25515	.....	A	Repair fracture of radius	8.63	7.63	1.22	17.48	090	S
25520	.....	A	Repair fracture of radius	6.01	5.74	0.94	12.69	090	S
25525	.....	A	Repair fracture of radius	11.69	11.15	1.83	24.67	090	S
25526	.....	A	Repair fracture of radius	12.43	11.85	1.94	26.22	090	S
25530	.....	A	Treat fracture of ulna	1.94	2.44	0.35	4.73	090	S
25535	.....	A	Treat fracture of ulna	4.91	3.57	0.54	9.02	090	S
25545	.....	A	Repair fracture of ulna	8.35	7.58	1.20	17.13	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
25560	.....	A	Treat fracture radius & ulna	2.29	2.27	0.27	4.83	090	S
25565	.....	A	Treat fracture radius & ulna	5.29	4.66	0.70	10.65	090	S
25574	.....	A	Treat fracture radius & ulna	6.03	7.72	1.73	15.48	090	S
25575	.....	A	Repair fracture radius/ulna	9.47	10.70	1.73	21.90	090	S
25600	.....	A	Treat fracture radius/ulna	2.48	2.84	0.42	5.74	090	S
25605	.....	A	Treat fracture radius/ulna	5.36	3.95	0.61	9.92	090	S
25611	.....	A	Repair fracture radius/ulna	7.11	6.01	0.97	14.09	090	S
25620	.....	A	Repair fracture radius/ulna	8.15	7.13	1.14	16.42	090	S
25622	.....	A	Treat wrist bone fracture	2.43	2.28	0.33	5.04	090	S
25624	.....	A	Treat wrist bone fracture	4.28	3.67	0.57	8.52	090	S
25628	.....	A	Repair wrist bone fracture	7.81	7.13	1.16	16.10	090	S
25630	.....	A	Treat wrist bone fracture	2.73	2.19	0.30	5.22	090	S
25635	.....	A	Treat wrist bone fracture	4.16	3.36	0.50	8.02	090	S
25645	.....	A	Repair wrist bone fracture	6.85	6.68	0.95	14.48	090	S
25650	.....	A	Repair wrist bone fracture	2.87	2.66	0.36	5.89	090	S
25660	.....	A	Treat wrist dislocation	4.53	1.82	0.26	6.61	090	S
25670	.....	A	Repair wrist dislocation	7.52	7.08	1.12	15.72	090	S
25675	.....	A	Treat wrist dislocation	4.44	2.28	0.34	7.06	090	S
25676	.....	A	Repair wrist dislocation	7.55	7.32	1.11	15.98	090	S
25680	.....	A	Treat wrist fracture	5.63	2.44	0.36	8.43	090	S
25685	.....	A	Repair wrist fracture	9.23	8.79	1.44	19.46	090	S
25690	.....	A	Treat wrist dislocation	5.16	4.89	0.73	10.78	090	S
25695	.....	A	Repair wrist dislocation	7.94	7.04	1.17	16.15	090	S
25800	.....	A	Fusion of wrist joint	9.21	10.94	1.80	21.95	090	S
25805	.....	A	Fusion/graft of wrist joint	10.57	12.85	2.09	25.51	090	S
25810	.....	A	Fusion/graft of wrist joint	9.79	12.53	2.06	24.38	090	S
25820	.....	A	Fusion of hand bones	7.14	8.91	1.48	17.53	090	S
25825	.....	A	Fusion hand bones with graft	8.60	11.02	1.99	21.61	090	S
25830	.....	A	Fusion radioulnar jnt/ulna	9.50	8.60	1.45	19.55	090	S
25900	.....	A	Amputation of forearm	8.15	7.08	1.31	16.54	090	S
25905	.....	A	Amputation of forearm	8.40	7.11	1.15	16.66	090	S
25907	.....	A	Amputation follow-up surgery	7.27	5.74	1.00	14.01	090	S
25909	.....	A	Amputation follow-up surgery	8.37	5.55	1.06	14.98	090	S
25915	.....	A	Amputation of forearm	16.61	15.83	2.59	35.03	090	S
25920	.....	A	Amputate hand at wrist	8.09	7.00	1.20	16.29	090	S
25922	.....	A	Amputate hand at wrist	6.96	5.55	1.02	13.53	090	S
25924	.....	A	Amputation follow-up surgery	7.87	7.50	1.22	16.59	090	S
25927	.....	A	Amputation of hand	8.27	6.29	1.22	15.78	090	S
25929	.....	A	Amputation follow-up surgery	7.13	4.74	0.96	12.83	090	S
25931	.....	A	Amputation follow-up surgery	7.35	4.54	0.90	12.79	090	S
25999	.....	C	Forearm or wrist surgery	0.00	0.00	0.00	0.00	YYY	S
26010	.....	A	Drainage of finger abscess	1.49	0.48	0.05	2.02	010	N
26011	.....	A	Drainage of finger abscess	2.14	1.54	0.24	3.92	010	S
26020	.....	A	Drain hand tendon sheath	4.01	3.72	0.63	8.36	090	S
26025	.....	A	Drainage of palm bursa	4.32	4.51	0.76	9.59	090	S
26030	.....	A	Drainage of palm bursa(s)	5.36	5.73	0.98	12.07	090	S
26034	.....	A	Treat hand bone lesion	5.59	4.23	0.71	10.53	090	S
26035	.....	A	Decompress fingers/hand	8.38	5.17	0.86	14.41	090	S
26037	.....	A	Decompress fingers/hand	6.68	6.37	1.05	14.10	090	S
26040	.....	A	Release palm contracture	3.09	2.86	0.49	6.44	090	S
26045	.....	A	Release palm contracture	5.27	4.83	0.81	10.91	090	S
26055	.....	A	Incise finger tendon sheath	2.56	3.28	0.56	6.40	090	S
26060	.....	A	Incision of finger tendon	2.71	1.13	0.17	4.01	090	S
26070	.....	A	Explore/treat hand joint	3.34	2.76	0.42	6.52	090	S
26075	.....	A	Explore/treat finger joint	3.44	3.78	0.62	7.84	090	S
26080	.....	A	Explore/treat finger joint	3.78	3.14	0.51	7.43	090	S
26100	.....	A	Biopsy hand joint lining	3.54	2.99	0.45	6.98	090	S
26105	.....	A	Biopsy finger joint lining	3.58	4.17	0.67	8.42	090	S
26110	.....	A	Biopsy finger joint lining	3.40	2.93	0.50	6.83	090	S
26115	.....	A	Removal of hand lesion	3.68	2.01	0.34	6.03	090	S
26116	.....	A	Removal of hand lesion	5.19	3.71	0.62	9.52	090	S
26117	.....	A	Remove tumor, hand/finger	8.24	5.07	0.91	14.22	090	S
26121	.....	A	Release palm contracture	7.34	9.40	1.61	18.35	090	S
26123	.....	A	Release palm contracture	8.64	9.10	1.53	19.27	090	S
26125	.....	A	Release palm contracture	4.61	2.62	0.45	7.68	ZZZ	S
26130	.....	A	Remove wrist joint lining	5.13	5.01	0.86	11.00	090	S
26135	.....	A	Revise finger joint, each	6.67	4.86	0.82	12.35	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
26140	.....	A	Revise finger joint, each	5.88	4.40	0.75	11.03	090	S
26145	.....	A	Tendon excision, palm/finger	6.03	4.71	0.80	11.54	090	S
26160	.....	A	Remove tendon sheath lesion	3.00	2.32	0.40	5.72	090	S
26170	.....	A	Removal of palm tendon, each	4.62	2.83	0.45	7.90	090	S
26180	.....	A	Removal of finger tendon	5.00	4.01	0.71	9.72	090	S
26185	.....	A	Remove finger bone	5.00	4.24	0.41	9.65	090	S
26200	.....	A	Remove hand bone lesion	5.25	4.48	0.72	10.45	090	S
26205	.....	A	Remove/graft bone lesion	7.24	6.40	1.03	14.67	090	S
26210	.....	A	Removal of finger lesion	4.97	3.90	0.64	9.51	090	S
26215	.....	A	Remove/graft finger lesion	6.81	5.55	0.94	13.30	090	S
26230	.....	A	Partial removal of hand bone	5.96	4.26	0.69	10.91	090	S
26235	.....	A	Partial removal, finger bone	5.82	4.17	0.71	10.70	090	S
26236	.....	A	Partial removal, finger bone	4.95	3.86	0.66	9.47	090	S
26250	.....	A	Extensive hand surgery	7.26	6.00	1.07	14.33	090	S
26255	.....	A	Extensive hand surgery	11.66	8.94	1.54	22.14	090	S
26260	.....	A	Extensive finger surgery	6.74	5.73	0.97	13.44	090	S
26261	.....	A	Extensive finger surgery	8.54	7.70	1.31	17.55	090	S
26262	.....	A	Partial removal of finger	5.41	4.75	0.76	10.92	090	S
26320	.....	A	Removal of implant from hand	3.74	3.54	0.57	7.85	090	S
26350	.....	A	Repair finger/hand tendon	5.76	5.74	0.99	12.49	090	S
26352	.....	A	Repair/graft hand tendon	7.26	6.60	1.10	14.96	090	S
26356	.....	A	Repair finger/hand tendon	7.05	7.21	1.24	15.50	090	S
26357	.....	A	Repair finger/hand tendon	8.16	6.58	1.19	15.93	090	S
26358	.....	A	Repair/graft hand tendon	8.69	7.40	1.27	17.36	090	S
26370	.....	A	Repair finger/hand tendon	6.71	6.71	1.13	14.55	090	S
26372	.....	A	Repair/graft hand tendon	8.27	6.39	1.15	15.81	090	S
26373	.....	A	Repair finger/hand tendon	7.67	6.85	1.11	15.63	090	S
26390	.....	A	Revise hand/finger tendon	8.73	7.95	1.23	17.91	090	S
26392	.....	A	Repair/graft hand tendon	9.77	8.61	1.26	19.64	090	S
26410	.....	A	Repair hand tendon	4.37	3.29	0.51	8.17	090	S
26412	.....	A	Repair/graft hand tendon	5.91	6.01	0.97	12.89	090	S
26415	.....	A	Excision, hand/finger tendon	8.05	6.75	0.90	15.70	090	S
26416	.....	A	Graft hand or finger tendon	9.06	8.64	1.41	19.11	090	S
26418	.....	A	Repair finger tendon	4.02	3.58	0.59	8.19	090	S
26420	.....	A	Repair/graft finger tendon	6.37	5.68	0.96	13.01	090	S
26426	.....	A	Repair finger/hand tendon	5.86	6.31	1.07	13.24	090	S
26428	.....	A	Repair/graft finger tendon	6.90	5.50	1.00	13.40	090	S
26432	.....	A	Repair finger tendon	3.87	3.15	0.51	7.53	090	S
26433	.....	A	Repair finger tendon	4.41	3.94	0.66	9.01	090	S
26434	.....	A	Repair/graft finger tendon	5.80	4.95	0.84	11.59	090	S
26437	.....	A	Realignment of tendons	5.53	4.05	0.68	10.26	090	S
26440	.....	A	Release palm/finger tendon	4.76	3.57	0.59	8.92	090	S
26442	.....	A	Release palm & finger tendon	7.45	3.37	0.59	11.41	090	S
26445	.....	A	Release hand/finger tendon	4.16	3.25	0.54	7.95	090	S
26449	.....	A	Release forearm/hand tendon	6.39	5.57	0.96	12.92	090	S
26450	.....	A	Incision of palm tendon	3.54	2.28	0.36	6.18	090	S
26455	.....	A	Incision of finger tendon	3.51	1.89	0.33	5.73	090	S
26460	.....	A	Incise hand/finger tendon	3.33	1.72	0.30	5.35	090	S
26471	.....	A	Fusion of finger tendons	5.55	4.15	0.67	10.37	090	S
26474	.....	A	Fusion of finger tendons	5.14	4.61	0.75	10.50	090	S
26476	.....	A	Tendon lengthening	5.00	2.89	0.27	8.16	090	S
26477	.....	A	Tendon shortening	4.97	3.99	0.73	9.69	090	S
26478	.....	A	Lengthening of hand tendon	5.62	4.30	0.72	10.64	090	S
26479	.....	A	Shortening of hand tendon	5.56	5.29	0.86	11.71	090	S
26480	.....	A	Transplant hand tendon	6.49	6.53	1.11	14.13	090	S
26483	.....	A	Transplant/graft hand tendon	7.87	8.50	1.40	17.77	090	S
26485	.....	A	Transplant palm tendon	7.28	6.50	1.08	14.86	090	S
26489	.....	A	Transplant/graft palm tendon	9.00	3.40	0.51	12.91	090	S
26490	.....	A	Revise thumb tendon	7.99	7.80	1.28	17.07	090	S
26492	.....	A	Tendon transfer with graft	9.17	8.75	1.21	19.13	090	S
26494	.....	A	Hand tendon/muscle transfer	8.05	7.28	1.23	16.56	090	S
26496	.....	A	Revise thumb tendon	9.17	8.73	1.53	19.43	090	S
26497	.....	A	Finger tendon transfer	9.15	8.02	1.38	18.55	090	S
26498	.....	A	Finger tendon transfer	13.55	11.78	2.04	27.37	090	S
26499	.....	A	Revision of finger	8.56	7.75	1.25	17.56	090	S
26500	.....	A	Hand tendon reconstruction	5.67	3.49	0.60	9.76	090	S
26502	.....	A	Hand tendon reconstruction	6.74	5.27	0.95	12.96	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
26504	.....	A	Hand tendon reconstruction	7.05	6.72	1.11	14.88	090	S
26508	.....	A	Release thumb contracture	5.61	4.15	0.72	10.48	090	S
26510	.....	A	Thumb tendon transfer	5.03	4.15	0.68	9.86	090	S
26516	.....	A	Fusion of knuckle joint	6.75	4.16	0.67	11.58	090	S
26517	.....	A	Fusion of knuckle joints	8.34	7.07	1.23	16.64	090	S
26518	.....	A	Fusion of knuckle joints	8.53	6.51	1.22	16.26	090	S
26520	.....	A	Release knuckle contracture	5.01	4.48	0.71	10.20	090	S
26525	.....	A	Release finger contracture	5.04	3.64	0.62	9.30	090	S
26530	.....	A	Revise knuckle joint	6.38	5.16	0.85	12.39	090	S
26531	.....	A	Revise knuckle with implant	7.57	6.65	1.11	15.33	090	S
26535	.....	A	Revise finger joint	4.95	4.84	0.58	10.37	090	S
26536	.....	A	Revise/implant finger joint	6.06	7.21	1.19	14.46	090	S
26540	.....	A	Repair hand joint	6.03	6.64	1.12	13.79	090	S
26541	.....	A	Repair hand joint with graft	8.20	8.94	1.47	18.61	090	S
26542	.....	A	Repair hand joint with graft	6.38	5.67	0.97	13.02	090	S
26545	.....	A	Reconstruct finger joint	6.50	5.27	0.94	12.71	090	S
26546	.....	A	Repair non-union hand	8.50	8.11	1.33	17.94	090	S
26548	.....	A	Reconstruct finger joint	7.61	5.79	1.00	14.40	090	S
26550	.....	A	Construct thumb replacement	20.77	19.81	3.24	43.82	090	S
26551	.....	A	Great toe-hand transfer	44.31	42.25	6.92	93.48	090	S
26552	.....	D	Construct thumb replacement	0.00	0.00	0.00	0.00	090	S
26553	.....	A	Single toe-hand transfer	44.00	41.96	6.87	92.83	090	S
26554	.....	A	Double toe-hand transfer	52.50	50.06	8.20	110.76	090	S
26555	.....	A	Positional change of finger	16.16	15.41	2.52	34.09	090	S
26556	.....	A	Toe joint transfer	44.75	42.67	6.99	94.41	090	S
26557	.....	D	Construct finger replacement	0.00	0.00	0.00	0.00	090	S
26558	.....	D	Added finger surgery	0.00	0.00	0.00	0.00	090	S
26559	.....	D	Added finger surgery	0.00	0.00	0.00	0.00	090	S
26560	.....	A	Repair of web finger	5.23	4.65	0.66	10.54	090	S
26561	.....	A	Repair of web finger	10.50	8.89	1.56	20.95	090	S
26562	.....	A	Repair of web finger	9.23	10.97	0.82	21.02	090	S
26565	.....	A	Correct metacarpal flaw	6.45	5.82	0.85	13.12	090	S
26567	.....	A	Correct finger deformity	6.53	4.28	0.67	11.48	090	S
26568	.....	A	Lengthen metacarpal/finger	8.66	8.45	1.06	18.17	090	S
26580	.....	A	Repair hand deformity	17.71	16.89	2.76	37.36	090	S
26585	.....	A	Repair finger deformity	13.58	12.95	2.12	28.65	090	S
26587	.....	C	Reconstruct extra finger	0.00	0.00	0.00	0.00	090	S
26590	.....	A	Repair finger deformity	17.44	16.63	2.72	36.79	090	S
26591	.....	A	Repair muscles of hand	2.90	2.29	0.39	5.58	090	S
26593	.....	A	Release muscles of hand	4.89	4.12	0.70	9.71	090	S
26596	.....	A	Excision constricting tissue	8.64	8.24	1.35	18.23	090	S
26597	.....	A	Release of scar contracture	9.37	8.02	1.37	18.76	090	S
26600	.....	A	Treat metacarpal fracture	1.81	1.54	0.22	3.57	090	S
26605	.....	A	Treat metacarpal fracture	2.67	2.29	0.36	5.32	090	S
26607	.....	A	Treat metacarpal fracture	5.12	3.55	0.57	9.24	090	S
26608	.....	A	Treat metacarpal fracture	5.12	3.55	0.57	9.24	090	S
26615	.....	A	Repair metacarpal fracture	5.18	4.87	0.80	10.85	090	S
26641	.....	A	Treat thumb dislocation	3.74	1.11	0.14	4.99	090	S
26645	.....	A	Treat thumb fracture	4.23	2.20	0.33	6.76	090	S
26650	.....	A	Repair thumb fracture	5.49	4.01	0.64	10.14	090	S
26665	.....	A	Repair thumb fracture	7.14	6.39	1.09	14.62	090	S
26670	.....	A	Treat hand dislocation	3.54	0.96	0.10	4.60	090	S
26675	.....	A	Treat hand dislocation	4.44	4.34	0.60	9.38	090	S
26676	.....	A	Pin hand dislocation	5.29	4.86	0.67	10.82	090	S
26685	.....	A	Repair hand dislocation	6.54	5.76	0.91	13.21	090	S
26686	.....	A	Repair hand dislocation	7.48	6.31	1.04	14.83	090	S
26700	.....	A	Treat knuckle dislocation	3.54	0.88	0.10	4.52	090	S
26705	.....	A	Treat knuckle dislocation	3.99	1.78	0.27	6.04	090	S
26706	.....	A	Pin knuckle dislocation	4.92	4.68	0.75	10.35	090	S
26715	.....	A	Repair knuckle dislocation	5.48	4.13	0.66	10.27	090	S
26720	.....	A	Treat finger fracture, each	1.56	1.10	0.15	2.81	090	S
26725	.....	A	Treat finger fracture, each	3.18	1.54	0.23	4.95	090	S
26727	.....	A	Treat finger fracture, each	4.92	2.45	0.38	7.75	090	S
26735	.....	A	Repair finger fracture, each	5.72	3.73	0.61	10.06	090	S
26740	.....	A	Treat finger fracture, each	1.81	1.16	0.16	3.13	090	S
26742	.....	A	Treat finger fracture, each	3.70	1.98	0.32	6.00	090	S
26746	.....	A	Repair finger fracture, each	5.55	4.75	0.80	11.10	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
26750	.....	A	Treat finger fracture, each	1.60	0.83	0.10	2.53	090	S
26755	.....	A	Treat finger fracture, each	2.97	1.08	0.15	4.20	090	S
26756	.....	A	Pin finger fracture, each	4.19	1.90	0.33	6.42	090	S
26765	.....	A	Repair finger fracture, each	4.04	2.66	0.45	7.15	090	S
26770	.....	A	Treat finger dislocation	2.89	0.76	0.08	3.73	090	S
26775	.....	A	Treat finger dislocation	3.51	1.13	0.17	4.81	090	S
26776	.....	A	Pin finger dislocation	4.60	2.08	0.35	7.03	090	S
26785	.....	A	Repair finger dislocation	4.08	2.97	0.48	7.53	090	S
26820	.....	A	Thumb fusion with graft	7.84	6.65	1.05	15.54	090	S
26841	.....	A	Fusion of thumb	6.79	6.17	1.00	13.96	090	S
26842	.....	A	Thumb fusion with graft	7.75	8.58	1.37	17.70	090	S
26843	.....	A	Fusion of hand joint	7.21	6.37	1.10	14.68	090	S
26844	.....	A	Fusion/graft of hand joint	8.24	7.35	1.19	16.78	090	S
26850	.....	A	Fusion of knuckle	6.57	4.63	0.76	11.96	090	S
26852	.....	A	Fusion of knuckle with graft	7.97	5.72	1.00	14.69	090	S
26860	.....	A	Fusion of finger joint	4.49	4.30	0.68	9.47	090	S
26861	.....	A	Fusion of finger joint, added	1.74	2.23	0.43	4.40	ZZZ	S
26862	.....	A	Fusion/graft of finger joint	7.06	5.16	0.85	13.07	090	S
26863	.....	A	Fuse/graft added joint	3.90	3.37	0.57	7.84	ZZZ	S
26910	.....	A	Amputate metacarpal bone	7.18	5.16	0.93	13.27	090	S
26951	.....	A	Amputation of finger/thumb	4.41	2.87	0.49	7.77	090	S
26952	.....	A	Amputation of finger/thumb	6.02	4.00	0.69	10.71	090	S
26989	.....	C	Hand/finger surgery	0.00	0.00	0.00	0.00	YYY	S
26990	.....	A	Drainage of pelvis lesion	6.76	3.10	0.51	10.37	090	S
26991	.....	A	Drainage of pelvis bursa	6.05	1.81	0.29	8.15	090	S
26992	.....	A	Drainage of bone lesion	12.30	6.38	1.05	19.73	090	S
27000	.....	A	Incision of hip tendon	5.27	1.85	0.24	7.36	090	S
27001	.....	A	Incision of hip tendon	6.50	2.34	0.38	9.22	090	S
27003	.....	A	Incision of hip tendon	6.62	6.77	1.08	14.47	090	S
27005	.....	A	Incision of hip tendon	9.00	3.37	0.54	12.91	090	S
27006	.....	A	Incision of hip tendons	9.00	4.64	0.77	14.41	090	S
27025	.....	A	Incision of hip/thigh fascia	10.16	6.12	1.02	17.30	090	S
27030	.....	A	Drainage of hip joint	12.09	11.42	1.86	25.37	090	S
27033	.....	A	Exploration of hip joint	12.38	11.52	1.85	25.75	090	S
27035	.....	A	Denervation of hip joint	15.72	11.86	2.21	29.79	090	S
27036	.....	A	Excision of hip joint/muscle	12.00	11.44	1.87	25.31	090	S
27040	.....	A	Biopsy of soft tissues	2.71	0.72	0.11	3.54	010	N
27041	.....	A	Biopsy of soft tissues	9.36	2.67	0.44	12.47	090	S
27047	.....	A	Remove hip/pelvis lesion	7.16	1.89	0.32	9.37	090	S
27048	.....	A	Remove hip/pelvis lesion	5.70	4.33	0.82	10.85	090	S
27049	.....	A	Remove tumor, hip/pelvis	12.52	10.14	1.87	24.53	090	S
27050	.....	A	Biopsy of sacroiliac joint	3.73	4.78	0.90	9.41	090	S
27052	.....	A	Biopsy of hip joint	5.45	6.97	1.59	14.01	090	S
27054	.....	A	Removal of hip joint lining	7.60	9.72	2.26	19.58	090	S
27060	.....	A	Removal of ischial bursa	4.73	3.93	0.68	9.34	090	S
27062	.....	A	Remove femur lesion/bursa	4.74	4.23	0.70	9.67	090	S
27065	.....	A	Removal of hip bone lesion	4.98	5.59	0.90	11.47	090	S
27066	.....	A	Removal of hip bone lesion	9.17	7.90	1.30	18.37	090	S
27067	.....	A	Remove/graft hip bone lesion	12.64	11.63	1.93	26.20	090	S
27070	.....	A	Partial removal of hip bone	9.58	7.41	1.21	18.20	090	S
27071	.....	A	Partial removal of hip bone	10.23	8.50	1.45	20.18	090	S
27075	.....	A	Extensive hip surgery	15.85	13.54	2.32	31.71	090	S
27076	.....	A	Extensive hip surgery	20.23	16.37	2.61	39.21	090	S
27077	.....	A	Extensive hip surgery	21.29	18.98	3.24	43.51	090	S
27078	.....	A	Extensive hip surgery	11.86	9.20	1.67	22.73	090	S
27079	.....	A	Extensive hip surgery	12.11	8.64	1.66	22.41	090	S
27080	.....	A	Removal of tail bone	5.63	4.78	0.87	11.28	090	S
27086	.....	A	Remove hip foreign body	1.82	0.58	0.07	2.47	010	S
27087	.....	A	Remove hip foreign body	8.01	3.62	0.60	12.23	090	S
27090	.....	A	Removal of hip prosthesis	10.34	9.09	1.46	20.89	090	S
27091	.....	A	Removal of hip prosthesis	20.48	19.81	3.16	43.45	090	S
27093	.....	A	Injection for hip x-ray	1.30	0.82	0.11	2.23	000	S
27095	.....	A	Injection for hip x-ray	1.50	0.93	0.13	2.56	000	N
27097	.....	A	Revision of hip tendon	8.08	7.71	1.26	17.05	090	S
27098	.....	A	Transfer tendon to pelvis	8.08	7.71	1.26	17.05	090	S
27100	.....	A	Transfer of abdominal muscle	10.57	7.68	1.42	19.67	090	S
27105	.....	A	Transfer of spinal muscle	11.26	5.89	1.36	18.51	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
27110	.....	A	Transfer of iliopsoas muscle	12.49	10.61	1.86	24.96	090	S
27111	.....	A	Transfer of iliopsoas muscle	11.44	11.63	1.65	24.72	090	S
27120	.....	A	Reconstruction of hip socket	16.43	18.10	2.95	37.48	090	S
27122	.....	A	Reconstruction of hip socket	13.56	17.36	2.94	33.86	090	S
27125	.....	A	Partial hip replacement	13.21	16.91	3.01	33.13	090	S
27130	.....	A	Total hip replacement	18.68	23.91	4.58	47.17	090	S
27132	.....	A	Total hip replacement	21.44	27.44	5.09	53.97	090	S
27134	.....	A	Revise hip joint replacement	27.00	31.41	5.96	64.37	090	S
27137	.....	A	Revise hip joint replacement	20.00	23.90	4.82	48.72	090	S
27138	.....	A	Revise hip joint replacement	21.00	24.23	4.58	49.81	090	S
27140	.....	A	Transplant of femur ridge	11.43	11.05	1.71	24.19	090	S
27146	.....	A	Incision of hip bone	16.55	10.88	1.35	28.78	090	S
27147	.....	A	Revision of hip bone	19.70	16.97	2.76	39.43	090	S
27151	.....	A	Incision of hip bones	21.50	17.71	2.90	42.11	090	S
27156	.....	A	Revision of hip bones	23.62	18.32	3.08	45.02	090	S
27158	.....	A	Revision of pelvis	18.10	14.42	2.64	35.16	090	S
27161	.....	A	Incision of neck of femur	15.20	14.31	2.31	31.82	090	S
27165	.....	A	Incision/fixation of femur	16.20	16.76	2.63	35.59	090	S
27170	.....	A	Repair/graft femur head/neck	14.90	16.41	2.65	33.96	090	S
27175	.....	A	Treat slipped epiphysis	7.24	1.18	0.18	8.60	090	S
27176	.....	A	Treat slipped epiphysis	10.89	10.39	1.70	22.98	090	S
27177	.....	A	Repair slipped epiphysis	13.76	12.39	2.05	28.20	090	S
27178	.....	A	Repair slipped epiphysis	10.76	10.46	1.55	22.77	090	S
27179	.....	A	Revise head/neck of femur	11.69	11.15	1.83	24.67	090	S
27181	.....	A	Repair slipped epiphysis	13.80	13.14	2.16	29.10	090	S
27185	.....	A	Revision of femur epiphysis	8.30	2.77	0.87	11.94	090	S
27187	.....	A	Reinforce hip bones	12.57	16.09	2.76	31.42	090	S
27193	.....	A	Treat pelvic ring fracture	4.64	2.41	0.39	7.44	090	S
27194	.....	A	Treat pelvic ring fracture	8.73	3.90	0.50	13.13	090	S
27200	.....	A	Treat tail bone fracture	1.76	1.49	0.17	3.42	090	S
27202	.....	A	Repair tail bone fracture	6.52	6.15	0.89	13.56	090	S
27215	.....	A	Pelvic fracture(s) treatment	9.39	12.02	2.33	23.74	090	S
27216	.....	A	Treat pelvic ring fracture	14.20	4.30	0.66	19.16	090	S
27217	.....	A	Treat pelvic ring fracture	13.19	14.55	2.33	30.07	090	S
27218	.....	A	Treat pelvic ring fracture	18.83	14.55	2.33	35.71	090	S
27220	.....	A	Treat hip socket fracture	5.26	4.26	0.64	10.16	090	S
27222	.....	A	Treat hip socket fracture	10.95	6.37	1.03	18.35	090	S
27226	.....	A	Treat hip wall fracture	13.93	15.78	2.52	32.23	090	S
27227	.....	A	Treat hip fracture(s)	22.00	19.70	3.20	44.90	090	S
27228	.....	A	Treat hip fracture(s)	25.59	19.95	3.20	48.74	090	S
27230	.....	A	Treat fracture of thigh	4.95	3.30	0.41	8.66	090	S
27232	.....	A	Treat fracture of thigh	9.32	8.98	1.46	19.76	090	S
27235	.....	A	Repair of thigh fracture	11.02	14.10	2.60	27.72	090	S
27236	.....	A	Repair of thigh fracture	14.14	16.91	2.71	33.76	090	S
27238	.....	A	Treatment of thigh fracture	5.06	4.91	0.71	10.68	090	S
27240	.....	A	Treatment of thigh fracture	10.86	9.70	1.53	22.09	090	S
27244	.....	A	Repair of thigh fracture	14.35	16.30	2.62	33.27	090	S
27245	.....	A	Repair of thigh fracture	18.72	16.30	2.62	37.64	090	S
27246	.....	A	Treatment of thigh fracture	4.36	3.87	0.60	8.83	090	S
27248	.....	A	Repair of thigh fracture	9.73	12.46	2.11	24.30	090	S
27250	.....	A	Treat hip dislocation	6.31	3.19	0.45	9.95	090	S
27252	.....	A	Treat hip dislocation	9.47	4.34	0.68	14.49	090	S
27253	.....	A	Repair of hip dislocation	11.98	13.14	2.11	27.23	090	S
27254	.....	A	Repair of hip dislocation	17.29	13.47	2.27	33.03	090	S
27256	.....	A	Treatment of hip dislocation	3.72	1.88	0.31	5.91	010	S
27257	.....	A	Treatment of hip dislocation	4.82	4.62	0.73	10.17	010	S
27258	.....	A	Repair of hip dislocation	14.40	13.73	2.25	30.38	090	S
27259	.....	A	Repair of hip dislocation	20.50	17.20	2.82	40.52	090	S
27265	.....	A	Treatment of hip dislocation	4.74	3.46	0.54	8.74	090	S
27266	.....	A	Treatment of hip dislocation	6.96	4.45	0.71	12.12	090	S
27275	.....	A	Manipulation of hip joint	2.00	1.88	0.30	4.18	010	S
27280	.....	A	Fusion of sacroiliac joint	11.81	10.06	1.77	23.64	090	S
27282	.....	A	Fusion of pubic bones	10.57	9.01	1.69	21.27	090	S
27284	.....	A	Fusion of hip joint	15.62	14.50	2.40	32.52	090	S
27286	.....	A	Fusion of hip joint	15.65	15.20	2.26	33.11	090	S
27290	.....	A	Amputation of leg at hip	21.68	25.40	4.70	51.78	090	S
27295	.....	A	Amputation of leg at hip	17.32	16.54	2.95	36.81	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
27299	.....	C	Pelvis/hip joint surgery	0.00	0.00	0.00	0.00	YYY	S
27301	.....	A	Drain thigh/knee lesion	5.96	2.46	0.40	8.82	090	S
27303	.....	A	Drainage of bone lesion	7.69	5.86	0.96	14.51	090	S
27305	.....	A	Incise thigh tendon & fascia	5.42	3.80	0.68	9.90	090	S
27306	.....	A	Incision of thigh tendon	4.27	1.99	0.32	6.58	090	S
27307	.....	A	Incision of thigh tendons	5.30	3.01	0.48	8.79	090	S
27310	.....	A	Exploration of knee joint	8.26	9.60	1.51	19.37	090	S
27315	.....	A	Partial removal, thigh nerve	6.51	5.38	0.96	12.85	090	S
27320	.....	A	Partial removal, thigh nerve	5.90	5.18	0.73	11.81	090	S
27323	.....	A	Biopsy thigh soft tissues	2.23	0.91	0.13	3.27	010	S
27324	.....	A	Biopsy thigh soft tissues	4.53	2.63	0.45	7.61	090	S
27327	.....	A	Removal of thigh lesion	4.32	2.29	0.40	7.01	090	S
27328	.....	A	Removal of thigh lesion	5.31	4.07	0.73	10.11	090	S
27329	.....	A	Remove tumor, thigh/knee	13.00	11.69	2.14	26.83	090	S
27330	.....	A	Biopsy knee joint lining	4.71	6.02	1.19	11.92	090	S
27331	.....	A	Explore/treat knee joint	5.51	7.05	1.49	14.05	090	S
27332	.....	A	Removal of knee cartilage	7.85	10.05	1.73	19.63	090	S
27333	.....	A	Removal of knee cartilage	6.81	9.01	2.52	18.34	090	S
27334	.....	A	Remove knee joint lining	7.95	10.18	1.77	19.90	090	S
27335	.....	A	Remove knee joint lining	9.19	11.76	2.05	23.00	090	S
27340	.....	A	Removal of kneecap bursa	3.92	3.85	0.62	8.39	090	S
27345	.....	A	Removal of knee cyst	5.63	5.63	0.95	12.21	090	S
27350	.....	A	Removal of kneecap	7.42	9.49	1.54	18.45	090	S
27355	.....	A	Remove femur lesion	7.06	7.58	1.23	15.87	090	S
27356	.....	A	Remove femur lesion/graft	8.60	8.20	1.34	18.14	090	S
27357	.....	A	Remove femur lesion/graft	9.63	8.80	1.43	19.86	090	S
27358	.....	A	Remove femur lesion/fixation	4.74	4.55	0.72	10.01	ZZZ	S
27360	.....	A	Partial removal leg bone(s)	9.23	8.56	1.40	19.19	090	S
27365	.....	A	Extensive leg surgery	15.00	13.94	2.43	31.37	090	S
27370	.....	A	Injection for knee x-ray	0.96	0.60	0.05	1.61	000	N
27372	.....	A	Removal of foreign body	4.81	3.42	0.54	8.77	090	S
27380	.....	A	Repair of kneecap tendon	6.63	7.94	1.29	15.86	090	S
27381	.....	A	Repair/graft kneecap tendon	9.66	11.27	1.82	22.75	090	S
27385	.....	A	Repair of thigh muscle	7.17	8.84	1.42	17.43	090	S
27386	.....	A	Repair/graft of thigh muscle	9.72	12.44	2.02	24.18	090	S
27390	.....	A	Incision of thigh tendon	4.89	4.36	0.71	9.96	090	S
27391	.....	A	Incision of thigh tendons	6.67	5.42	0.90	12.99	090	S
27392	.....	A	Incision of thigh tendons	8.52	7.67	1.28	17.47	090	S
27393	.....	A	Lengthening of thigh tendon	5.95	5.67	0.93	12.55	090	S
27394	.....	A	Lengthening of thigh tendons	7.97	5.73	0.94	14.64	090	S
27395	.....	A	Lengthening of thigh tendons	10.96	10.48	1.65	23.09	090	S
27396	.....	A	Transplant of thigh tendon	7.33	7.06	1.11	15.50	090	S
27397	.....	A	Transplants of thigh tendons	10.53	8.88	1.45	20.86	090	S
27400	.....	A	Revise thigh muscles/tendons	8.47	7.89	1.24	17.60	090	S
27403	.....	A	Repair of knee cartilage	7.80	8.79	1.44	18.03	090	S
27405	.....	A	Repair of knee ligament	7.97	10.17	1.67	19.81	090	S
27407	.....	A	Repair of knee ligament	9.44	8.87	1.42	19.73	090	S
27409	.....	A	Repair of knee ligaments	11.80	15.10	2.48	29.38	090	S
27418	.....	A	Repair degenerated kneecap	9.82	12.23	1.85	23.90	090	S
27420	.....	A	Revision of unstable kneecap	9.15	10.99	1.74	21.88	090	S
27422	.....	A	Revision of unstable kneecap	9.10	11.45	1.83	22.38	090	S
27424	.....	A	Revision/removal of kneecap	9.13	11.68	1.89	22.70	090	S
27425	.....	A	Lateral retinacular release	5.04	6.46	1.08	12.58	090	S
27427	.....	A	Reconstruction, knee	8.68	11.12	2.25	22.05	090	S
27428	.....	A	Reconstruction, knee	13.28	13.67	2.71	29.66	090	S
27429	.....	A	Reconstruction, knee	14.67	11.27	1.83	27.77	090	S
27430	.....	A	Revision of thigh muscles	8.92	9.36	1.50	19.78	090	S
27435	.....	A	Incision of knee joint	8.74	7.03	1.13	16.90	090	S
27437	.....	A	Revise kneecap	7.74	9.91	1.55	19.20	090	S
27438	.....	A	Revise kneecap with implant	10.29	13.13	2.14	25.56	090	S
27440	.....	A	Revision of knee joint	9.49	11.83	2.10	23.42	090	S
27441	.....	A	Revision of knee joint	9.81	9.14	1.51	20.46	090	S
27442	.....	A	Revision of knee joint	11.14	14.25	3.05	28.44	090	S
27443	.....	A	Revision of knee joint	10.18	13.03	3.34	26.55	090	S
27445	.....	A	Revision of knee joint	16.39	20.98	4.21	41.58	090	S
27446	.....	A	Revision of knee joint	15.03	19.25	3.87	38.15	090	S
27447	.....	A	Total knee replacement	19.69	25.20	4.95	49.84	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
27448	.....	A	Incision of thigh	10.25	12.87	2.09	25.21	090	S
27450	.....	A	Incision of thigh	13.08	14.84	2.36	30.28	090	S
27454	.....	A	Realignment of thigh bone	16.55	15.70	2.82	35.07	090	S
27455	.....	A	Realignment of knee	12.01	12.01	1.95	25.97	090	S
27457	.....	A	Realignment of knee	12.60	13.30	2.14	28.04	090	S
27465	.....	A	Shortening of thigh bone	12.84	12.24	2.00	27.08	090	S
27466	.....	A	Lengthening of thigh bone	15.08	13.43	2.27	30.78	090	S
27468	.....	A	Shorten/lengthen thighs	17.65	16.84	2.75	37.24	090	S
27470	.....	A	Repair of thigh	14.82	16.67	2.60	34.09	090	S
27472	.....	A	Repair/graft of thigh	16.40	19.87	3.16	39.43	090	S
27475	.....	A	Surgery to stop leg growth	8.11	7.74	1.27	17.12	090	S
27477	.....	A	Surgery to stop leg growth	9.32	11.93	2.57	23.82	090	S
27479	.....	A	Surgery to stop leg growth	12.18	11.63	1.89	25.70	090	S
27485	.....	A	Surgery to stop leg growth	8.31	7.91	1.30	17.52	090	S
27486	.....	A	Revise knee joint replace	18.00	21.28	4.26	43.54	090	S
27487	.....	A	Revise knee joint replace	24.00	27.76	5.97	57.73	090	S
27488	.....	A	Removal of knee prosthesis	14.48	16.16	2.58	33.22	090	S
27495	.....	A	Reinforce thigh	14.26	17.63	2.82	34.71	090	S
27496	.....	A	Decompression of thigh/knee	4.75	4.53	0.74	10.02	090	S
27497	.....	A	Decompression of thigh/knee	5.81	5.55	0.91	12.27	090	S
27498	.....	A	Decompression of thigh/knee	6.63	6.32	1.04	13.99	090	S
27499	.....	A	Decompression of thigh/knee	7.64	7.28	1.19	16.11	090	S
27500	.....	A	Treatment of thigh fracture	5.29	5.41	0.82	11.52	090	S
27501	.....	A	Treatment of thigh fracture	5.29	5.41	0.82	11.52	090	S
27502	.....	A	Treatment of thigh fracture	9.51	7.67	1.21	18.39	090	S
27503	.....	A	Treatment of thigh fracture	9.51	7.67	1.21	18.39	090	S
27506	.....	A	Repair of thigh fracture	15.93	16.02	2.56	34.51	090	S
27507	.....	A	Treatment of thigh fracture	12.85	16.02	2.56	31.43	090	S
27508	.....	A	Treatment of thigh fracture	5.21	4.22	0.65	10.08	090	S
27509	.....	A	Treatment of thigh fracture	6.77	4.22	0.65	11.64	090	S
27510	.....	A	Treatment of thigh fracture	8.19	6.82	1.09	16.10	090	S
27511	.....	A	Treatment of thigh fracture	12.50	16.00	2.56	31.06	090	S
27513	.....	A	Treatment of thigh fracture	16.78	16.02	2.56	35.36	090	S
27514	.....	A	Repair of thigh fracture	15.98	15.76	2.53	34.27	090	S
27516	.....	A	Repair of thigh growth plate	4.92	4.82	0.71	10.45	090	S
27517	.....	A	Repair of thigh growth plate	8.20	7.82	1.28	17.30	090	S
27519	.....	A	Repair of thigh growth plate	13.82	12.68	2.05	28.55	090	S
27520	.....	A	Treat kneecap fracture	2.68	3.04	0.45	6.17	090	S
27524	.....	A	Repair of kneecap fracture	9.38	10.34	1.65	21.37	090	S
27530	.....	A	Treatment of knee fracture	3.23	3.40	0.51	7.14	090	S
27532	.....	A	Treatment of knee fracture	6.81	5.68	0.91	13.40	090	S
27535	.....	A	Treatment of knee fracture	10.36	11.69	1.88	23.93	090	S
27536	.....	A	Repair of knee fracture	14.51	11.69	1.88	28.08	090	S
27538	.....	A	Treat knee fracture(s)	4.64	3.37	0.51	8.52	090	S
27540	.....	A	Repair of knee fracture	12.38	10.95	1.74	25.07	090	S
27550	.....	A	Treat knee dislocation	5.53	2.57	0.36	8.46	090	S
27552	.....	A	Treat knee dislocation	7.39	3.43	0.53	11.35	090	S
27556	.....	A	Repair of knee dislocation	13.47	12.48	1.95	27.90	090	S
27557	.....	A	Repair of knee dislocation	15.80	14.60	2.43	32.83	090	S
27558	.....	A	Repair of knee dislocation	16.75	14.60	2.43	33.78	090	S
27560	.....	A	Treat kneecap dislocation	3.64	1.43	0.16	5.23	090	S
27562	.....	A	Treat kneecap dislocation	5.48	5.18	0.76	11.42	090	S
27566	.....	A	Repair kneecap dislocation	11.48	10.58	1.67	23.73	090	S
27570	.....	A	Fixation of knee joint	1.69	1.72	0.28	3.69	010	S
27580	.....	A	Fusion of knee	18.20	15.70	2.56	36.46	090	S
27590	.....	A	Amputate leg at thigh	10.24	9.11	1.80	21.15	090	S
27591	.....	A	Amputate leg at thigh	11.09	11.77	2.11	24.97	090	S
27592	.....	A	Amputate leg at thigh	8.75	8.11	1.61	18.47	090	S
27594	.....	A	Amputation follow-up surgery	6.30	3.65	0.68	10.63	090	S
27596	.....	A	Amputation follow-up surgery	9.63	7.37	1.42	18.42	090	S
27598	.....	A	Amputate lower leg at knee	9.56	10.04	1.78	21.38	090	S
27599	.....	C	Leg surgery procedure	0.00	0.00	0.00	0.00	YYY	S
27600	.....	A	Decompression of lower leg	5.02	3.39	0.64	9.05	090	S
27601	.....	A	Decompression of lower leg	4.98	3.38	0.67	9.03	090	S
27602	.....	A	Decompression of lower leg	6.63	4.05	0.77	11.45	090	S
27603	.....	A	Drain lower leg lesion	4.41	2.38	0.41	7.20	090	S
27604	.....	A	Drain lower leg bursa	4.23	1.02	0.14	5.39	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
27605	.....	A	Incision of achilles tendon	2.82	1.18	0.14	4.14	010	S
27606	.....	A	Incision of achilles tendon	3.87	2.12	0.35	6.34	010	S
27607	.....	A	Treat lower leg bone lesion	7.05	6.01	0.98	14.04	090	S
27610	.....	A	Explore/treat ankle joint	7.27	7.43	1.13	15.83	090	S
27612	.....	A	Exploration of ankle joint	6.23	7.97	1.30	15.50	090	S
27613	.....	A	Biopsy lower leg soft tissue	2.12	0.67	0.10	2.89	010	S
27614	.....	A	Biopsy lower leg soft tissue	5.29	2.26	0.38	7.93	090	S
27615	.....	A	Remove tumor, lower leg	11.79	8.23	1.42	21.44	090	S
27618	.....	A	Remove lower leg lesion	4.94	2.10	0.32	7.36	090	S
27619	.....	A	Remove lower leg lesion	7.98	4.13	0.67	12.78	090	S
27620	.....	A	Explore, treat ankle joint	5.69	6.03	0.96	12.68	090	S
27625	.....	A	Remove ankle joint lining	7.88	8.71	1.27	17.86	090	S
27626	.....	A	Remove ankle joint lining	8.49	10.86	1.25	20.60	090	S
27630	.....	A	Removal of tendon lesion	4.65	3.10	0.46	8.21	090	S
27635	.....	A	Remove lower leg bone lesion	7.29	8.04	1.27	16.60	090	S
27637	.....	A	Remove/graft leg bone lesion	9.14	8.47	1.40	19.01	090	S
27638	.....	A	Remove/graft leg bone lesion	9.89	9.15	1.52	20.56	090	S
27640	.....	A	Partial removal of tibia	10.21	9.81	1.57	21.59	090	S
27641	.....	A	Partial removal of fibula	8.36	7.13	1.18	16.67	090	S
27645	.....	A	Extensive lower leg surgery	13.14	11.64	1.98	26.76	090	S
27646	.....	A	Extensive lower leg surgery	11.69	10.75	1.71	24.15	090	S
27647	.....	A	Extensive ankle/heel surgery	11.21	9.95	1.35	22.51	090	S
27648	.....	A	Injection for ankle x-ray	0.96	0.52	0.05	1.53	000	N
27650	.....	A	Repair achilles tendon	9.07	8.98	1.41	19.46	090	S
27652	.....	A	Repair/graft achilles tendon	9.62	10.41	1.56	21.59	090	S
27654	.....	A	Repair of achilles tendon	9.34	10.93	1.65	21.92	090	S
27656	.....	A	Repair leg fascia defect	4.31	3.18	0.54	8.03	090	S
27658	.....	A	Repair of leg tendon, each	4.61	4.02	0.60	9.23	090	S
27659	.....	A	Repair of leg tendon, each	6.28	5.87	0.86	13.01	090	S
27664	.....	A	Repair of leg tendon, each	4.33	3.41	0.52	8.26	090	S
27665	.....	A	Repair of leg tendon, each	5.11	4.95	0.76	10.82	090	S
27675	.....	A	Repair lower leg tendons	6.78	6.40	0.94	14.12	090	S
27676	.....	A	Repair lower leg tendons	7.87	7.56	1.14	16.57	090	S
27680	.....	A	Release of lower leg tendon	5.37	4.12	0.61	10.10	090	S
27681	.....	A	Release of lower leg tendons	6.36	5.97	0.86	13.19	090	S
27685	.....	A	Revision of lower leg tendon	6.08	3.83	0.41	10.32	090	S
27686	.....	A	Revise lower leg tendons	6.93	6.56	0.90	14.39	090	S
27687	.....	A	Revision of calf tendon	5.84	5.45	0.76	12.05	090	S
27690	.....	A	Revise lower leg tendon	8.09	6.74	0.88	15.71	090	S
27691	.....	A	Revise lower leg tendon	9.25	7.89	1.23	18.37	090	S
27692	.....	A	Revise additional leg tendon	1.87	2.03	0.29	4.19	ZZZ	S
27695	.....	A	Repair of ankle ligament	6.09	7.79	1.32	15.20	090	S
27696	.....	A	Repair of ankle ligaments	7.72	7.06	1.16	15.94	090	S
27698	.....	A	Repair of ankle ligament	8.87	11.35	1.86	22.08	090	S
27700	.....	A	Revision of ankle joint	8.67	11.11	1.51	21.29	090	S
27702	.....	A	Reconstruct ankle joint	12.64	16.18	3.99	32.81	090	S
27703	.....	A	Reconstruction, ankle joint	14.49	13.82	2.25	30.56	090	S
27704	.....	A	Removal of ankle implant	7.20	5.84	0.98	14.02	090	S
27705	.....	A	Incision of tibia	9.63	10.74	1.76	22.13	090	S
27707	.....	A	Incision of fibula	3.71	4.75	0.79	9.25	090	S
27709	.....	A	Incision of tibia & fibula	9.14	11.70	2.14	22.98	090	S
27712	.....	A	Realignment of lower leg	13.20	10.99	1.63	25.82	090	S
27715	.....	A	Revision of lower leg	12.97	12.61	1.88	27.46	090	S
27720	.....	A	Repair of tibia	10.95	13.97	2.25	27.17	090	S
27722	.....	A	Repair/graft of tibia	10.92	10.50	1.64	23.06	090	S
27724	.....	A	Repair/graft of tibia	13.88	15.50	2.87	32.25	090	S
27725	.....	A	Repair of lower leg	14.50	10.43	1.53	26.46	090	S
27727	.....	A	Repair of lower leg	12.89	9.38	1.84	24.11	090	S
27730	.....	A	Repair of tibia epiphysis	6.88	3.59	0.84	11.31	090	S
27732	.....	A	Repair of fibula epiphysis	5.06	4.84	0.79	10.69	090	S
27734	.....	A	Repair lower leg epiphyses	7.89	7.54	1.23	16.66	090	S
27740	.....	A	Repair of leg epiphyses	8.75	8.36	1.36	18.47	090	S
27742	.....	A	Repair of leg epiphyses	9.72	9.29	1.52	20.53	090	S
27745	.....	A	Reinforce tibia	9.39	8.97	1.39	19.75	090	S
27750	.....	A	Treatment of tibia fracture	2.90	3.45	0.50	6.85	090	S
27752	.....	A	Treatment of tibia fracture	5.16	5.09	0.81	11.06	090	S
27756	.....	A	Repair of tibia fracture	5.84	7.48	1.70	15.02	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
27758	.....	A	Repair of tibia fracture	10.51	13.46	2.22	26.19	090	S
27759	.....	A	Repair of tibia fracture	12.60	13.74	2.22	28.56	090	S
27760	.....	A	Treatment of ankle fracture	2.81	2.58	0.37	5.76	090	S
27762	.....	A	Treatment of ankle fracture	4.80	3.36	0.50	8.66	090	S
27766	.....	A	Repair of ankle fracture	7.61	7.87	1.26	16.74	090	S
27780	.....	A	Treatment of fibula fracture	2.47	1.97	0.26	4.70	090	S
27781	.....	A	Treatment of fibula fracture	4.20	3.29	0.49	7.98	090	S
27784	.....	A	Repair of fibula fracture	6.45	5.59	0.87	12.91	090	S
27786	.....	A	Treatment of ankle fracture	2.66	2.52	0.38	5.56	090	S
27788	.....	A	Treatment of ankle fracture	4.25	3.27	0.50	8.02	090	S
27792	.....	A	Repair of ankle fracture	7.04	7.38	1.17	15.59	090	S
27808	.....	A	Treatment of ankle fracture	2.63	2.79	0.39	5.81	090	S
27810	.....	A	Treatment of ankle fracture	4.82	5.05	0.80	10.67	090	S
27814	.....	A	Repair of ankle fracture	9.87	10.00	1.60	21.47	090	S
27816	.....	A	Treatment of ankle fracture	2.71	3.47	0.55	6.73	090	S
27818	.....	A	Treatment of ankle fracture	5.08	6.51	1.06	12.65	090	S
27822	.....	A	Repair of ankle fracture	8.39	10.73	1.88	21.00	090	S
27823	.....	A	Repair of ankle fracture	10.90	12.79	2.05	25.74	090	S
27824	.....	A	Treat lower leg fracture	2.71	3.47	0.55	6.73	090	S
27825	.....	A	Treat lower leg fracture	5.08	6.51	1.06	12.65	090	S
27826	.....	A	Treat lower leg fracture	7.43	9.50	1.88	18.81	090	S
27827	.....	A	Treat lower leg fracture	12.95	11.71	1.88	26.54	090	S
27828	.....	A	Treat lower leg fracture	15.12	12.79	2.05	29.96	090	S
27829	.....	A	Treat lower leg joint	4.87	6.23	1.37	12.47	090	S
27830	.....	A	Treat lower leg dislocation	3.50	3.25	0.46	7.21	090	S
27831	.....	A	Treat lower leg dislocation	4.27	3.98	0.59	8.84	090	S
27832	.....	A	Repair lower leg dislocation	5.96	5.70	0.89	12.55	090	S
27840	.....	A	Treat ankle dislocation	4.27	1.87	0.21	6.35	090	S
27842	.....	A	Treat ankle dislocation	5.72	2.22	0.34	8.28	090	S
27846	.....	A	Repair ankle dislocation	9.04	8.59	1.37	19.00	090	S
27848	.....	A	Repair ankle dislocation	10.45	8.36	1.32	20.13	090	S
27860	.....	A	Fixation of ankle joint	2.29	1.39	0.23	3.91	010	S
27870	.....	A	Fusion of ankle joint	13.00	13.34	2.22	28.56	090	S
27871	.....	A	Fusion of tibiofibular joint	8.55	7.79	1.21	17.55	090	S
27880	.....	A	Amputation of lower leg	10.69	8.36	1.60	20.65	090	S
27881	.....	A	Amputation of lower leg	10.89	10.82	1.87	23.58	090	S
27882	.....	A	Amputation of lower leg	7.80	7.36	1.42	16.58	090	S
27884	.....	A	Amputation follow-up surgery	7.40	3.37	0.61	11.38	090	S
27886	.....	A	Amputation follow-up surgery	8.35	7.17	1.34	16.86	090	S
27888	.....	A	Amputation of foot at ankle	8.70	9.49	1.65	19.84	090	S
27889	.....	A	Amputation of foot at ankle	8.82	8.43	1.55	18.80	090	S
27892	.....	A	Decompression of leg	6.03	3.39	0.64	10.06	090	S
27893	.....	A	Decompression of leg	5.99	3.38	0.67	10.04	090	S
27894	.....	A	Decompression of leg	9.13	4.05	0.77	13.95	090	S
27899	.....	C	Leg/ankle surgery procedure	0.00	0.00	0.00	0.00	YYY	S
28001	.....	A	Drainage of bursa of foot	2.68	0.52	0.05	3.25	010	S
28002	.....	A	Treatment of foot infection	3.76	2.25	0.33	6.34	010	S
28003	.....	A	Treatment of foot infection	7.49	3.50	0.59	11.58	090	S
28005	.....	A	Treat foot bone lesion	7.65	4.08	0.61	12.34	090	S
28008	.....	A	Incision of foot fascia	4.19	2.68	0.29	7.16	090	S
28010	.....	A	Incision of toe tendon	2.71	3.62	0.33	6.66	090	S
28011	.....	A	Incision of toe tendons	3.99	1.77	0.19	5.95	090	S
28020	.....	A	Exploration of a foot joint	4.75	4.40	0.56	9.71	090	S
28022	.....	A	Exploration of a foot joint	4.41	2.74	0.31	7.46	090	S
28024	.....	A	Exploration of a toe joint	4.12	2.39	0.24	6.75	090	S
28030	.....	A	Removal of foot nerve	5.78	3.93	0.42	10.13	090	S
28035	.....	A	Decompression of tibia nerve	4.83	6.18	0.90	11.91	090	S
28043	.....	A	Excision of foot lesion	3.41	1.73	0.20	5.34	090	S
28045	.....	A	Excision of foot lesion	4.46	3.99	0.46	8.91	090	S
28046	.....	A	Resection of tumor, foot	9.41	5.35	0.79	15.55	090	S
28050	.....	A	Biopsy of foot joint lining	3.99	3.84	0.53	8.36	090	S
28052	.....	A	Biopsy of foot joint lining	3.70	3.82	0.43	7.95	090	S
28054	.....	A	Biopsy of toe joint lining	3.21	2.24	0.28	5.73	090	S
28060	.....	A	Partial removal foot fascia	5.05	4.22	0.53	9.80	090	S
28062	.....	A	Removal of foot fascia	6.23	7.06	0.86	14.15	090	S
28070	.....	A	Removal of foot joint lining	4.73	4.48	0.48	9.69	090	S
28072	.....	A	Removal of foot joint lining	4.32	3.21	0.42	7.95	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
28080	.....	A	Removal of foot lesion	3.18	4.07	0.45	7.70	090	S
28086	.....	A	Excise foot tendon sheath	4.52	3.12	0.46	8.10	090	S
28088	.....	A	Excise foot tendon sheath	3.62	3.62	0.40	7.64	090	S
28090	.....	A	Removal of foot lesion	4.26	3.02	0.29	7.57	090	S
28092	.....	A	Removal of toe lesions	3.49	2.03	0.25	5.77	090	S
28100	.....	A	Removal of ankle/heel lesion	5.37	4.58	0.56	10.51	090	S
28102	.....	A	Remove/graft foot lesion	7.31	6.84	0.85	15.00	090	S
28103	.....	A	Remove/graft foot lesion	6.10	5.61	0.69	12.40	090	S
28104	.....	A	Removal of foot lesion	4.86	4.33	0.49	9.68	090	S
28106	.....	A	Remove/graft foot lesion	6.74	6.42	0.79	13.95	090	S
28107	.....	A	Remove/graft foot lesion	5.16	4.86	0.48	10.50	090	S
28108	.....	A	Removal of toe lesions	4.01	4.20	0.38	8.59	090	S
28110	.....	A	Part removal of metatarsal	3.82	3.48	0.39	7.69	090	S
28111	.....	A	Part removal of metatarsal	4.64	5.04	0.65	10.33	090	S
28112	.....	A	Part removal of metatarsal	4.23	3.96	0.45	8.64	090	S
28113	.....	A	Part removal of metatarsal	4.23	4.44	0.48	9.15	090	S
28114	.....	A	Removal of metatarsal heads	8.65	9.17	1.42	19.24	090	S
28116	.....	A	Revision of foot	7.00	5.48	0.57	13.05	090	S
28118	.....	A	Removal of heel bone	5.56	5.71	0.66	11.93	090	S
28119	.....	A	Removal of heel spur	5.10	5.44	0.57	11.11	090	S
28120	.....	A	Part removal of ankle/heel	4.81	5.04	0.67	10.52	090	S
28122	.....	A	Partial removal of foot bone	6.62	4.48	0.54	11.64	090	S
28124	.....	A	Partial removal of toe	4.39	4.11	0.37	8.87	090	S
28126	.....	A	Partial removal of toe	3.39	3.98	0.36	7.73	090	S
28130	.....	A	Removal of ankle bone	7.33	7.03	0.88	15.24	090	S
28140	.....	A	Removal of metatarsal	6.45	4.93	0.62	12.00	090	S
28150	.....	A	Removal of toe	3.83	3.29	0.38	7.50	090	S
28153	.....	A	Partial removal of toe	3.40	3.99	0.36	7.75	090	S
28160	.....	A	Partial removal of toe	3.59	4.12	0.38	8.09	090	S
28171	.....	A	Extensive foot surgery	8.98	7.99	0.88	17.85	090	S
28173	.....	A	Extensive foot surgery	8.18	5.74	0.74	14.66	090	S
28175	.....	A	Extensive foot surgery	5.59	5.38	0.58	11.55	090	S
28190	.....	A	Removal of foot foreign body	1.91	0.52	0.05	2.48	010	S
28192	.....	A	Removal of foot foreign body	4.49	1.95	0.24	6.68	090	S
28193	.....	A	Removal of foot foreign body	5.44	2.38	0.30	8.12	090	S
28200	.....	A	Repair of foot tendon	4.45	5.06	0.50	10.01	090	S
28202	.....	A	Repair/graft of foot tendon	6.38	5.82	0.77	12.97	090	S
28208	.....	A	Repair of foot tendon	4.11	2.81	0.28	7.20	090	S
28210	.....	A	Repair/graft of foot tendon	5.95	5.60	0.60	12.15	090	S
28220	.....	A	Release of foot tendon	4.27	3.87	0.43	8.57	090	S
28222	.....	A	Release of foot tendons	5.36	6.40	0.63	12.39	090	S
28225	.....	A	Release of foot tendon	3.42	2.37	0.25	6.04	090	S
28226	.....	A	Release of foot tendons	4.27	3.38	0.40	8.05	090	S
28230	.....	A	Incision of foot tendon(s)	4.00	2.43	0.22	6.65	090	S
28232	.....	A	Incision of toe tendon	3.26	1.60	0.15	5.01	090	S
28234	.....	A	Incision of foot tendon	3.19	1.53	0.14	4.86	090	S
28238	.....	A	Revision of foot tendon	7.27	7.23	0.85	15.35	090	S
28240	.....	A	Release of big toe	4.12	2.13	0.23	6.48	090	S
28250	.....	A	Revision of foot fascia	5.66	4.46	0.50	10.62	090	S
28260	.....	A	Release of midfoot joint	7.50	4.43	0.48	12.41	090	S
28261	.....	A	Revision of foot tendon	10.95	5.91	0.58	17.44	090	S
28262	.....	A	Revision of foot and ankle	15.00	11.91	1.44	28.35	090	S
28264	.....	A	Release of midfoot joint	9.80	9.56	1.17	20.53	090	S
28270	.....	A	Release of foot contracture	4.58	2.63	0.23	7.44	090	S
28272	.....	A	Release of toe joint, each	3.67	2.04	0.18	5.89	090	S
28280	.....	A	Fusion of toes	4.93	2.22	0.30	7.45	090	S
28285	.....	A	Repair of hammertoe	4.41	4.37	0.39	9.17	090	S
28286	.....	A	Repair of hammertoe	4.41	3.58	0.38	8.37	090	S
28288	.....	A	Partial removal of foot bone	4.23	3.75	0.43	8.41	090	S
28290	.....	A	Correction of bunion	5.37	5.36	0.63	11.36	090	S
28292	.....	A	Correction of bunion	6.24	7.05	0.74	14.03	090	S
28293	.....	A	Correction of bunion	8.25	9.55	0.98	18.78	090	S
28294	.....	A	Correction of bunion	8.14	9.16	0.86	18.16	090	S
28296	.....	A	Correction of bunion	8.69	8.81	0.98	18.48	090	S
28297	.....	A	Correction of bunion	8.69	9.02	1.05	18.76	090	S
28298	.....	A	Correction of bunion	7.52	8.89	0.79	17.20	090	S
28299	.....	A	Correction of bunion	8.46	10.14	1.08	19.68	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
28300	.....	A	Incision of heel bone	9.12	6.52	0.79	16.43	090	S
28302	.....	A	Incision of ankle bone	9.13	8.89	1.12	19.14	090	S
28304	.....	A	Incision of midfoot bones	8.67	6.44	0.70	15.81	090	S
28305	.....	A	Incise/graft midfoot bones	9.99	9.85	1.03	20.87	090	S
28306	.....	A	Incision of metatarsal	5.71	4.57	0.47	10.75	090	S
28307	.....	A	Incision of metatarsal	6.04	5.87	0.76	12.67	090	S
28308	.....	A	Incision of metatarsal	5.09	5.71	0.50	11.30	090	S
28309	.....	A	Incision of metatarsals	12.00	6.87	1.00	19.87	090	S
28310	.....	A	Revision of big toe	5.06	4.17	0.42	9.65	090	S
28312	.....	A	Revision of toe	4.29	4.56	0.45	9.30	090	S
28313	.....	A	Repair deformity of toe	4.75	2.57	0.31	7.63	090	S
28315	.....	A	Removal of sesamoid bone	4.60	4.24	0.41	9.25	090	S
28320	.....	A	Repair of foot bones	8.76	8.69	1.03	18.48	090	S
28322	.....	A	Repair of metatarsals	8.03	4.67	0.52	13.22	090	S
28340	.....	A	Resect enlarged toe tissue	6.58	6.34	0.91	13.83	090	S
28341	.....	A	Resect enlarged toe	7.86	7.66	0.96	16.48	090	S
28344	.....	A	Repair extra toe(s)	3.89	3.70	0.60	8.19	090	S
28345	.....	A	Repair webbed toe(s)	5.52	5.34	0.73	11.59	090	S
28360	.....	A	Reconstruct cleft foot	12.49	11.91	1.95	26.35	090	S
28400	.....	A	Treatment of heel fracture	2.01	2.57	0.40	4.98	090	S
28405	.....	A	Treatment of heel fracture	4.28	3.90	0.58	8.76	090	S
28406	.....	A	Treatment of heel fracture	5.82	6.09	0.93	12.84	090	S
28415	.....	A	Repair of heel fracture	15.00	9.02	1.39	25.41	090	S
28420	.....	A	Repair/graft heel fracture	15.80	10.89	1.63	28.32	090	S
28430	.....	A	Treatment of ankle fracture	1.96	2.45	0.35	4.76	090	S
28435	.....	A	Treatment of ankle fracture	3.25	3.36	0.50	7.11	090	S
28436	.....	A	Treatment of ankle fracture	4.40	4.19	0.68	9.27	090	S
28445	.....	A	Repair of ankle fracture	8.78	8.80	1.40	18.98	090	S
28450	.....	A	Treat midfoot fracture, each	1.77	1.87	0.25	3.89	090	S
28455	.....	A	Treat midfoot fracture, each	2.94	2.54	0.34	5.82	090	S
28456	.....	A	Repair midfoot fracture	2.39	2.27	0.38	5.04	090	S
28465	.....	A	Repair midfoot fracture, each	6.55	5.54	0.81	12.90	090	S
28470	.....	A	Treat metatarsal fracture	1.76	1.80	0.23	3.79	090	S
28475	.....	A	Treat metatarsal fracture	2.74	2.34	0.30	5.38	090	S
28476	.....	A	Repair metatarsal fracture	3.15	3.37	0.45	6.97	090	S
28485	.....	A	Repair metatarsal fracture	5.31	4.68	0.60	10.59	090	S
28490	.....	A	Treat big toe fracture	1.01	0.90	0.10	2.01	090	S
28495	.....	A	Treat big toe fracture	1.48	1.12	0.13	2.73	090	S
28496	.....	A	Repair big toe fracture	2.18	2.07	0.31	4.56	090	S
28505	.....	A	Repair big toe fracture	3.55	2.99	0.43	6.97	090	S
28510	.....	A	Treatment of toe fracture	1.01	0.89	0.09	1.99	090	S
28515	.....	A	Treatment of toe fracture	1.36	1.12	0.11	2.59	090	S
28525	.....	A	Repair of toe fracture	3.08	2.06	0.29	5.43	090	S
28530	.....	A	Treat sesamoid bone fracture	1.01	1.00	0.10	2.11	090	S
28531	.....	A	Treat sesamoid bone fracture	2.01	1.91	0.32	4.24	090	S
28540	.....	A	Treat foot dislocation	1.89	0.60	0.06	2.55	090	S
28545	.....	A	Treat foot dislocation	2.19	1.31	0.14	3.64	090	S
28546	.....	A	Treat foot dislocation	2.89	2.74	0.45	6.08	090	S
28555	.....	A	Repair foot dislocation	5.84	5.58	0.73	12.15	090	S
28570	.....	A	Treat foot dislocation	1.56	1.59	0.17	3.32	090	S
28575	.....	A	Treat foot dislocation	2.91	2.77	0.42	6.10	090	S
28576	.....	A	Treat foot dislocation	3.75	2.77	0.42	6.94	090	S
28585	.....	A	Repair foot dislocation	7.46	4.96	0.55	12.97	090	S
28600	.....	A	Treat foot dislocation	1.76	0.68	0.08	2.52	090	S
28605	.....	A	Treat foot dislocation	2.42	2.26	0.34	5.02	090	S
28606	.....	A	Treat foot dislocation	4.48	3.49	0.55	8.52	090	S
28615	.....	A	Repair foot dislocation	6.99	4.96	0.78	12.73	090	S
28630	.....	A	Treat toe dislocation	1.65	1.03	0.11	2.79	010	S
28635	.....	A	Treat toe dislocation	1.86	1.45	0.18	3.49	010	S
28636	.....	A	Treat toe dislocation	2.67	2.56	0.42	5.65	010	S
28645	.....	A	Repair toe dislocation	3.96	3.24	0.38	7.58	090	S
28660	.....	A	Treat toe dislocation	1.18	0.63	0.06	1.87	010	S
28665	.....	A	Treat toe dislocation	1.87	0.98	0.11	2.96	010	S
28666	.....	A	Treat toe dislocation	2.56	2.44	0.40	5.40	010	S
28675	.....	A	Repair of toe dislocation	2.68	3.00	0.41	6.09	090	S
28705	.....	A	Fusion of foot bones	14.23	15.11	2.35	31.69	090	S
28715	.....	A	Fusion of foot bones	12.18	12.33	1.89	26.40	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
28725	.....	A	Fusion of foot bones	10.86	9.44	1.44	21.74	090	S
28730	.....	A	Fusion of foot bones	9.91	9.00	1.33	20.24	090	S
28735	.....	A	Fusion of foot bones	10.07	9.76	1.37	21.20	090	S
28737	.....	A	Revision of foot bones	8.89	8.87	1.13	18.89	090	S
28740	.....	A	Fusion of foot bones	7.40	5.14	0.72	13.26	090	S
28750	.....	A	Fusion of big toe joint	6.90	5.32	0.82	13.04	090	S
28755	.....	A	Fusion of big toe joint	4.48	3.69	0.45	8.62	090	S
28760	.....	A	Fusion of big toe joint	7.00	5.40	0.65	13.05	090	S
28800	.....	A	Amputation of midfoot	7.37	6.65	1.19	15.21	090	S
28805	.....	A	Amputation thru metatarsal	7.55	6.32	1.21	15.08	090	S
28810	.....	A	Amputation toe & metatarsal	5.53	3.91	0.75	10.19	090	S
28820	.....	A	Amputation of toe	3.56	2.58	0.46	6.60	090	S
28825	.....	A	Partial amputation of toe	3.13	2.40	0.41	5.94	090	S
28899	.....	C	Foot/toes surgery procedure	0.00	0.00	0.00	0.00	YYY	S
29000	.....	A	Application of body cast	2.25	1.85	0.21	4.31	000	S
29010	.....	A	Application of body cast	2.06	2.33	0.34	4.73	000	S
29015	.....	A	Application of body cast	2.41	2.33	0.33	5.07	000	S
29020	.....	A	Application of body cast	2.11	1.82	0.23	4.16	000	S
29025	.....	A	Application of body cast	2.40	0.75	0.14	3.29	000	S
29035	.....	A	Application of body cast	1.77	1.95	0.32	4.04	000	S
29040	.....	A	Application of body cast	2.22	2.02	0.30	4.54	000	S
29044	.....	A	Application of body cast	2.12	2.09	0.34	4.55	000	S
29046	.....	A	Application of body cast	2.41	2.23	0.36	5.00	000	S
29049	.....	A	Application of figure eight	0.89	0.42	0.06	1.37	000	S
29055	.....	A	Application of shoulder cast	1.78	1.20	0.17	3.15	000	S
29058	.....	A	Application of shoulder cast	1.31	0.65	0.09	2.05	000	S
29065	.....	A	Application of long arm cast	0.87	0.80	0.13	1.80	000	S
29075	.....	A	Application of forearm cast	0.77	0.61	0.10	1.48	000	S
29085	.....	A	Apply hand/wrist cast	0.87	0.50	0.08	1.45	000	S
29105	.....	A	Apply long arm splint	0.87	0.50	0.08	1.45	000	S
29125	.....	A	Apply forearm splint	0.59	0.37	0.05	1.01	000	S
29126	.....	A	Apply forearm splint	0.77	0.40	0.06	1.23	000	S
29130	.....	A	Application of finger splint	0.50	0.17	0.02	0.69	000	S
29131	.....	A	Application of finger splint	0.55	0.39	0.06	1.00	000	S
29200	.....	A	Strapping of chest	0.65	0.27	0.03	0.95	000	N
29220	.....	A	Strapping of low back	0.64	0.38	0.05	1.07	000	S
29240	.....	A	Strapping of shoulder	0.71	0.27	0.03	1.01	000	S
29260	.....	A	Strapping of elbow or wrist	0.55	0.23	0.03	0.81	000	S
29280	.....	A	Strapping of hand or finger	0.51	0.21	0.02	0.74	000	S
29305	.....	A	Application of hip cast	2.03	1.88	0.31	4.22	000	S
29325	.....	A	Application of hip casts	2.32	1.94	0.28	4.54	000	S
29345	.....	A	Application of long leg cast	1.40	1.02	0.16	2.58	000	S
29355	.....	A	Application of long leg cast	1.53	1.10	0.17	2.80	000	S
29358	.....	A	Apply long leg cast brace	1.43	1.84	0.33	3.60	000	S
29365	.....	A	Application of long leg cast	1.18	0.86	0.14	2.18	000	S
29405	.....	A	Apply short leg cast	0.86	0.79	0.12	1.77	000	S
29425	.....	A	Apply short leg cast	1.01	0.97	0.14	2.12	000	S
29435	.....	A	Apply short leg cast	1.18	1.18	0.18	2.54	000	S
29440	.....	A	Addition of walker to cast	0.57	0.23	0.03	0.83	000	S
29445	.....	A	Apply rigid leg cast	1.78	1.70	0.28	3.76	000	S
29450	.....	A	Application of leg cast	1.02	0.39	0.04	1.45	000	S
29505	.....	A	Application long leg splint	0.69	0.57	0.07	1.33	000	S
29515	.....	A	Application lower leg splint	0.73	0.47	0.06	1.26	000	S
29520	.....	A	Strapping of hip	0.54	0.36	0.03	0.93	000	S
29530	.....	A	Strapping of knee	0.57	0.35	0.05	0.97	000	S
29540	.....	A	Strapping of ankle	0.51	0.30	0.03	0.84	000	S
29550	.....	A	Strapping of toes	0.47	0.28	0.03	0.78	000	S
29580	.....	A	Application of paste boot	0.57	0.79	0.04	1.40	000	S
29590	.....	A	Application of foot splint	0.76	0.28	0.03	1.07	000	S
29700	.....	A	Removal/revision of cast	0.57	0.32	0.05	0.94	000	S
29705	.....	A	Removal/revision of cast	0.76	0.35	0.05	1.16	000	S
29710	.....	A	Removal/revision of cast	1.34	0.45	0.07	1.86	000	S
29715	.....	A	Removal/revision of cast	0.94	0.86	0.12	1.92	000	S
29720	.....	A	Repair of body cast	0.68	0.23	0.04	0.95	000	S
29730	.....	A	Windowing of cast	0.75	0.26	0.04	1.05	000	S
29740	.....	A	Wedging of cast	1.12	0.38	0.06	1.56	000	S
29750	.....	A	Wedging of clubfoot cast	1.26	0.50	0.07	1.83	000	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
29799	.....	C	Casting/strapping procedure	0.00	0.00	0.00	0.00	YYY	S
29800	.....	A	Jaw arthroscopy/surgery	5.28	4.01	0.46	9.75	090	S
29804	.....	A	Jaw arthroscopy/surgery	7.99	10.23	1.46	19.68	090	S
29815	.....	A	Shoulder arthroscopy	5.74	4.84	0.76	11.34	090	S
29819	.....	A	Shoulder arthroscopy/surgery	7.33	9.38	1.73	18.44	090	S
29820	.....	A	Shoulder arthroscopy/surgery	6.81	8.72	1.73	17.26	090	S
29821	.....	A	Shoulder arthroscopy/surgery	7.43	9.50	2.13	19.06	090	S
29822	.....	A	Shoulder arthroscopy/surgery	7.14	9.14	1.74	18.02	090	S
29823	.....	A	Shoulder arthroscopy/surgery	7.86	10.07	2.32	20.25	090	S
29825	.....	A	Shoulder arthroscopy/surgery	7.33	9.38	2.05	18.76	090	S
29826	.....	A	Shoulder arthroscopy/surgery	8.70	11.14	2.31	22.15	090	S
29830	.....	A	Elbow arthroscopy	5.63	5.32	0.83	11.78	090	S
29834	.....	A	Elbow arthroscopy/surgery	6.13	5.84	0.96	12.93	090	S
29835	.....	A	Elbow arthroscopy/surgery	6.33	6.03	0.99	13.35	090	S
29836	.....	A	Elbow arthroscopy/surgery	7.37	7.03	1.15	15.55	090	S
29837	.....	A	Elbow arthroscopy/surgery	6.72	6.40	1.06	14.18	090	S
29838	.....	A	Elbow arthroscopy/surgery	7.42	7.05	1.14	15.61	090	S
29840	.....	A	Wrist arthroscopy	5.39	3.29	0.54	9.22	090	S
29843	.....	A	Wrist arthroscopy/surgery	5.86	5.60	0.91	12.37	090	S
29844	.....	A	Wrist arthroscopy/surgery	6.22	5.59	0.95	12.76	090	S
29845	.....	A	Wrist arthroscopy/surgery	7.34	7.00	1.15	15.49	090	S
29846	.....	A	Wrist arthroscopy/surgery	6.60	8.45	2.20	17.25	090	S
29847	.....	A	Wrist arthroscopy/surgery	6.93	6.78	0.97	14.68	090	S
29848	.....	A	Wrist arthroscopy/surgery	5.14	3.85	0.62	9.61	090	S
29850	.....	A	Knee arthroscopy/surgery	7.96	10.19	1.74	19.89	090	S
29851	.....	A	Knee arthroscopy/surgery	12.38	10.95	1.74	25.07	090	S
29855	.....	A	Tibial arthroscopy/surgery	9.48	11.69	1.88	23.05	090	S
29856	.....	A	Tibial arthroscopy/surgery	13.28	11.69	1.88	26.85	090	S
29870	.....	A	Knee arthroscopy, diagnostic	4.94	4.02	0.64	9.60	090	S
29871	.....	A	Knee arthroscopy/drainage	6.29	6.77	0.96	14.02	090	S
29874	.....	A	Knee arthroscopy/surgery	6.79	8.69	1.52	17.00	090	S
29875	.....	A	Knee arthroscopy/surgery	6.16	7.88	1.61	15.65	090	S
29876	.....	A	Knee arthroscopy/surgery	7.51	9.61	1.95	19.07	090	S
29877	.....	A	Knee arthroscopy/surgery	7.05	9.03	1.81	17.89	090	S
29879	.....	A	Knee arthroscopy/surgery	7.63	9.76	2.19	19.58	090	S
29880	.....	A	Knee arthroscopy/surgery	8.09	10.35	2.22	20.66	090	S
29881	.....	A	Knee arthroscopy/surgery	7.46	9.54	1.82	18.82	090	S
29882	.....	A	Knee arthroscopy/surgery	8.24	10.54	1.90	20.68	090	S
29883	.....	A	Knee arthroscopy/surgery	9.00	11.52	2.80	23.32	090	S
29884	.....	A	Knee arthroscopy/surgery	6.92	8.86	1.56	17.34	090	S
29885	.....	A	Knee arthroscopy/surgery	8.63	8.23	1.35	18.21	090	S
29886	.....	A	Knee arthroscopy/surgery	7.13	6.80	1.12	15.05	090	S
29887	.....	A	Knee arthroscopy/surgery	8.58	10.52	1.71	20.81	090	S
29888	.....	A	Knee arthroscopy/surgery	13.28	17.00	3.18	33.46	090	S
29889	.....	A	Knee arthroscopy/surgery	14.41	10.26	1.68	26.35	090	S
29894	.....	A	Ankle arthroscopy/surgery	6.95	8.90	1.47	17.32	090	S
29895	.....	A	Ankle arthroscopy/surgery	6.73	8.60	1.51	16.84	090	S
29897	.....	A	Ankle arthroscopy/surgery	6.92	8.86	1.77	17.55	090	S
29898	.....	A	Ankle arthroscopy/surgery	8.03	10.28	1.91	20.22	090	S
29909	.....	C	Arthroscopy of joint	0.00	0.00	0.00	0.00	YYY	S
30000	.....	A	Drainage of nose lesion	1.38	0.58	0.05	2.01	010	S
30020	.....	A	Drainage of nose lesion	1.38	0.60	0.06	2.04	010	S
30100	.....	A	Intranasal biopsy	0.94	0.69	0.08	1.71	000	S
30110	.....	A	Removal of nose polyp(s)	1.58	1.29	0.14	3.01	010	S
30115	.....	A	Removal of nose polyp(s)	4.25	2.81	0.30	7.36	090	S
30117	.....	A	Removal of intranasal lesion	3.06	2.84	0.31	6.21	090	S
30118	.....	A	Removal of intranasal lesion	9.23	8.01	0.92	18.16	090	S
30120	.....	A	Revision of nose	5.14	6.59	1.00	12.73	090	S
30124	.....	A	Removal of nose lesion	3.00	1.34	0.16	4.50	090	S
30125	.....	A	Removal of nose lesion	6.79	5.55	0.73	13.07	090	S
30130	.....	A	Removal of turbinate bones	3.17	1.67	0.17	5.01	090	S
30140	.....	A	Removal of turbinate bones	3.28	3.04	0.34	6.66	090	S
30150	.....	A	Partial removal of nose	8.48	7.92	1.07	17.47	090	S
30160	.....	A	Removal of nose	8.92	11.42	1.73	22.07	090	S
30200	.....	A	Injection treatment of nose	0.78	0.37	0.04	1.19	000	S
30210	.....	A	Nasal sinus therapy	1.03	0.26	0.03	1.32	010	S
30220	.....	A	Insert nasal septal button	1.49	1.51	0.16	3.16	010	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
30300	.....	A	Remove nasal foreign body	0.99	0.46	0.05	1.50	010	S
30310	.....	A	Remove nasal foreign body	1.91	1.62	0.18	3.71	010	S
30320	.....	A	Remove nasal foreign body	4.39	4.29	0.43	9.11	090	S
30400	.....	R	Reconstruction of nose	9.24	9.97	1.36	20.57	090	S
30410	.....	R	Reconstruction of nose	12.39	14.54	2.01	28.94	090	S
30420	.....	R	Reconstruction of nose	15.40	17.78	2.22	35.40	090	S
30430	.....	R	Revision of nose	6.73	6.09	0.66	13.48	090	S
30435	.....	R	Revision of nose	11.23	10.17	1.10	22.50	090	S
30450	.....	R	Revision of nose	18.06	11.24	0.91	30.21	090	S
30460	.....	A	Revision of nose	9.48	8.58	0.93	18.99	090	S
30462	.....	A	Revision of nose	18.98	17.16	1.87	38.01	090	S
30520	.....	A	Repair of nasal septum	5.55	7.10	0.96	13.61	090	S
30540	.....	A	Repair nasal defect	7.46	6.63	0.70	14.79	090	S
30545	.....	A	Repair nasal defect	10.89	10.83	0.93	22.65	090	S
30560	.....	A	Release of nasal adhesions	1.21	0.55	0.06	1.82	010	S
30580	.....	A	Repair upper jaw fistula	6.49	6.24	0.57	13.30	090	S
30600	.....	A	Repair mouth/nose fistula	5.87	3.77	0.36	10.00	090	S
30620	.....	A	Intranasal reconstruction	5.55	7.10	1.10	13.75	090	S
30630	.....	A	Repair nasal septum defect	6.83	6.24	0.71	13.78	090	S
30801	.....	A	Cauterization inner nose	1.02	0.47	0.05	1.54	010	S
30802	.....	A	Cauterization inner nose	1.98	0.94	0.11	3.03	010	S
30901	.....	A	Control of nosebleed	1.21	0.56	0.06	1.83	000	S
30903	.....	A	Control of nosebleed	1.54	0.85	0.08	2.47	000	S
30905	.....	A	Control of nosebleed	1.97	1.79	0.17	3.93	000	S
30906	.....	A	Repeat control of nosebleed	2.45	1.08	0.11	3.64	000	S
30915	.....	A	Ligation nasal sinus artery	6.72	4.95	0.52	12.19	090	S
30920	.....	A	Ligation upper jaw artery	8.79	9.54	1.32	19.65	090	S
30930	.....	A	Therapy fracture of nose	1.21	0.71	0.08	2.00	010	S
30999	.....	C	Nasal surgery procedure	0.00	0.00	0.00	0.00	YYY	N
31000	.....	A	Irrigation maxillary sinus	1.10	0.43	0.05	1.58	010	S
31002	.....	A	Irrigation sphenoid sinus	1.86	0.46	0.05	2.37	010	S
31020	.....	A	Exploration maxillary sinus	2.81	2.66	0.29	5.76	090	S
31030	.....	A	Exploration maxillary sinus	5.60	7.16	0.86	13.62	090	S
31032	.....	A	Explore sinus, remove polyps	6.22	7.96	0.99	15.17	090	S
31040	.....	A	Exploration behind upper jaw	8.83	7.98	0.86	17.67	090	S
31050	.....	A	Exploration sphenoid sinus	5.07	5.96	0.64	11.67	090	S
31051	.....	A	Sphenoid sinus surgery	6.85	8.12	0.85	15.82	090	S
31070	.....	A	Exploration of frontal sinus	4.04	4.69	0.50	9.23	090	S
31075	.....	A	Exploration of frontal sinus	8.57	10.51	1.10	20.18	090	S
31080	.....	A	Removal of frontal sinus	10.73	9.21	1.12	21.06	090	S
31081	.....	A	Removal of frontal sinus	11.93	10.32	1.30	23.55	090	S
31084	.....	A	Removal of frontal sinus	12.69	14.79	1.62	29.10	090	S
31085	.....	A	Removal of frontal sinus	13.38	15.65	1.76	30.79	090	S
31086	.....	A	Removal of frontal sinus	11.98	10.87	1.15	24.00	090	S
31087	.....	A	Removal of frontal sinus	12.14	10.39	1.33	23.86	090	S
31090	.....	A	Exploration of sinuses	8.65	11.32	2.12	22.09	090	S
31200	.....	A	Removal of ethmoid sinus	4.68	4.62	0.48	9.78	090	S
31201	.....	A	Removal of ethmoid sinus	7.91	7.01	0.75	15.67	090	S
31205	.....	A	Removal of ethmoid sinus	9.65	8.03	0.81	18.49	090	S
31225	.....	A	Removal of upper jaw	17.50	19.44	2.37	39.31	090	S
31230	.....	A	Removal of upper jaw	20.00	21.74	2.48	44.22	090	S
31231	.....	A	Nasal endoscopy, dx	1.10	1.37	0.15	2.62	000	S
31233	.....	A	Nasal/sinus endoscopy, dx	2.18	2.79	0.31	5.28	000	S
31235	.....	A	Nasal/sinus endoscopy, dx	2.64	2.39	0.26	5.29	000	S
31237	.....	A	Nasal/sinus endoscopy, surg	2.98	3.37	0.37	6.72	000	S
31238	.....	A	Nasal/sinus endoscopy, surg	3.26	4.17	0.45	7.88	000	S
31239	.....	A	Nasal/sinus endoscopy, surg	8.50	10.88	1.18	20.56	010	S
31240	.....	A	Nasal/sinus endoscopy, surg	2.61	3.34	0.37	6.32	000	S
31254	.....	A	Revision of ethmoid sinus	4.65	5.95	0.69	11.29	000	S
31255	.....	A	Removal of ethmoid sinus	6.96	8.91	1.14	17.01	000	S
31256	.....	A	Exploration maxillary sinus	3.29	3.77	0.41	7.47	000	S
31267	.....	A	Endoscopy, maxillary sinus	5.46	5.23	0.81	11.50	000	S
31276	.....	A	Sinus surgical endoscopy	8.85	6.72	0.73	16.30	000	S
31287	.....	A	Nasal/sinus endoscopy, surg	3.92	5.01	0.65	9.58	000	S
31288	.....	A	Nasal/sinus endoscopy, surg	4.58	5.86	0.78	11.22	000	S
31290	.....	A	Nasal/sinus endoscopy, surg	16.05	16.47	1.80	34.32	010	S
31291	.....	A	Nasal/sinus endoscopy, surg	17.00	17.31	1.88	36.19	010	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
31292	.....	A	Nasal/sinus endoscopy, surg	13.83	13.38	1.45	28.66	010	S
31293	.....	A	Nasal/sinus endoscopy, surg	15.15	14.64	1.59	31.38	010	S
31294	.....	A	Nasal/sinus endoscopy, surg	18.00	16.72	1.83	36.55	010	S
31299	.....	C	Sinus surgery procedure	0.00	0.00	0.00	0.00	YYY	S
31300	.....	A	Removal of larynx lesion	13.28	11.58	1.28	26.14	090	S
31320	.....	A	Diagnostic incision larynx	4.54	3.87	0.48	8.89	090	S
31360	.....	A	Removal of larynx	15.19	19.36	2.19	36.74	090	S
31365	.....	A	Removal of larynx	21.83	27.14	3.10	52.07	090	S
31367	.....	A	Partial removal of larynx	18.98	17.22	1.88	38.08	090	S
31368	.....	A	Partial removal of larynx	23.72	26.76	3.06	53.54	090	S
31370	.....	A	Partial removal of larynx	18.50	17.18	1.88	37.56	090	S
31375	.....	A	Partial removal of larynx	18.50	14.84	1.56	34.90	090	S
31380	.....	A	Partial removal of larynx	18.50	17.27	1.88	37.65	090	S
31382	.....	A	Partial removal of larynx	18.50	16.06	1.78	36.34	090	S
31390	.....	A	Removal of larynx & pharynx	25.00	27.08	4.05	56.13	090	S
31395	.....	A	Reconstruct larynx & pharynx	28.00	33.52	4.42	65.94	090	S
31400	.....	A	Revision of larynx	9.06	7.81	0.91	17.78	090	S
31420	.....	A	Removal of epiglottis	9.06	8.08	0.84	17.98	090	S
31500	.....	A	Insert emergency airway	2.33	1.14	0.14	3.61	000	N
31502	.....	A	Change of windpipe airway	0.65	0.58	0.07	1.30	000	S
31505	.....	A	Diagnostic laryngoscopy	0.61	0.43	0.05	1.09	000	S
31510	.....	A	Laryngoscopy with biopsy	1.92	0.55	0.07	2.54	000	S
31511	.....	A	Remove foreign body, larynx	2.16	0.96	0.10	3.22	000	S
31512	.....	A	Removal of larynx lesion	2.07	1.79	0.20	4.06	000	S
31513	.....	A	Injection into vocal cord	2.10	2.68	0.38	5.16	000	S
31515	.....	A	Laryngoscopy for aspiration	1.80	1.13	0.14	3.07	000	S
31520	.....	A	Diagnostic laryngoscopy	2.56	1.64	0.18	4.38	000	S
31525	.....	A	Diagnostic laryngoscopy	2.63	2.20	0.23	5.06	000	S
31526	.....	A	Diagnostic laryngoscopy	2.57	3.29	0.38	6.24	000	S
31527	.....	A	Laryngoscopy for treatment	3.27	2.99	0.30	6.56	000	S
31528	.....	A	Laryngoscopy and dilatation	2.37	2.66	0.30	5.33	000	S
31529	.....	A	Laryngoscopy and dilatation	2.68	2.46	0.25	5.39	000	S
31530	.....	A	Operative laryngoscopy	3.39	3.63	0.39	7.41	000	S
31531	.....	A	Operative laryngoscopy	3.59	4.78	0.60	8.97	000	S
31535	.....	A	Operative laryngoscopy	3.16	4.01	0.45	7.62	000	S
31536	.....	A	Operative laryngoscopy	3.56	4.06	0.59	8.21	000	S
31540	.....	A	Operative laryngoscopy	4.13	5.29	0.61	10.03	000	S
31541	.....	A	Operative laryngoscopy	4.53	4.56	0.75	9.84	000	S
31560	.....	A	Operative laryngoscopy	5.46	4.99	0.51	10.96	000	S
31561	.....	A	Operative laryngoscopy	6.00	6.27	1.08	13.35	000	S
31570	.....	A	Laryngoscopy with injection	3.87	4.95	0.60	9.42	000	S
31571	.....	A	Laryngoscopy with injection	4.27	4.51	0.69	9.47	000	S
31575	.....	A	Diagnostic laryngoscopy	1.10	1.56	0.17	2.83	000	S
31576	.....	A	Laryngoscopy with biopsy	1.97	2.52	0.33	4.82	000	S
31577	.....	A	Remove foreign body, larynx	2.47	3.16	0.37	6.00	000	S
31578	.....	A	Removal of larynx lesion	2.84	3.63	0.48	6.95	000	S
31579	.....	A	Diagnostic laryngoscopy	2.26	2.33	0.26	4.85	000	S
31580	.....	A	Revision of larynx	11.01	14.09	1.63	26.73	090	S
31582	.....	A	Revision of larynx	19.73	17.87	1.94	39.54	090	S
31584	.....	A	Repair of larynx fracture	18.50	12.72	1.34	32.56	090	S
31585	.....	A	Repair of larynx fracture	4.40	3.77	0.40	8.57	090	S
31586	.....	A	Repair of larynx fracture	7.24	6.55	0.71	14.50	090	S
31587	.....	A	Revision of larynx	10.00	7.21	0.79	18.00	090	S
31588	.....	A	Revision of larynx	11.82	10.70	1.16	23.68	090	S
31590	.....	A	Reinnervate larynx	6.36	5.76	0.62	12.74	090	S
31595	.....	A	Larynx nerve surgery	7.58	6.84	0.74	15.16	090	S
31599	.....	C	Larynx surgery procedure	0.00	0.00	0.00	0.00	YYY	S
31600	.....	A	Incision of windpipe	3.62	4.04	0.65	8.31	000	S
31601	.....	A	Incision of windpipe	4.45	5.03	0.66	10.14	000	S
31603	.....	A	Incision of windpipe	4.15	4.23	0.66	9.04	000	S
31605	.....	A	Incision of windpipe	3.58	4.19	0.50	8.27	000	S
31610	.....	A	Incision of windpipe	7.87	6.67	0.92	15.46	090	S
31611	.....	A	Surgery/speech prosthesis	5.03	6.45	1.04	12.52	090	S
31612	.....	A	Puncture/clear windpipe	0.91	1.17	0.12	2.20	000	S
31613	.....	A	Repair windpipe opening	4.24	2.21	0.28	6.73	090	S
31614	.....	A	Repair windpipe opening	6.11	6.74	0.73	13.58	090	S
31615	.....	A	Visualization of windpipe	2.09	1.95	0.22	4.26	000	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
31622	.....	A	Diagnostic bronchoscopy	2.80	3.57	0.34	6.71	000	N
31625	.....	A	Bronchoscopy with biopsy	3.37	3.83	0.35	7.55	000	N
31628	.....	A	Bronchoscopy with biopsy	3.81	4.88	0.38	9.07	000	N
31629	.....	A	Bronchoscopy with biopsy	3.37	4.31	0.34	8.02	000	N
31630	.....	A	Bronchoscopy with repair	3.82	3.72	0.50	8.04	000	S
31631	.....	A	Bronchoscopy with dilation	4.37	3.94	0.48	8.79	000	N
31635	.....	A	Remove foreign body, airway	3.68	4.53	0.53	8.74	000	S
31640	.....	A	Bronchoscopy & remove lesion	4.94	5.02	0.67	10.63	000	S
31641	.....	A	Bronchoscopy, treat blockage	5.03	6.45	0.85	12.33	000	N
31645	.....	A	Bronchoscopy, clear airways	3.16	3.62	0.30	7.08	000	N
31646	.....	A	Bronchoscopy, reclear airways	2.72	3.06	0.27	6.05	000	N
31656	.....	A	Bronchoscopy, inject for xray	2.17	2.77	0.31	5.25	000	N
31700	.....	A	Insertion of airway catheter	1.34	1.38	0.17	2.89	000	N
31708	.....	A	Instill airway contrast dye	1.41	0.77	0.09	2.27	000	N
31710	.....	A	Insertion of airway catheter	1.30	0.90	0.12	2.32	000	N
31715	.....	A	Injection for bronchus x-ray	1.11	0.48	0.04	1.63	000	N
31717	.....	A	Bronchial brush biopsy	2.12	0.73	0.06	2.91	000	N
31720	.....	A	Clearance of airways	1.06	0.74	0.09	1.89	000	N
31725	.....	A	Clearance of airways	1.96	1.41	0.15	3.52	000	N
31730	.....	A	Intro windpipe wire/tube	2.85	2.47	0.23	5.55	000	N
31750	.....	A	Repair of windpipe	11.73	8.88	1.09	21.70	090	S
31755	.....	A	Repair of windpipe	14.69	13.30	1.44	29.43	090	S
31760	.....	A	Repair of windpipe	20.89	10.92	2.55	34.36	090	S
31766	.....	A	Reconstruction of windpipe	28.82	18.40	1.12	48.34	090	S
31770	.....	A	Repair/graft of bronchus	21.15	15.07	2.08	38.30	090	S
31775	.....	A	Reconstruct bronchus	22.15	16.37	1.92	40.44	090	S
31780	.....	A	Reconstruct windpipe	16.14	17.33	2.08	35.55	090	S
31781	.....	A	Reconstruct windpipe	22.22	16.86	1.96	41.04	090	S
31785	.....	A	Remove windpipe lesion	16.14	8.92	1.17	26.23	090	S
31786	.....	A	Remove windpipe lesion	22.54	13.30	2.24	38.08	090	S
31800	.....	A	Repair of windpipe injury	6.77	4.90	0.76	12.43	090	S
31805	.....	A	Repair of windpipe injury	12.59	9.82	1.41	23.82	090	S
31820	.....	A	Closure of windpipe lesion	4.10	3.58	0.46	8.14	090	S
31825	.....	A	Repair of windpipe defect	6.31	5.00	0.58	11.89	090	S
31830	.....	A	Revise windpipe scar	4.26	3.66	0.42	8.34	090	S
31899	.....	C	Airways surgical procedure	0.00	0.00	0.00	0.00	YYY	S
32000	.....	A	Drainage of chest	1.54	0.90	0.08	2.52	000	N
32002	.....	A	Treatment of collapsed lung	2.19	1.34	0.22	3.75	000	N
32005	.....	A	Treat lung lining chemically	2.19	1.09	0.15	3.43	000	S
32020	.....	A	Insertion of chest tube	3.98	2.63	0.43	7.04	000	S
32035	.....	A	Exploration of chest	6.55	6.76	1.25	14.56	090	S
32036	.....	A	Exploration of chest	7.56	7.13	1.32	16.01	090	S
32095	.....	A	Biopsy through chest wall	7.13	8.25	1.45	16.83	090	S
32100	.....	A	Exploration/biopsy of chest	10.07	11.24	2.10	23.41	090	S
32110	.....	A	Explore/repair chest	11.76	11.51	2.01	25.28	090	S
32120	.....	A	Re-exploration of chest	9.62	9.45	1.72	20.79	090	S
32124	.....	A	Explore chest, free adhesions	10.93	10.94	2.21	24.08	090	S
32140	.....	A	Removal of lung lesion(s)	12.14	12.37	2.42	26.93	090	S
32141	.....	A	Remove/treat lung lesions	12.14	13.42	2.53	28.09	090	S
32150	.....	A	Removal of lung lesion(s)	12.42	10.34	2.01	24.77	090	S
32151	.....	A	Remove lung foreign body	12.42	9.15	1.37	22.94	090	S
32160	.....	A	Open chest heart massage	7.13	9.13	1.52	17.78	090	S
32200	.....	A	Drainage of lung lesion	13.10	6.89	0.93	20.92	090	S
32215	.....	A	Treat chest lining	10.07	7.62	1.28	18.97	090	S
32220	.....	A	Release of lung	17.62	15.81	3.01	36.44	090	S
32225	.....	A	Partial release of lung	12.10	11.84	2.28	26.22	090	S
32310	.....	A	Removal of chest lining	12.05	11.64	2.10	25.79	090	S
32320	.....	A	Free/remove chest lining	19.15	18.10	3.40	40.65	090	S
32400	.....	A	Needle biopsy chest lining	1.76	1.48	0.12	3.36	000	N
32402	.....	A	Open biopsy chest lining	6.55	7.58	1.34	15.47	090	S
32405	.....	A	Biopsy, lung or mediastinum	1.93	2.12	0.18	4.23	000	N
32420	.....	A	Puncture/clear lung	2.18	1.50	0.13	3.81	000	N
32440	.....	A	Removal of lung	19.15	8.56	3.55	41.26	090	S
32442	.....	A	Sleeve pneumonectomy	24.68	17.94	3.50	46.12	090	S
32445	.....	A	Removal of lung	23.37	20.46	3.88	47.71	090	S
32480	.....	A	Partial removal of lung	16.84	17.15	3.23	37.22	090	S
32482	.....	A	Bilobectomy	18.54	17.15	3.23	38.92	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
32484	.....	A	Segmentectomy	19.52	17.15	3.23	39.90	090	S
32486	.....	A	Sleeve lobectomy	22.75	16.54	3.23	42.52	090	S
32488	.....	A	Completion pneumonectomy	24.41	17.74	3.46	45.61	090	S
32491	.....	N	Lung volume reduction	+21.25	15.45	3.02	39.72	XXX	0
32500	.....	A	Partial removal of lung	13.10	13.47	2.56	29.13	090	S
32501	.....	A	Repair bronchus (add-on)	4.69	4.31	0.70	9.70	ZZZ	S
32520	.....	A	Remove lung & revise chest	19.42	20.67	3.93	44.02	090	S
32522	.....	A	Remove lung & revise chest	21.94	21.90	4.19	48.03	090	S
32525	.....	A	Remove lung & revise chest	24.33	23.50	4.61	52.44	090	S
32540	.....	A	Removal of lung lesion	13.31	11.67	2.05	27.03	090	S
32601	.....	A	Thoracoscopy, diagnostic	5.46	3.47	0.57	9.50	000	S
32602	.....	A	Thoracoscopy, diagnostic	5.96	3.87	0.64	10.47	000	S
32603	.....	A	Thoracoscopy, diagnostic	7.81	3.47	0.57	11.85	000	S
32604	.....	A	Thoracoscopy, diagnostic	8.78	3.87	0.64	13.29	000	S
32605	.....	A	Thoracoscopy, diagnostic	6.93	3.47	0.57	10.97	000	S
32606	.....	A	Thoracoscopy, diagnostic	8.40	3.87	0.64	12.91	000	S
32650	.....	A	Thoracoscopy, surgical	10.07	7.62	1.28	18.97	090	S
32651	.....	A	Thoracoscopy, surgical	12.10	11.84	2.28	26.22	090	S
32652	.....	A	Thoracoscopy, surgical	17.62	15.81	3.01	36.44	090	S
32653	.....	A	Thoracoscopy, surgical	12.42	10.34	2.01	24.77	090	S
32654	.....	A	Thoracoscopy, surgical	11.76	11.51	2.01	25.28	090	S
32655	.....	A	Thoracoscopy, surgical	12.42	13.42	2.53	28.37	090	S
32656	.....	A	Thoracoscopy, surgical	12.10	13.36	2.36	27.82	090	S
32657	.....	A	Thoracoscopy, surgical	13.10	13.47	2.56	29.13	090	S
32658	.....	A	Thoracoscopy, surgical	11.08	13.26	2.52	26.86	090	S
32659	.....	A	Thoracoscopy, surgical	10.91	13.96	2.61	27.48	090	S
32660	.....	A	Thoracoscopy, surgical	16.62	19.93	3.56	40.11	090	S
32661	.....	A	Thoracoscopy, surgical	12.70	9.25	1.47	23.42	090	S
32662	.....	A	Thoracoscopy, surgical	15.76	14.55	2.74	33.05	090	S
32663	.....	A	Thoracoscopy, surgical	17.43	17.15	3.23	37.81	090	S
32664	.....	A	Thoracoscopy, surgical	13.65	10.55	2.04	26.24	090	S
32665	.....	A	Thoracoscopy, surgical	14.73	14.33	2.64	31.70	090	S
32800	.....	A	Repair lung hernia	12.10	8.28	1.58	21.96	090	S
32810	.....	A	Close chest after drainage	11.59	6.50	1.19	19.28	090	S
32815	.....	A	Close bronchial fistula	21.36	15.22	2.62	39.20	090	S
32820	.....	A	Reconstruct injured chest	19.78	19.01	3.24	42.03	090	S
32850	.....	X	Donor pneumonectomy	0.00	0.00	0.00	0.00	XXX	0
32851	.....	A	Lung transplant, single	35.14	25.55	4.99	65.68	090	S
32852	.....	A	Lung transplant w/bypass	38.11	27.71	5.41	71.23	090	S
32853	.....	A	Lung transplant, double	43.93	31.94	6.24	82.11	090	S
32854	.....	A	Lung transplant w/bypass	46.90	34.10	6.67	87.67	090	S
32900	.....	A	Removal of rib(s)	18.14	8.47	1.63	28.24	090	S
32905	.....	A	Revise & repair chest wall	19.15	12.74	2.60	34.49	090	S
32906	.....	A	Revise & repair chest wall	25.17	15.42	2.92	43.51	090	S
32940	.....	A	Revision of lung	18.14	11.37	1.75	31.26	090	S
32960	.....	A	Therapeutic pneumothorax	1.84	0.93	0.13	2.90	000	N
32999	.....	C	Chest surgery procedure	0.00	0.00	0.00	0.00	YYY	S
33010	.....	A	Drainage of heart sac	2.24	1.54	0.14	3.92	000	N
33011	.....	A	Repeat drainage of heart sac	2.24	1.11	0.12	3.47	000	N
33015	.....	A	Incision of heart sac	5.64	4.26	0.62	10.52	090	S
33020	.....	A	Incision of heart sac	11.08	13.26	2.52	26.86	090	S
33025	.....	A	Incision of heart sac	10.91	13.96	2.61	27.48	090	S
33030	.....	A	Partial removal of heart sac	16.62	21.02	3.92	41.56	090	S
33031	.....	A	Partial removal of heart sac	19.64	13.25	2.50	35.39	090	S
33050	.....	A	Removal of heart sac lesion	12.70	9.25	1.47	23.42	090	S
33120	.....	A	Removal of heart lesion	22.57	28.89	5.17	56.63	090	S
33130	.....	A	Removal of heart lesion	19.53	13.50	2.22	35.25	090	S
33200	.....	A	Insertion of heart pacemaker	11.08	12.27	1.90	25.25	090	S
33201	.....	A	Insertion of heart pacemaker	8.93	11.19	1.67	21.79	090	S
33206	.....	A	Insertion of heart pacemaker	6.04	7.73	1.34	15.11	090	S
33207	.....	A	Insertion of heart pacemaker	7.28	9.01	1.33	17.62	090	S
33208	.....	A	Insertion of heart pacemaker	7.28	9.50	1.54	18.32	090	N
33210	.....	A	Insertion of heart electrode	3.30	3.30	0.27	6.87	000	N
33211	.....	A	Insertion of heart electrode	3.40	3.30	0.27	6.97	000	N
33212	.....	A	Insertion of pulse generator	5.21	5.38	0.88	11.47	090	S
33213	.....	A	Insertion of pulse generator	6.15	5.38	0.88	12.41	090	N
33214	.....	A	Upgrade of pacemaker system	7.43	5.40	1.06	13.89	090	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
33216	.....	A	Revision implanted electrode	5.07	5.02	0.55	10.64	090	N
33217	.....	A	Insert/revise electrode	5.43	5.02	0.55	11.00	090	N
33218	.....	A	Repair pacemaker electrodes	5.02	4.59	0.62	10.23	090	S
33220	.....	A	Repair pacemaker electrode	5.10	4.59	0.62	10.31	090	N
33222	.....	A	Pacemaker aicd pocket	4.59	5.70	1.01	11.30	090	S
33223	.....	A	Pacemaker aicd pocket	6.14	5.70	1.01	12.85	090	S
33233	.....	A	Removal of pacemaker system	2.97	2.64	0.05	5.66	090	N
33234	.....	A	Removal of pacemaker system	7.50	2.84	0.23	10.57	090	S
33235	.....	A	Removal of pacemaker electrode	8.74	3.14	0.33	12.21	090	N
33236	.....	A	Remove electrode/thoracotomy	11.71	3.98	0.62	16.31	090	S
33237	.....	A	Remove electrode/thoracotomy	12.69	9.60	1.13	23.42	090	S
33238	.....	A	Remove electrode/thoracotomy	14.15	10.29	2.01	26.45	090	S
33240	.....	A	Insert/replace pulse generator	7.20	5.38	0.88	13.46	090	S
33241	.....	A	Remove pulse generator only	2.97	2.16	0.43	5.56	090	S
33242	.....	A	Repair pulse generator/leads	5.85	7.50	1.54	14.89	090	S
33243	.....	A	Remove generator/thoracotomy	21.47	9.02	1.54	32.03	090	S
33244	.....	A	Remove generator	8.34	9.02	1.54	18.90	090	S
33245	.....	A	Implant heart defibrillator	12.57	16.09	2.36	31.02	090	S
33246	.....	A	Implant heart defibrillator	19.28	20.79	3.19	43.26	090	S
33247	.....	A	Insert/replace leads	9.76	12.49	2.36	24.61	090	N
33249	.....	A	Insert/replace leads/gener	12.83	16.42	3.19	32.44	090	S
33250	.....	A	Ablate heart dysrhythm focus	19.54	11.56	0.86	31.96	090	S
33251	.....	A	Ablate heart dysrhythm focus	22.57	16.41	3.21	42.19	090	S
33253	.....	A	Reconstruct atria	30.00	21.81	4.26	56.07	090	S
33261	.....	A	Ablate heart dysrhythm focus	22.57	13.96	2.73	39.26	090	S
33300	.....	A	Repair of heart wound	16.19	14.36	2.60	33.15	090	S
33305	.....	A	Repair of heart wound	19.22	17.40	3.07	39.69	090	S
33310	.....	A	Exploratory heart surgery	17.12	11.28	1.93	30.33	090	S
33315	.....	A	Exploratory heart surgery	20.15	14.48	2.57	37.20	090	S
33320	.....	A	Repair major blood vessel(s)	15.39	14.14	2.51	32.04	090	S
33321	.....	A	Repair major vessel	18.74	21.75	3.61	44.10	090	S
33322	.....	A	Repair major blood vessel(s)	18.40	21.75	3.61	43.76	090	S
33330	.....	A	Insert major vessel graft	19.15	12.67	1.93	33.75	090	S
33332	.....	A	Insert major vessel graft	22.50	15.07	2.39	39.96	090	S
33335	.....	A	Insert major vessel graft	27.66	15.07	2.39	45.12	090	S
33400	.....	A	Repair of aortic valve	23.16	26.21	2.83	52.20	090	S
33401	.....	A	Valvuloplasty, open	22.45	26.21	2.83	51.49	090	S
33403	.....	A	Valvuloplasty, w/cp bypass	23.43	26.21	2.83	52.47	090	S
33404	.....	A	Prepare heart-aorta conduit	26.62	31.25	5.59	63.46	090	S
33405	.....	A	Replacement of aortic valve	28.47	30.48	5.33	64.28	090	S
33406	.....	A	Replacement, aortic valve	31.23	38.65	7.45	77.33	090	S
33411	.....	A	Replacement of aortic valve	30.37	38.65	7.45	76.47	090	S
33412	.....	A	Replacement of aortic valve	32.26	38.65	7.45	78.36	090	S
33413	.....	A	Replacement, aortic valve	34.17	41.09	7.23	82.49	090	S
33414	.....	A	Repair, aortic valve	29.28	38.65	7.45	75.38	090	S
33415	.....	A	Revision, subvalvular tissue	25.02	30.48	5.33	60.83	090	S
33416	.....	A	Revise ventricle muscle	28.20	28.14	4.99	61.33	090	S
33417	.....	A	Repair of aortic valve	27.34	34.71	6.18	68.23	090	S
33420	.....	A	Revision of mitral valve	20.69	19.82	2.45	42.96	090	S
33422	.....	A	Revision of mitral valve	23.72	30.35	6.45	60.52	090	S
33425	.....	A	Repair of mitral valve	25.57	31.27	5.42	62.26	090	S
33426	.....	A	Repair of mitral valve	29.42	31.96	5.80	67.18	090	S
33427	.....	A	Repair of mitral valve	32.07	34.71	6.30	73.08	090	S
33430	.....	A	Replacement of mitral valve	29.42	34.85	6.11	70.38	090	S
33460	.....	A	Revision of tricuspid valve	21.60	26.07	4.73	52.40	090	S
33463	.....	A	Valvuloplasty, tricuspid	24.16	32.67	5.95	62.78	090	S
33464	.....	A	Valvuloplasty, tricuspid	25.87	32.67	5.95	64.49	090	S
33465	.....	A	Replace tricuspid valve	26.57	32.67	5.95	65.19	090	S
33468	.....	A	Revision of tricuspid valve	28.20	34.71	6.30	69.21	090	S
33470	.....	A	Revision of pulmonary valve	19.52	19.82	2.45	41.79	090	S
33471	.....	A	Valvotomy, pulmonary valve	21.13	26.21	2.83	50.17	090	S
33472	.....	A	Revision of pulmonary valve	20.91	28.70	2.83	52.44	090	S
33474	.....	A	Revision of pulmonary valve	20.91	28.70	2.83	52.44	090	S
33475	.....	A	Replacement, pulmonary valve	27.34	34.85	6.11	68.30	090	S
33476	.....	A	Revision of heart chamber	24.41	28.14	4.99	57.54	090	S
33478	.....	A	Revision of heart chamber	25.38	31.27	5.42	62.07	090	S
33500	.....	A	Repair heart vessel fistula	23.91	29.55	5.20	58.66	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
33501	.....	A	Repair heart vessel fistula	16.14	14.14	2.51	32.79	090	S
33502	.....	A	Coronary artery correction	19.80	14.14	2.51	36.45	090	S
33503	.....	A	Coronary artery graft	20.15	29.55	5.20	54.90	090	S
33504	.....	A	Coronary artery graft	23.16	29.55	5.20	57.91	090	S
33505	.....	A	Repair artery w/tunnel	25.38	34.24	6.03	65.65	090	S
33506	.....	A	Repair artery, translocation	25.38	34.24	6.03	65.65	090	S
33510	.....	A	CABG, vein, single	23.29	29.55	5.20	58.04	090	S
33511	.....	A	CABG, vein, two	25.57	32.44	5.71	63.72	090	S
33512	.....	A	CABG, vein, three	27.84	35.33	6.22	69.39	090	S
33513	.....	A	CABG, vein, four	30.12	38.21	6.73	75.06	090	S
33514	.....	A	CABG, vein, five	32.39	41.09	7.23	80.71	090	S
33516	.....	A	CABG, vein, six+	34.66	43.97	7.74	86.37	090	S
33517	.....	A	CABG, artery-vein, single	2.27	2.89	0.50	5.66	090	S
33518	.....	A	CABG, artery-vein, two	4.55	5.77	1.02	11.34	090	S
33519	.....	A	CABG, artery-vein, three	6.82	8.65	1.52	16.99	090	S
33521	.....	A	CABG, artery-vein, four	9.10	11.54	2.03	22.67	090	S
33522	.....	A	CABG, artery-vein, five	11.37	14.43	2.54	28.34	090	S
33523	.....	A	CABG, artery-vein, six+	13.65	17.32	3.05	34.02	090	S
33530	.....	A	Coronary artery, bypass/reop	5.86	7.51	2.18	15.55	ZZZ	S
33533	.....	A	CABG, arterial, single	24.00	30.45	5.36	59.81	090	S
33534	.....	A	CABG, arterial, two	26.99	34.24	6.03	67.26	090	S
33535	.....	A	CABG, arterial, three	29.98	38.03	6.70	74.71	090	S
33536	.....	A	CABG, arterial, four+	32.96	41.82	7.37	82.15	090	S
33542	.....	A	Removal of heart lesion	26.57	30.73	5.53	62.83	090	S
33545	.....	A	Repair of heart damage	33.96	34.92	6.28	75.16	090	S
33572	.....	A	Open coronary endarterectomy	4.45	3.23	0.63	8.31	ZZZ	S
33600	.....	A	Closure of valve	28.31	34.85	6.11	69.27	090	S
33602	.....	A	Closure of valve	27.34	30.48	5.33	63.15	090	S
33606	.....	A	Anastomosis/artery-aorta	29.28	38.65	7.45	75.38	090	S
33608	.....	A	Repair anomaly w/conduit	30.02	38.65	7.45	76.12	090	S
33610	.....	A	Repair by enlargement	29.28	38.65	7.45	75.38	090	S
33611	.....	A	Repair double ventricle	31.23	38.65	7.45	77.33	090	S
33612	.....	A	Repair double ventricle	32.06	38.65	7.45	78.16	090	S
33615	.....	A	Repair (simple fontan)	30.50	38.65	7.45	76.60	090	S
33617	.....	A	Repair by modified fontan	32.21	38.65	7.45	78.31	090	S
33619	.....	A	Repair single ventricle	35.39	44.30	8.04	87.73	090	S
33641	.....	A	Repair heart septum defect	19.93	25.51	4.87	50.31	090	S
33645	.....	A	Revision of heart veins	22.78	27.61	4.87	55.26	090	S
33647	.....	A	Repair heart septum defects	27.44	34.92	6.28	68.64	090	S
33660	.....	A	Repair of heart defects	24.41	31.27	5.42	61.10	090	S
33665	.....	A	Repair of heart defects	27.34	31.27	5.42	64.03	090	S
33670	.....	A	Repair of heart chambers	31.23	38.65	7.45	77.33	090	S
33681	.....	A	Repair heart septum defect	26.36	34.92	6.28	67.56	090	S
33684	.....	A	Repair heart septum defect	28.31	34.92	6.28	69.51	090	S
33688	.....	A	Repair heart septum defect	29.28	34.92	6.28	70.48	090	S
33690	.....	A	Reinforce pulmonary artery	18.31	22.10	4.29	44.70	090	S
33692	.....	A	Repair of heart defects	29.28	38.65	7.45	75.38	090	S
33694	.....	A	Repair of heart defects	30.26	38.65	7.45	76.36	090	S
33697	.....	A	Repair of heart defects	32.21	38.65	7.45	78.31	090	S
33702	.....	A	Repair of heart defects	25.38	30.48	5.33	61.19	090	S
33710	.....	A	Repair of heart defects	28.35	34.92	6.28	69.55	090	S
33720	.....	A	Repair of heart defect	25.38	30.48	5.33	61.19	090	S
33722	.....	A	Repair of heart defect	27.34	30.48	5.33	63.15	090	S
33730	.....	A	Repair heart-vein defect(s)	29.89	38.65	7.45	75.99	090	S
33732	.....	A	Repair heart-vein defect	27.09	31.27	5.42	63.78	090	S
33735	.....	A	Revision of heart chamber	19.97	25.69	4.87	50.53	090	S
33736	.....	A	Revision of heart chamber	22.45	25.69	4.87	53.01	090	S
33737	.....	A	Revision of heart chamber	20.50	25.69	4.87	51.06	090	S
33750	.....	A	Major vessel shunt	20.15	22.10	4.29	46.54	090	S
33755	.....	A	Major vessel shunt	20.50	22.10	4.29	46.89	090	S
33762	.....	A	Major vessel shunt	20.50	22.10	4.29	46.89	090	S
33764	.....	A	Major vessel shunt & graft	20.50	22.10	4.29	46.89	090	S
33766	.....	A	Major vessel shunt	21.47	22.10	4.29	47.86	090	S
33767	.....	A	Atrial septectomy/septostomy	23.43	25.69	4.87	53.99	090	S
33770	.....	A	Repair great vessels defect	31.96	38.65	7.45	78.06	090	S
33771	.....	A	Repair great vessels defect	33.19	38.65	7.45	79.29	090	S
33774	.....	A	Repair great vessels defect	29.28	31.27	5.42	65.97	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
33775	.....	A	Repair great vessels defect	30.50	31.27	5.42	67.19	090	S
33776	.....	A	Repair great vessels defect	32.21	34.92	6.28	73.41	090	S
33777	.....	A	Repair great vessels defect	31.73	31.27	5.42	68.42	090	S
33778	.....	A	Repair great vessels defect	34.17	41.82	7.37	83.36	090	S
33779	.....	A	Repair great vessels defect	34.41	41.82	7.37	83.60	090	S
33780	.....	A	Repair great vessels defect	35.14	41.82	7.37	84.33	090	S
33781	.....	A	Repair great vessels defect	34.65	41.82	7.37	83.84	090	S
33786	.....	A	Repair arterial trunk	33.19	38.65	7.45	79.29	090	S
33788	.....	A	Revision of pulmonary artery	25.38	29.55	5.20	60.13	090	S
33800	.....	A	Aortic suspension	15.18	14.14	2.51	31.83	090	S
33802	.....	A	Repair vessel defect	16.60	22.10	4.29	42.99	090	S
33803	.....	A	Repair vessel defect	18.54	22.10	4.29	44.93	090	S
33813	.....	A	Repair septal defect	19.52	22.10	4.29	45.91	090	S
33814	.....	A	Repair septal defect	24.41	30.48	5.33	60.22	090	S
33820	.....	A	Revise major vessel	15.62	22.10	4.29	42.01	090	S
33822	.....	A	Revise major vessel	16.60	22.10	4.29	42.99	090	S
33824	.....	A	Revise major vessel	18.54	22.10	4.29	44.93	090	S
33840	.....	A	Remove aorta constriction	19.52	31.25	5.59	56.36	090	S
33845	.....	A	Remove aorta constriction	20.99	31.25	5.59	57.83	090	S
33851	.....	A	Remove aorta constriction	20.01	31.25	5.59	56.85	090	S
33852	.....	A	Repair septal defect	22.45	31.25	5.59	59.29	090	S
33853	.....	A	Repair septal defect	30.26	38.65	7.45	76.36	090	S
33860	.....	A	Ascending aorta graft	31.23	34.71	6.18	72.12	090	S
33861	.....	A	Ascending aorta graft	33.19	34.71	6.18	74.08	090	S
33863	.....	A	Ascending aorta graft	35.14	34.71	6.18	76.03	090	S
33870	.....	A	Transverse aortic arch graft	37.74	44.30	8.04	90.08	090	S
33875	.....	A	Thoracic aorta graft	31.23	31.25	5.59	68.07	090	S
33877	.....	A	Thoracoabdominal graft	40.29	44.11	8.38	92.78	090	S
33910	.....	A	Remove lung artery emboli	21.86	14.65	2.77	39.28	090	S
33915	.....	A	Remove lung artery emboli	18.84	12.02	2.22	33.08	090	S
33916	.....	A	Surgery of great vessel	24.17	17.57	3.43	45.17	090	S
33917	.....	A	Repair pulmonary artery	23.43	34.71	6.30	64.44	090	S
33918	.....	A	Repair pulmonary atresia	25.38	29.55	5.20	60.13	090	S
33919	.....	A	Repair pulmonary atresia	31.11	38.65	7.45	77.21	090	S
33920	.....	A	Repair pulmonary atresia	30.75	38.65	7.45	76.85	090	S
33922	.....	A	Transect pulmonary artery	22.45	26.21	2.83	51.49	090	S
33924	.....	A	Remove pulmonary shunt	5.50	4.00	0.78	10.28	ZZZ	S
33930	.....	X	Removal of donor heart/lung	0.00	0.00	0.00	0.00	XXX	0
33935	.....	R	Transplantation, heart/lung	56.87	77.57	13.54	147.98	090	S
33940	.....	X	Removal of donor heart	0.00	0.00	0.00	0.00	XXX	0
33945	.....	R	Transplantation of heart	39.56	64.80	11.05	115.41	090	S
33960	.....	A	External circulation assist	19.36	7.01	0.94	27.31	XXX	S
33961	.....	A	External circulation assist	10.93	7.01	0.94	18.88	XXX	S
33970	.....	A	Aortic circulation assist	6.75	7.54	1.00	15.29	000	S
33971	.....	A	Aortic circulation assist	8.40	5.16	0.91	14.47	090	S
33973	.....	A	Insert balloon device	9.76	7.54	1.00	18.30	000	S
33974	.....	A	Remove intra-aortic balloon	12.69	5.56	0.91	19.16	090	S
33975	.....	A	Implant ventricular device	19.52	14.19	2.77	36.48	090	S
33976	.....	A	Implant ventricular device	26.60	19.33	3.78	49.71	090	S
33977	.....	A	Remove ventricular device	17.08	12.41	2.43	31.92	090	S
33978	.....	A	Remove ventricular device	19.52	14.19	2.77	36.48	090	S
33999	.....	C	Cardiac surgery procedure	0.00	0.00	0.00	0.00	YYY	S
34001	.....	A	Removal of artery clot	11.69	9.58	1.87	23.14	090	S
34051	.....	A	Removal of artery clot	13.62	8.81	1.59	24.02	090	S
34101	.....	A	Removal of artery clot	8.73	8.34	1.71	18.78	090	S
34111	.....	A	Removal of arm artery clot	7.18	7.59	1.59	16.36	090	S
34151	.....	A	Removal of artery clot	15.23	11.96	2.39	29.58	090	S
34201	.....	A	Removal of artery clot	8.04	8.90	1.78	18.72	090	S
34203	.....	A	Removal of leg artery clot	11.06	8.63	1.72	21.41	090	S
34401	.....	A	Removal of vein clot	11.64	8.07	1.39	21.10	090	S
34421	.....	A	Removal of vein clot	8.89	7.45	1.51	17.85	090	S
34451	.....	A	Removal of vein clot	13.13	10.69	2.14	25.96	090	S
34471	.....	A	Removal of vein clot	9.12	3.51	0.55	13.18	090	S
34490	.....	A	Removal of vein clot	6.51	7.27	1.54	15.32	090	S
34501	.....	A	Repair valve, femoral vein	9.71	7.35	0.86	17.92	090	S
34502	.....	A	Reconstruct, vena cava	25.65	18.65	3.64	47.94	090	S
34510	.....	A	Transposition of vein valve	11.75	8.89	1.04	21.68	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
34520	.....	A	Cross-over vein graft	12.33	9.33	1.09	22.75	090	S
34530	.....	A	Leg vein fusion	16.33	12.35	1.44	30.12	090	S
35001	.....	A	Repair defect of artery	18.14	15.90	3.18	37.22	090	S
35002	.....	A	Repair artery rupture, neck	19.43	12.64	2.41	34.48	090	S
35005	.....	A	Repair defect of artery	16.62	10.28	2.19	29.09	090	S
35011	.....	A	Repair defect of artery	10.43	13.35	2.76	26.54	090	S
35013	.....	A	Repair artery rupture, arm	15.96	14.70	3.03	33.69	090	S
35021	.....	A	Repair defect of artery	17.62	18.13	3.06	38.81	090	S
35022	.....	A	Repair artery rupture, chest	21.15	14.78	2.80	38.73	090	S
35045	.....	A	Repair defect of arm artery	9.98	12.35	2.50	24.83	090	S
35081	.....	A	Repair defect of artery	26.23	21.45	4.18	51.86	090	S
35082	.....	A	Repair artery rupture, aorta	34.20	22.91	4.59	61.70	090	S
35091	.....	A	Repair defect of artery	33.16	22.67	4.25	60.08	090	S
35092	.....	A	Repair artery rupture, aorta	36.06	26.27	5.21	67.54	090	S
35102	.....	A	Repair defect of artery	28.80	22.15	4.32	55.27	090	S
35103	.....	A	Repair artery rupture, groin	31.31	26.16	5.21	62.68	090	S
35111	.....	A	Repair defect of artery	15.12	17.60	3.70	36.42	090	S
35112	.....	A	Repair artery rupture, spleen	17.38	10.45	2.22	30.05	090	S
35121	.....	A	Repair defect of artery	24.68	19.12	3.66	47.46	090	S
35122	.....	A	Repair artery rupture, belly	32.08	17.92	3.96	53.96	090	S
35131	.....	A	Repair defect of artery	17.00	15.88	3.15	36.03	090	S
35132	.....	A	Repair artery rupture, groin	20.40	18.68	3.58	42.66	090	S
35141	.....	A	Repair defect of artery	13.28	14.70	2.88	30.86	090	S
35142	.....	A	Repair artery rupture, thigh	14.62	16.10	3.24	33.96	090	S
35151	.....	A	Repair defect of artery	15.76	15.36	2.94	34.06	090	S
35152	.....	A	Repair artery rupture, knee	15.46	9.27	1.95	26.68	090	S
35161	.....	A	Repair defect of artery	17.45	15.88	3.15	36.48	090	S
35162	.....	A	Repair artery rupture	18.45	18.68	3.58	40.71	090	S
35180	.....	A	Repair blood vessel lesion	12.16	7.37	1.48	21.01	090	S
35182	.....	A	Repair blood vessel lesion	16.12	10.65	1.61	28.38	090	S
35184	.....	A	Repair blood vessel lesion	10.79	9.73	1.96	22.48	090	S
35188	.....	A	Repair blood vessel lesion	13.10	8.11	1.59	22.80	090	S
35189	.....	A	Repair blood vessel lesion	17.12	11.33	2.21	30.66	090	S
35190	.....	A	Repair blood vessel lesion	11.79	10.34	2.14	24.27	090	S
35201	.....	A	Repair blood vessel lesion	8.90	10.07	1.94	20.91	090	S
35206	.....	A	Repair blood vessel lesion	8.49	10.15	2.03	20.67	090	S
35207	.....	A	Repair blood vessel lesion	9.06	10.80	1.93	21.79	090	S
35211	.....	A	Repair blood vessel lesion	20.15	13.38	2.59	36.12	090	S
35216	.....	A	Repair blood vessel lesion	17.12	10.68	2.08	29.88	090	S
35221	.....	A	Repair blood vessel lesion	15.11	11.09	2.20	28.40	090	S
35226	.....	A	Repair blood vessel lesion	8.17	10.28	1.95	20.40	090	S
35231	.....	A	Repair blood vessel lesion	10.76	13.78	2.91	27.45	090	S
35236	.....	A	Repair blood vessel lesion	9.39	12.02	2.56	23.97	090	S
35241	.....	A	Repair blood vessel lesion	21.15	13.49	2.60	37.24	090	S
35246	.....	A	Repair blood vessel lesion	18.14	16.95	2.15	37.24	090	S
35251	.....	A	Repair blood vessel lesion	16.12	9.59	1.88	27.59	090	S
35256	.....	A	Repair blood vessel lesion	10.14	12.40	2.39	24.93	090	S
35261	.....	A	Repair blood vessel lesion	10.39	13.16	2.66	26.21	090	S
35266	.....	A	Repair blood vessel lesion	9.06	11.59	2.41	23.06	090	S
35271	.....	A	Repair blood vessel lesion	20.15	12.53	2.56	35.24	090	S
35276	.....	A	Repair blood vessel lesion	17.12	10.85	2.26	30.23	090	S
35281	.....	A	Repair blood vessel lesion	15.11	17.28	3.37	35.76	090	S
35286	.....	A	Repair blood vessel lesion	10.78	11.71	2.33	24.82	090	S
35301	.....	A	Rechanneling of artery	17.79	14.46	2.81	35.06	090	S
35311	.....	A	Rechanneling of artery	22.61	22.06	4.61	49.28	090	S
35321	.....	A	Rechanneling of artery	11.08	12.96	2.69	26.73	090	S
35331	.....	A	Rechanneling of artery	22.15	13.34	2.66	38.15	090	S
35341	.....	A	Rechanneling of artery	23.67	17.37	3.53	44.57	090	S
35351	.....	A	Rechanneling of artery	19.15	14.95	2.97	37.07	090	S
35355	.....	A	Rechanneling of artery	15.11	15.42	2.99	33.52	090	S
35361	.....	A	Rechanneling of artery	22.15	19.37	3.88	45.40	090	S
35363	.....	A	Rechanneling of artery	23.16	22.77	4.40	50.33	090	S
35371	.....	A	Rechanneling of artery	10.49	12.51	2.50	25.50	090	S
35372	.....	A	Rechanneling of artery	12.28	11.20	2.28	25.76	090	S
35381	.....	A	Rechanneling of artery	14.50	13.67	2.71	30.88	090	S
35390	.....	A	Reoperation, carotid	3.19	1.67	0.39	5.25	ZZZ	S
35450	.....	A	Repair arterial blockage	10.07	12.89	1.38	24.34	000	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
35452	.....	A	Repair arterial blockage	6.91	4.35	0.61	11.87	000	S
35454	.....	A	Repair arterial blockage	6.04	7.73	1.53	15.30	000	S
35456	.....	A	Repair arterial blockage	7.35	9.41	1.69	18.45	000	S
35458	.....	A	Repair arterial blockage	9.49	10.13	1.83	21.45	000	S
35459	.....	A	Repair arterial blockage	8.63	10.39	1.69	20.71	000	S
35460	.....	A	Repair venous blockage	6.04	3.16	0.74	9.94	000	S
35470	.....	A	Repair arterial blockage	8.63	10.39	1.69	20.71	000	N
35471	.....	A	Repair arterial blockage	10.07	12.89	1.38	24.34	000	N
35472	.....	A	Repair arterial blockage	6.91	3.61	0.85	11.37	000	N
35473	.....	A	Repair arterial blockage	6.04	7.73	1.53	15.30	000	N
35474	.....	A	Repair arterial blockage	7.36	9.42	1.69	18.47	000	N
35475	.....	R	Repair arterial blockage	9.49	10.13	1.83	21.45	000	N
35476	.....	A	Repair venous blockage	6.04	3.16	0.74	9.94	000	N
35480	.....	A	Atherectomy, open	11.08	13.43	1.38	25.89	000	S
35481	.....	A	Atherectomy, open	7.61	4.35	0.61	12.57	000	S
35482	.....	A	Atherectomy, open	6.65	8.51	1.53	16.69	000	S
35483	.....	A	Atherectomy, open	8.10	10.36	1.69	20.15	000	S
35484	.....	A	Atherectomy, open	10.44	10.13	1.83	22.40	000	S
35485	.....	A	Atherectomy, open	9.49	4.52	1.06	15.07	000	S
35490	.....	A	Atherectomy, percutaneous	11.08	13.43	1.38	25.89	000	N
35491	.....	A	Atherectomy, percutaneous	7.61	4.35	0.61	12.57	000	N
35492	.....	A	Atherectomy, percutaneous	6.65	8.51	1.53	16.69	000	N
35493	.....	A	Atherectomy, percutaneous	8.10	10.36	1.69	20.15	000	N
35494	.....	A	Atherectomy, percutaneous	10.44	10.13	1.83	22.40	000	N
35495	.....	A	Atherectomy, percutaneous	9.49	4.52	1.06	15.07	000	N
35501	.....	A	Artery bypass graft	18.23	19.35	3.49	41.07	090	S
35506	.....	A	Artery bypass graft	18.23	19.17	3.64	41.04	090	S
35507	.....	A	Artery bypass graft	18.23	17.92	3.61	39.76	090	S
35508	.....	A	Artery bypass graft	17.21	18.11	3.43	38.75	090	S
35509	.....	A	Artery bypass graft	16.70	18.90	3.92	39.52	090	S
35511	.....	A	Artery bypass graft	15.39	10.40	1.92	27.71	090	S
35515	.....	A	Artery bypass graft	17.21	11.25	2.01	30.47	090	S
35516	.....	A	Artery bypass graft	14.88	17.37	3.54	35.79	090	S
35518	.....	A	Artery bypass graft	14.05	17.47	3.38	34.90	090	S
35521	.....	A	Artery bypass graft	14.80	17.53	3.34	35.67	090	S
35526	.....	A	Artery bypass graft	18.63	12.95	2.44	34.02	090	S
35531	.....	A	Artery bypass graft	24.17	20.25	3.90	48.32	090	S
35533	.....	A	Artery bypass graft	19.15	21.04	4.43	44.62	090	S
35536	.....	A	Artery bypass graft	21.65	21.37	4.17	47.19	090	S
35541	.....	A	Artery bypass graft	24.17	19.55	3.65	47.37	090	S
35546	.....	A	Artery bypass graft	24.17	21.39	4.26	49.82	090	S
35548	.....	A	Artery bypass graft	20.13	19.55	3.65	43.33	090	S
35549	.....	A	Artery bypass graft	21.91	21.39	4.26	47.56	090	S
35551	.....	A	Artery bypass graft	25.17	19.25	3.87	48.29	090	S
35556	.....	A	Artery bypass graft	19.84	18.71	3.71	42.26	090	S
35558	.....	A	Artery bypass graft	12.82	16.41	3.23	32.46	090	S
35560	.....	A	Artery bypass graft	22.12	20.22	3.93	46.27	090	S
35563	.....	A	Artery bypass graft	13.83	8.32	1.70	23.85	090	S
35565	.....	A	Artery bypass graft	13.83	17.69	3.51	35.03	090	S
35566	.....	A	Artery bypass graft	25.00	20.62	4.08	49.70	090	S
35571	.....	A	Artery bypass graft	17.14	19.36	3.87	40.37	090	S
35582	.....	A	Vein bypass graft	25.69	23.74	4.89	54.32	090	S
35583	.....	A	Vein bypass graft	20.50	20.44	4.13	45.07	090	S
35585	.....	A	Vein bypass graft	26.47	22.95	4.63	54.05	090	S
35587	.....	A	Vein bypass graft	17.55	21.51	4.13	43.19	090	S
35601	.....	A	Artery bypass graft	16.19	18.83	3.33	38.35	090	S
35606	.....	A	Artery bypass graft	17.40	17.55	3.51	38.46	090	S
35612	.....	A	Artery bypass graft	14.39	16.75	3.30	34.44	090	S
35616	.....	A	Artery bypass graft	14.39	16.79	3.42	34.60	090	S
35621	.....	A	Artery bypass graft	13.23	16.94	3.80	33.97	090	S
35623	.....	A	Bypass graft, not vein	15.42	8.06	1.88	25.36	090	S
35626	.....	A	Artery bypass graft	22.26	20.51	4.08	46.85	090	S
35631	.....	A	Artery bypass graft	23.16	17.87	3.57	44.60	090	S
35636	.....	A	Artery bypass graft	21.15	13.50	2.45	37.10	090	S
35641	.....	A	Artery bypass graft	22.67	20.56	4.08	47.31	090	S
35642	.....	A	Artery bypass graft	16.70	10.33	2.20	29.23	090	S
35645	.....	A	Artery bypass graft	16.19	11.15	2.05	29.39	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
35646	.....	A	Artery bypass graft	24.00	23.78	4.73	52.51	090	S
35650	.....	A	Artery bypass graft	13.05	16.71	3.56	33.32	090	S
35651	.....	A	Artery bypass graft	23.67	24.09	4.69	52.45	090	S
35654	.....	A	Artery bypass graft	17.62	22.10	4.42	44.14	090	S
35656	.....	A	Artery bypass graft	18.42	17.73	3.60	39.75	090	S
35661	.....	A	Artery bypass graft	11.81	15.11	3.30	30.22	090	S
35663	.....	A	Artery bypass graft	12.82	16.41	3.80	33.03	090	S
35665	.....	A	Artery bypass graft	14.05	17.79	3.57	35.41	090	S
35666	.....	A	Artery bypass graft	17.60	20.06	4.00	41.66	090	S
35671	.....	A	Artery bypass graft	13.39	15.60	4.08	33.07	090	S
35681	.....	A	Artery bypass graft	8.05	10.42	3.52	21.99	ZZZ	S
35691	.....	A	Arterial transposition	16.70	19.62	3.81	40.13	090	S
35693	.....	A	Arterial transposition	14.01	9.40	1.91	25.32	090	S
35694	.....	A	Arterial transposition	17.81	9.33	2.17	29.31	090	S
35695	.....	A	Arterial transposition	17.81	9.33	2.17	29.31	090	S
35700	.....	A	Reoperation, bypass graft	3.08	1.61	0.38	5.07	ZZZ	S
35701	.....	A	Exploration, carotid artery	4.54	5.82	1.25	11.61	090	S
35721	.....	A	Exploration, femoral artery	4.54	5.56	1.11	11.21	090	S
35741	.....	A	Exploration popliteal artery	4.54	5.73	1.15	11.42	090	S
35761	.....	A	Exploration of artery/vein	4.54	5.81	1.14	11.49	090	S
35800	.....	A	Explore neck vessels	6.04	5.28	0.97	12.29	090	S
35820	.....	A	Explore chest vessels	11.64	7.92	1.43	20.99	090	S
35840	.....	A	Explore abdominal vessels	8.63	7.23	1.44	17.30	090	S
35860	.....	A	Explore limb vessels	4.54	5.81	1.15	11.50	090	S
35870	.....	A	Repair vessel graft defect	20.35	10.64	2.47	33.46	090	S
35875	.....	A	Removal of clot in graft	9.07	8.21	1.65	18.93	090	S
35876	.....	A	Removal of clot in graft	12.91	8.21	1.65	22.77	090	S
35901	.....	A	Excision, graft, neck	7.25	7.18	1.46	15.89	090	S
35903	.....	A	Excision, graft, extremity	8.63	7.18	1.46	17.27	090	S
35905	.....	A	Excision, graft, thorax	16.89	7.18	1.46	25.53	090	S
35907	.....	A	Excision, graft, abdomen	17.68	7.18	1.46	26.32	090	S
36000	.....	A	Place needle in vein	0.18	0.24	0.04	0.46	XXX	N
36005	.....	A	Injection, venography	0.95	0.47	0.04	1.46	000	N
36010	.....	A	Place catheter in vein	2.43	2.11	0.31	4.85	XXX	N
36011	.....	A	Place catheter in vein	3.14	1.90	0.22	5.26	XXX	N
36012	.....	A	Place catheter in vein	3.52	2.67	0.32	6.51	XXX	N
36013	.....	A	Place catheter in artery	2.52	2.11	0.31	4.94	XXX	N
36014	.....	A	Place catheter in artery	3.02	2.28	0.27	5.57	XXX	N
36015	.....	A	Place catheter in artery	3.52	2.67	0.32	6.51	XXX	N
36100	.....	A	Establish access to artery	3.02	2.59	0.32	5.93	XXX	N
36120	.....	A	Establish access to artery	2.01	2.32	0.30	4.63	XXX	N
36140	.....	A	Establish access to artery	2.01	1.41	0.24	3.66	XXX	N
36145	.....	A	Artery to vein shunt	2.01	2.57	0.49	5.07	XXX	N
36160	.....	A	Establish access to aorta	2.52	2.32	0.35	5.19	XXX	S
36200	.....	A	Place catheter in aorta	3.02	2.73	0.28	6.03	XXX	N
36215	.....	A	Place catheter in artery	4.68	2.78	0.23	7.69	XXX	N
36216	.....	A	Place catheter in artery	5.28	3.29	0.27	8.84	XXX	N
36217	.....	A	Place catheter in artery	6.30	3.92	0.32	10.54	XXX	N
36218	.....	A	Place catheter in artery	1.01	0.62	0.05	1.68	XXX	N
36245	.....	A	Place catheter in artery	4.68	3.15	0.26	8.09	XXX	N
36246	.....	A	Place catheter in artery	5.28	3.29	0.27	8.84	XXX	N
36247	.....	A	Place catheter in artery	6.30	3.92	0.32	10.54	XXX	N
36248	.....	A	Place catheter in artery	1.01	0.62	0.05	1.68	XXX	N
36260	.....	A	Insertion of infusion pump	9.27	6.74	1.41	17.42	090	S
36261	.....	A	Revision of infusion pump	5.04	2.23	0.42	7.69	090	S
36262	.....	A	Removal of infusion pump	3.70	1.93	0.40	6.03	090	S
36299	.....	C	Vessel injection procedure	0.00	0.00	0.00	0.00	YYY	N
36400	.....	A	Drawing blood	0.18	0.09	0.01	0.28	XXX	N
36405	.....	A	Drawing blood	0.18	0.45	0.03	0.66	XXX	N
36406	.....	A	Drawing blood	0.18	0.16	0.01	0.35	XXX	S
36410	.....	A	Drawing blood	0.18	0.22	0.02	0.42	XXX	N
36415	.....	G	Drawing blood	0.00	0.00	0.00	0.00	XXX	0
36420	.....	A	Establish access to vein	1.01	0.51	0.05	1.57	XXX	N
36425	.....	A	Establish access to vein	0.76	0.08	0.01	0.85	XXX	N
36430	.....	A	Blood transfusion service	0.00	0.96	0.07	1.03	XXX	N
36440	.....	A	Blood transfusion service	1.03	0.94	0.07	2.04	XXX	S
36450	.....	A	Exchange transfusion service	2.23	1.88	0.18	4.29	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
36455	.....	A	Exchange transfusion service	2.43	2.27	0.22	4.92	XXX	N
36460	.....	A	Transfusion service, fetal	6.59	4.71	1.09	12.39	XXX	N
36468	.....	R	Injection(s); spider veins	0.00	0.00	0.00	0.00	XXX	S
36469	.....	R	Injection(s); spider veins	0.00	0.00	0.00	0.00	XXX	S
36470	.....	A	Injection therapy of vein	1.02	0.27	0.04	1.33	010	S
36471	.....	A	Injection therapy of veins	1.49	0.39	0.05	1.93	010	S
36481	.....	A	Insertion of catheter, vein	6.99	5.30	0.61	12.90	000	S
36488	.....	A	Insertion of catheter, vein	1.35	0.97	0.14	2.46	000	N
36489	.....	A	Insertion of catheter, vein	1.22	1.12	0.17	2.51	000	N
36490	.....	A	Insertion of catheter, vein	1.67	1.38	0.20	3.25	000	N
36491	.....	A	Insertion of catheter, vein	1.43	1.71	0.32	3.46	000	N
36493	.....	A	Repositioning of cvc	1.21	0.63	0.16	2.00	000	N
36500	.....	A	Insertion of catheter, vein	3.52	0.08	0.01	3.61	000	N
36510	.....	A	Insertion of catheter, vein	1.09	0.34	0.02	1.45	000	N
36520	.....	A	Plasma and/or cell exchange	1.74	1.92	0.12	3.78	000	N
36522	.....	A	Photopheresis	1.67	2.48	0.37	4.52	000	S
36530	.....	R	Insertion of infusion pump	4.83	4.82	1.02	10.67	010	S
36531	.....	R	Revision of infusion pump	4.80	4.37	0.27	9.44	010	S
36532	.....	R	Removal of infusion pump	3.23	1.77	0.37	5.37	010	S
36533	.....	A	Insertion of access port	5.00	4.29	0.85	10.14	010	S
36534	.....	A	Revision of access port	2.73	3.46	0.21	6.40	010	S
36535	.....	A	Removal of access port	2.22	1.81	0.38	4.41	010	S
36600	.....	A	Withdrawal of arterial blood	0.32	0.28	0.02	0.62	XXX	N
36620	.....	A	Insertion catheter, artery	1.15	0.66	0.14	1.95	000	N
36625	.....	A	Insertion catheter, artery	2.11	0.86	0.18	3.15	000	N
36640	.....	A	Insertion catheter, artery	2.10	2.32	0.40	4.82	000	N
36660	.....	A	Insertion catheter, artery	1.40	0.49	0.04	1.93	000	N
36680	.....	A	Insert needle, bone cavity	1.20	1.24	0.10	2.54	000	N
36800	.....	A	Insertion of cannula	2.43	2.22	0.28	4.93	000	N
36810	.....	A	Insertion of cannula	3.97	4.85	0.74	9.56	000	S
36815	.....	A	Insertion of cannula	2.62	3.35	0.70	6.67	000	S
36821	.....	A	Artery-vein fusion	8.39	7.24	1.46	17.09	090	S
36822	.....	A	Insertion of cannula(s)	5.03	5.60	0.77	11.40	090	S
36825	.....	A	Artery-vein graft	9.36	11.20	2.21	22.77	090	S
36830	.....	A	Artery-vein graft	11.25	9.96	2.36	23.57	090	S
36832	.....	A	Revise artery-vein fistula	5.84	7.48	2.38	15.70	090	S
36834	.....	A	Repair A-V aneurysm	9.32	7.80	1.66	18.78	090	S
36835	.....	A	Artery to vein shunt	6.54	3.42	0.79	10.75	090	S
36860	.....	A	Cannula declotting	2.01	2.57	0.43	5.01	000	N
36861	.....	A	Cannula declotting	2.52	3.22	1.01	6.75	000	S
37140	.....	A	Revision of circulation	22.15	16.29	3.34	41.78	090	S
37145	.....	A	Revision of circulation	23.16	17.13	1.72	42.01	090	S
37160	.....	A	Revision of circulation	20.15	17.74	3.79	41.68	090	S
37180	.....	A	Revision of circulation	23.16	14.19	2.76	40.11	090	S
37181	.....	A	Splice spleen/kidney veins	25.17	16.41	3.52	45.10	090	S
37200	.....	A	Transcatheter biopsy	4.56	1.59	0.13	6.28	000	N
37201	.....	A	Transcatheter therapy infuse	5.00	5.50	0.64	11.14	000	N
37202	.....	A	Transcatheter therapy infuse	5.68	4.30	0.50	10.48	000	N
37203	.....	A	Transcatheter retrieval	5.03	3.82	0.45	9.30	000	N
37204	.....	A	Transcatheter occlusion	18.14	13.76	1.60	33.50	000	N
37205	.....	A	Transcatheter stent	8.28	5.16	0.42	13.86	000	S
37206	.....	A	Transcatheter stent	4.13	2.58	0.21	6.92	ZZZ	S
37207	.....	A	Transcatheter stent	8.28	5.16	0.42	13.86	000	S
37208	.....	A	Transcatheter stent	4.13	2.58	0.21	6.92	ZZZ	S
37209	.....	A	Exchange arterial catheter	2.27	1.41	0.11	3.79	000	N
37250	.....	A	Intravascular us	1.51	1.14	0.13	2.78	ZZZ	N
37251	.....	A	Intravascular us	1.15	0.87	0.10	2.12	ZZZ	N
37565	.....	A	Ligation of neck vein	3.90	3.79	0.74	8.43	090	S
37600	.....	A	Ligation of neck artery	3.90	4.98	0.80	9.68	090	S
37605	.....	A	Ligation of neck artery	4.63	5.56	1.04	11.23	090	S
37606	.....	A	Ligation of neck artery	4.63	5.92	0.72	11.27	090	S
37607	.....	A	Ligation of fistula	5.84	3.06	0.71	9.61	090	S
37609	.....	A	Temporal artery procedure	2.27	2.22	0.38	4.87	010	S
37615	.....	A	Ligation of neck artery	4.39	5.62	1.11	11.12	090	S
37616	.....	A	Ligation of chest artery	14.69	4.21	0.83	19.73	090	S
37617	.....	A	Ligation of abdomen artery	14.19	8.00	1.54	23.73	090	S
37618	.....	A	Ligation of extremity artery	3.90	4.98	1.06	9.94	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
37620	.....	A	Revision of major vein	9.24	8.81	1.48	19.53	090	S
37650	.....	A	Revision of major vein	4.39	4.02	0.52	8.93	090	S
37660	.....	A	Revision of major vein	9.65	5.75	1.07	16.47	090	S
37700	.....	A	Revise leg vein	3.52	3.64	0.73	7.89	090	S
37720	.....	A	Removal of leg vein	5.22	5.11	1.04	11.37	090	S
37730	.....	A	Removal of leg veins	6.63	6.95	1.40	14.98	090	S
37735	.....	A	Removal of leg veins/lesion	9.90	8.34	1.68	19.92	090	S
37760	.....	A	Revision of leg veins	9.90	7.48	1.52	18.90	090	S
37780	.....	A	Revision of leg vein	3.52	1.89	0.35	5.76	090	S
37785	.....	A	Revise secondary varicosity	3.56	0.98	0.18	4.72	090	S
37788	.....	A	Revascularization, penis	21.33	15.14	1.48	37.95	090	S
37790	.....	A	Penile venous occlusion	8.02	5.70	0.55	14.27	090	S
37799	.....	C	Vascular surgery procedure	0.00	0.00	0.00	0.00	YYY	S
38100	.....	A	Removal of spleen, total	11.99	8.55	1.81	22.35	090	S
38101	.....	A	Removal of spleen, partial	12.59	6.99	1.51	21.09	090	S
38102	.....	A	Removal of spleen, total	4.80	2.51	0.58	7.89	ZZZ	S
38115	.....	A	Repair of ruptured spleen	12.59	7.64	1.49	21.72	090	S
38200	.....	A	Injection for spleen x-ray	2.64	1.71	0.15	4.50	000	S
38230	.....	A	Bone marrow collection	4.22	2.78	0.21	7.21	010	N
38231	.....	A	Stem cell collection	1.50	1.37	0.08	2.95	000	N
38240	.....	A	Bone marrow/stem transplant	2.24	2.08	0.14	4.46	XXX	N
38241	.....	A	Bone marrow/stem transplant	2.24	2.04	0.13	4.41	XXX	N
38300	.....	A	Drainage lymph node lesion	1.48	0.58	0.10	2.16	010	S
38305	.....	A	Drainage lymph node lesion	4.24	1.96	0.36	6.56	090	S
38308	.....	A	Incision of lymph channels	4.55	3.37	0.45	8.37	090	S
38380	.....	A	Thoracic duct procedure	6.53	4.44	0.76	11.73	090	S
38381	.....	A	Thoracic duct procedure	12.10	7.56	1.50	21.16	090	S
38382	.....	A	Thoracic duct procedure	9.24	4.84	1.13	15.21	090	S
38500	.....	A	Biopsy/removal,lymph node(s)	2.83	1.59	0.31	4.73	010	S
38505	.....	A	Needle biopsy, lymph node(s)	1.14	1.12	0.17	2.43	000	S
38510	.....	A	Biopsy/removal,lymph node(s)	3.90	2.54	0.45	6.89	090	S
38520	.....	A	Biopsy/removal,lymph node(s)	4.86	2.99	0.56	8.41	090	S
38525	.....	A	Biopsy/removal,lymph node(s)	4.37	2.59	0.53	7.49	090	S
38530	.....	A	Biopsy/removal,lymph node(s)	5.82	3.17	0.65	9.64	090	S
38542	.....	A	Explore deep node(s), neck	5.41	4.26	0.59	10.26	090	S
38550	.....	A	Removal neck/armpit lesion	6.42	3.23	0.63	10.28	090	S
38555	.....	A	Removal neck/armpit lesion	13.05	7.27	1.38	21.70	090	S
38562	.....	A	Removal, pelvic lymph nodes	9.65	6.88	1.20	17.73	090	S
38564	.....	A	Removal, abdomen lymph nodes	10.00	7.39	1.51	18.90	090	S
38700	.....	A	Removal of lymph nodes, neck	7.56	9.64	1.31	18.51	090	S
38720	.....	A	Removal of lymph nodes, neck	12.29	15.73	2.04	30.06	090	S
38724	.....	A	Removal of lymph nodes, neck	13.22	14.36	2.00	29.58	090	S
38740	.....	A	Remove armpit lymph nodes	6.28	4.72	1.00	12.00	090	S
38745	.....	A	Remove armpits lymph nodes	8.08	8.28	1.76	18.12	090	S
38746	.....	A	Remove thoracic lymph nodes	4.39	2.29	0.53	7.21	ZZZ	S
38747	.....	A	Remove abdominal lymph nodes	4.89	2.56	0.59	8.04	ZZZ	S
38760	.....	A	Remove groin lymph nodes	8.19	6.63	1.35	16.17	090	S
38765	.....	A	Remove groin lymph nodes	14.98	12.67	2.42	30.07	090	S
38770	.....	A	Remove pelvis lymph nodes	12.10	15.40	1.73	29.23	090	S
38780	.....	A	Remove abdomen lymph nodes	15.17	16.06	3.13	34.36	090	S
38790	.....	A	Injection for lymphatic xray	1.29	1.64	0.19	3.12	000	N
38794	.....	A	Access thoracic lymph duct	4.05	2.84	0.38	7.27	090	S
38999	.....	C	Blood/lymph system procedure	0.00	0.00	0.00	0.00	YYY	S
39000	.....	A	Exploration of chest	5.03	6.05	1.08	12.16	090	S
39010	.....	A	Exploration of chest	10.78	11.46	2.08	24.32	090	S
39200	.....	A	Removal chest lesion	12.40	11.58	2.14	26.12	090	S
39220	.....	A	Removal chest lesion	16.16	14.94	2.83	33.93	090	S
39400	.....	A	Visualization of chest	5.11	5.12	0.95	11.18	010	S
39499	.....	C	Chest procedure	0.00	0.00	0.00	0.00	YYY	S
39501	.....	A	Repair diaphragm laceration	12.10	10.66	2.10	24.86	090	S
39502	.....	A	Repair paraesophageal hernia	15.18	11.93	2.45	29.56	090	S
39503	.....	A	Repair of diaphragm hernia	33.22	25.18	2.94	61.34	090	S
39520	.....	A	Repair of diaphragm hernia	15.18	12.53	2.46	30.17	090	S
39530	.....	A	Repair of diaphragm hernia	14.22	14.06	2.71	30.99	090	S
39531	.....	A	Repair of diaphragm hernia	15.23	10.00	1.80	27.03	090	S
39540	.....	A	Repair of diaphragm hernia	12.10	11.98	2.51	26.59	090	S
39541	.....	A	Repair of diaphragm hernia	13.10	12.16	2.37	27.63	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
39545	.....	A	Revision of diaphragm	12.10	7.90	1.31	21.31	090	S
39599	.....	C	Diaphragm surgery procedure	0.00	0.00	0.00	0.00	YYY	S
40490	.....	A	Biopsy of lip	1.22	0.74	0.07	2.03	000	S
40500	.....	A	Partial excision of lip	4.08	5.23	0.94	10.25	090	S
40510	.....	A	Partial excision of lip	4.57	5.84	0.83	11.24	090	S
40520	.....	A	Partial excision of lip	4.54	4.50	0.68	9.72	090	S
40525	.....	A	Reconstruct lip with flap	7.26	9.30	1.43	17.99	090	S
40527	.....	A	Reconstruct lip with flap	8.71	11.16	1.65	21.52	090	S
40530	.....	A	Partial removal of lip	5.14	5.10	0.74	10.98	090	S
40650	.....	A	Repair lip	3.49	4.47	0.65	8.61	090	S
40652	.....	A	Repair lip	4.08	5.23	0.79	10.10	090	S
40654	.....	A	Repair lip	5.13	6.57	1.00	12.70	090	S
40700	.....	A	Repair cleft lip/nasal	12.04	8.46	1.28	21.78	090	S
40701	.....	A	Repair cleft lip/nasal	15.10	19.33	1.62	36.05	090	S
40702	.....	A	Repair cleft lip/nasal	12.34	9.37	1.10	22.81	090	S
40720	.....	A	Repair cleft lip/nasal	12.91	9.59	1.79	24.29	090	S
40761	.....	A	Repair cleft lip/nasal	14.00	10.84	1.74	26.58	090	S
40799	.....	C	Lip surgery procedure	0.00	0.00	0.00	0.00	YYY	S
40800	.....	A	Drainage of mouth lesion	1.12	0.74	0.07	1.93	010	S
40801	.....	A	Drainage of mouth lesion	2.48	1.70	0.16	4.34	010	S
40804	.....	A	Removal foreign body, mouth	1.19	0.58	0.06	1.83	010	S
40805	.....	A	Removal foreign body, mouth	2.64	2.50	0.30	5.44	010	S
40806	.....	A	Incision of lip fold	0.31	0.36	0.03	0.70	000	S
40808	.....	A	Biopsy of mouth lesion	0.91	0.76	0.08	1.75	010	S
40810	.....	A	Excision of mouth lesion	1.26	1.18	0.11	2.55	010	S
40812	.....	A	Excise/repair mouth lesion	2.26	1.50	0.14	3.90	010	S
40814	.....	A	Excise/repair mouth lesion	3.27	3.23	0.32	6.82	090	S
40816	.....	A	Excision of mouth lesion	3.52	3.22	0.33	7.07	090	S
40818	.....	A	Excise oral mucosa for graft	2.26	2.25	0.20	4.71	090	S
40819	.....	A	Excise lip or cheek fold	2.26	1.23	0.14	3.63	090	S
40820	.....	A	Treatment of mouth lesion	1.23	0.53	0.06	1.82	010	S
40830	.....	A	Repair mouth laceration	1.71	0.67	0.07	2.45	010	S
40831	.....	A	Repair mouth laceration	2.41	1.94	0.21	4.56	010	S
40840	.....	R	Reconstruction of mouth	8.31	6.28	0.73	15.32	090	S
40842	.....	R	Reconstruction of mouth	8.31	6.28	0.73	15.32	090	S
40843	.....	R	Reconstruction of mouth	11.63	8.80	1.03	21.46	090	S
40844	.....	R	Reconstruction of mouth	15.37	11.63	1.36	28.36	090	S
40845	.....	R	Reconstruction of mouth	17.94	23.99	1.93	43.86	090	S
40899	.....	C	Mouth surgery procedure	0.00	0.00	0.00	0.00	YYY	S
41000	.....	A	Drainage of mouth lesion	1.25	0.76	0.08	2.09	010	S
41005	.....	A	Drainage of mouth lesion	1.21	0.62	0.07	1.90	010	S
41006	.....	A	Drainage of mouth lesion	3.03	1.01	0.11	4.15	090	S
41007	.....	A	Drainage of mouth lesion	2.89	2.90	0.30	6.09	090	S
41008	.....	A	Drainage of mouth lesion	3.16	1.06	0.11	4.33	090	S
41009	.....	A	Drainage of mouth lesion	3.35	3.31	0.34	7.00	090	S
41010	.....	A	Incision of tongue fold	1.01	0.37	0.04	1.42	010	S
41015	.....	A	Drainage of mouth lesion	3.72	0.87	0.10	4.69	090	S
41016	.....	A	Drainage of mouth lesion	3.72	3.69	0.38	7.79	090	S
41017	.....	A	Drainage of mouth lesion	3.72	1.40	0.14	5.26	090	S
41018	.....	A	Drainage of mouth lesion	4.75	3.93	0.38	9.06	090	S
41100	.....	A	Biopsy of tongue	1.58	0.80	0.08	2.46	010	S
41105	.....	A	Biopsy of tongue	1.37	1.03	0.12	2.52	010	S
41108	.....	A	Biopsy of floor of mouth	1.00	0.85	0.09	1.94	010	S
41110	.....	A	Excision of tongue lesion	1.46	1.30	0.15	2.91	010	S
41112	.....	A	Excision of tongue lesion	2.63	2.39	0.23	5.25	090	S
41113	.....	A	Excision of tongue lesion	3.09	3.41	0.37	6.87	090	S
41114	.....	A	Excision of tongue lesion	7.88	6.39	0.73	15.00	090	S
41115	.....	A	Excision of tongue fold	1.69	1.78	0.17	3.64	010	S
41116	.....	A	Excision of mouth lesion	2.36	2.49	0.27	5.12	090	S
41120	.....	A	Partial removal of tongue	8.83	7.28	0.88	16.99	090	S
41130	.....	A	Partial removal of tongue	10.27	9.06	1.14	20.47	090	S
41135	.....	A	Tongue and neck surgery	21.15	18.30	2.64	42.09	090	S
41140	.....	A	Removal of tongue	23.46	18.89	2.45	44.80	090	S
41145	.....	A	Tongue removal; neck surgery	27.58	22.79	2.95	53.32	090	S
41150	.....	A	Tongue, mouth, jaw surgery	21.00	18.96	2.46	42.42	090	S
41153	.....	A	Tongue, mouth, neck surgery	21.18	25.00	3.03	49.21	090	S
41155	.....	A	Tongue, jaw, & neck surgery	25.60	29.95	3.75	59.30	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
41250	.....	A	Repair tongue laceration	1.86	1.07	0.11	3.04	010	S
41251	.....	A	Repair tongue laceration	2.22	2.07	0.21	4.50	010	S
41252	.....	A	Repair tongue laceration	2.92	2.35	0.26	5.53	010	S
41500	.....	A	Fixation of tongue	3.50	3.29	0.26	7.05	090	S
41510	.....	A	Tongue to lip surgery	3.32	2.53	0.45	6.30	090	S
41520	.....	A	Reconstruction, tongue fold	2.63	2.88	0.28	5.79	090	S
41599	.....	C	Tongue and mouth surgery	0.00	0.00	0.00	0.00	YYY	S
41800	.....	A	Drainage of gum lesion	1.12	0.69	0.07	1.88	010	S
41805	.....	A	Removal foreign body, gum	1.19	0.84	0.08	2.11	010	S
41806	.....	A	Removal foreign body, jawbone	2.64	1.64	0.15	4.43	010	S
41820	.....	R	Excision, gum, each quadrant	0.00	0.00	0.00	0.00	XXX	S
41821	.....	R	Excision of gum flap	0.00	0.00	0.00	0.00	XXX	S
41822	.....	R	Excision of gum lesion	2.26	3.03	0.25	5.54	010	S
41823	.....	R	Excision of gum lesion	3.15	4.20	0.34	7.69	090	S
41825	.....	A	Excision of gum lesion	1.26	1.49	0.14	2.89	010	S
41826	.....	A	Excision of gum lesion	2.26	2.07	0.18	4.51	010	S
41827	.....	A	Excision of gum lesion	3.27	3.78	0.38	7.43	090	S
41828	.....	R	Excision of gum lesion	3.04	4.07	0.33	7.44	010	S
41830	.....	R	Removal of gum tissue	3.30	4.41	0.36	8.07	010	S
41850	.....	R	Treatment of gum lesion	0.00	0.00	0.00	0.00	XXX	S
41870	.....	R	Gum graft	0.00	0.00	0.00	0.00	XXX	S
41872	.....	R	Repair gum	2.44	3.26	0.27	5.97	090	S
41874	.....	R	Repair tooth socket	2.94	3.93	0.32	7.19	090	S
41899	.....	C	Dental surgery procedure	0.00	0.00	0.00	0.00	YYY	S
42000	.....	A	Drainage mouth roof lesion	1.18	0.62	0.06	1.86	010	S
42100	.....	A	Biopsy roof of mouth	1.26	0.79	0.08	2.13	010	S
42104	.....	A	Excision lesion, mouth roof	1.59	1.62	0.17	3.38	010	S
42106	.....	A	Excision lesion, mouth roof	2.05	2.22	0.21	4.48	010	S
42107	.....	A	Excision lesion, mouth roof	4.20	4.91	0.50	9.61	090	S
42120	.....	A	Remove palate/lesion	5.39	6.90	1.01	13.30	090	S
42140	.....	A	Excision of uvula	1.54	1.35	0.15	3.04	090	S
42145	.....	A	Repair, palate, pharynx/uvula	7.04	9.01	1.45	17.50	090	S
42160	.....	A	Treatment mouth roof lesion	1.75	1.53	0.16	3.44	010	S
42180	.....	A	Repair palate	2.45	2.24	0.26	4.95	010	S
42182	.....	A	Repair palate	3.78	3.47	0.38	7.63	010	S
42200	.....	A	Reconstruct cleft palate	11.25	7.19	0.85	19.29	090	S
42205	.....	A	Reconstruct cleft palate	8.96	10.82	0.79	20.57	090	S
42210	.....	A	Reconstruct cleft palate	13.75	12.51	0.95	27.21	090	S
42215	.....	A	Reconstruct cleft palate	8.42	7.68	0.86	16.96	090	S
42220	.....	A	Reconstruct cleft palate	6.65	5.40	0.81	12.86	090	S
42225	.....	A	Reconstruct cleft palate	9.08	6.90	1.08	17.06	090	S
42226	.....	A	Lengthening of palate	9.42	7.89	0.86	18.17	090	S
42227	.....	A	Lengthening of palate	8.89	7.41	0.38	16.68	090	S
42235	.....	A	Repair palate	7.50	5.55	0.49	13.54	090	S
42260	.....	A	Repair nose to lip fistula	9.18	3.98	0.44	13.60	090	S
42280	.....	A	Preparation, palate mold	1.49	1.99	0.17	3.65	010	S
42281	.....	A	Insertion, palate prosthesis	1.77	1.47	0.15	3.39	010	S
42299	.....	C	Palate/uvula surgery	0.00	0.00	0.00	0.00	YYY	S
42300	.....	A	Drainage of salivary gland	1.88	0.96	0.12	2.96	010	S
42305	.....	A	Drainage of salivary gland	5.59	2.18	0.27	8.04	090	S
42310	.....	A	Drainage of salivary gland	1.51	1.03	0.12	2.66	010	S
42320	.....	A	Drainage of salivary gland	2.30	1.83	0.22	4.35	010	S
42325	.....	A	Create salivary cyst drain	2.65	2.12	0.20	4.97	090	S
42326	.....	A	Create salivary cyst drain	3.65	4.34	0.33	8.32	090	S
42330	.....	A	Removal of salivary stone	2.16	1.10	0.12	3.38	010	S
42335	.....	A	Removal of salivary stone	3.21	2.47	0.27	5.95	090	S
42340	.....	A	Removal of salivary stone	4.47	4.25	0.45	9.17	090	S
42400	.....	A	Biopsy of salivary gland	0.78	0.79	0.10	1.67	000	S
42405	.....	A	Biopsy of salivary gland	3.24	1.54	0.19	4.97	010	S
42408	.....	A	Excision of salivary cyst	4.41	3.24	0.38	8.03	090	S
42409	.....	A	Drainage of salivary cyst	2.71	2.81	0.30	5.82	090	S
42410	.....	A	Excise parotid gland/lesion	8.88	5.94	0.92	15.74	090	S
42415	.....	A	Excise parotid gland/lesion	16.12	12.68	1.68	30.48	090	S
42420	.....	A	Excise parotid gland/lesion	18.63	14.82	1.87	35.32	090	S
42425	.....	A	Excise parotid gland/lesion	12.36	11.10	1.43	24.89	090	S
42426	.....	A	Excise parotid gland/lesion	19.88	24.12	3.21	47.21	090	S
42440	.....	A	Excision submaxillary gland	6.61	7.98	0.99	15.58	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
42450	.....	A	Excision sublingual gland	4.38	3.42	0.35	8.15	090	S
42500	.....	A	Repair salivary duct	4.06	4.61	0.50	9.17	090	S
42505	.....	A	Repair salivary duct	5.92	7.34	0.86	14.12	090	S
42507	.....	A	Parotid duct diversion	5.96	4.65	0.67	11.28	090	S
42508	.....	A	Parotid duct diversion	8.64	7.61	0.94	17.19	090	S
42509	.....	A	Parotid duct diversion	11.08	7.31	1.23	19.62	090	S
42510	.....	A	Parotid duct diversion	7.71	7.65	0.84	16.20	090	S
42550	.....	A	Injection for salivary x-ray	1.25	0.44	0.04	1.73	000	N
42600	.....	A	Closure of salivary fistula	4.58	3.89	0.46	8.93	090	S
42650	.....	A	Dilation of salivary duct	0.77	0.39	0.04	1.20	000	S
42660	.....	A	Dilation of salivary duct	1.13	0.50	0.06	1.69	000	S
42665	.....	A	Ligation of salivary duct	2.43	2.04	0.25	4.72	090	S
42699	.....	C	Salivary surgery procedure	0.00	0.00	0.00	0.00	YYY	S
42700	.....	A	Drainage of tonsil abscess	1.57	0.85	0.10	2.52	010	S
42720	.....	A	Drainage of throat abscess	4.53	1.89	0.22	6.64	010	S
42725	.....	A	Drainage of throat abscess	9.50	4.45	0.53	14.48	090	S
42800	.....	A	Biopsy of throat	1.34	0.74	0.08	2.16	010	S
42802	.....	A	Biopsy of throat	1.49	1.02	0.12	2.63	010	S
42804	.....	A	Biopsy of upper nose/throat	1.19	1.09	0.13	2.41	010	S
42806	.....	A	Biopsy of upper nose/throat	1.53	1.40	0.16	3.09	010	S
42808	.....	A	Excise pharynx lesion	2.25	2.52	0.29	5.06	010	S
42809	.....	A	Remove pharynx foreign body	1.76	0.82	0.08	2.66	010	S
42810	.....	A	Excision of neck cyst	3.20	3.14	0.47	6.81	090	S
42815	.....	A	Excision of neck cyst	6.75	8.47	1.12	16.34	090	S
42820	.....	A	Remove tonsils and adenoids	3.59	3.15	0.32	7.06	090	S
42821	.....	A	Remove tonsils and adenoids	4.10	3.93	0.46	8.49	090	S
42825	.....	A	Removal of tonsils	3.21	2.64	0.33	6.18	090	S
42826	.....	A	Removal of tonsils	3.19	3.86	0.43	7.48	090	S
42830	.....	A	Removal of adenoids	2.49	1.86	0.27	4.62	090	S
42831	.....	A	Removal of adenoids	2.61	2.36	0.25	5.22	090	S
42835	.....	A	Removal of adenoids	2.22	1.86	0.10	4.18	090	S
42836	.....	A	Removal of adenoids	3.10	2.79	0.31	6.20	090	S
42842	.....	A	Extensive surgery of throat	8.13	6.69	0.73	15.55	090	S
42844	.....	A	Extensive surgery of throat	12.73	10.85	1.27	24.85	090	S
42845	.....	A	Extensive surgery of throat	21.88	18.62	2.22	42.72	090	S
42860	.....	A	Excision of tonsil tags	2.14	1.89	0.21	4.24	090	S
42870	.....	A	Excision of lingual tonsil	5.16	2.32	0.26	7.74	090	S
42880	.....	D	Excise nose/throat lesion	0.00	0.00	0.00	0.00	090	S
42890	.....	A	Partial removal of pharynx	11.67	8.99	1.03	21.69	090	S
42892	.....	A	Revision of pharyngeal walls	13.94	10.92	1.27	26.13	090	S
42894	.....	A	Revision of pharyngeal walls	20.68	16.06	1.83	38.57	090	S
42900	.....	A	Repair throat wound	4.98	4.26	0.48	9.72	010	S
42950	.....	A	Reconstruction of throat	7.70	9.86	1.10	18.66	090	S
42953	.....	A	Repair throat, esophagus	8.21	6.34	0.93	15.48	090	S
42955	.....	A	Surgical opening of throat	6.50	3.32	0.43	10.25	090	S
42960	.....	A	Control throat bleeding	2.28	1.08	0.12	3.48	010	S
42961	.....	A	Control throat bleeding	5.18	1.75	0.19	7.12	090	S
42962	.....	A	Control throat bleeding	6.64	5.98	0.68	13.30	090	S
42970	.....	A	Control nose/throat bleeding	4.78	1.03	0.10	5.91	090	N
42971	.....	A	Control nose/throat bleeding	5.56	2.90	0.34	8.80	090	S
42972	.....	A	Control nose/throat bleeding	6.55	4.55	0.73	11.83	090	S
42999	.....	C	Throat surgery procedure	0.00	0.00	0.00	0.00	YYY	S
43020	.....	A	Incision of esophagus	7.72	6.58	0.71	15.01	090	S
43030	.....	A	Throat muscle surgery	7.15	9.15	1.21	17.51	090	S
43045	.....	A	Incision of esophagus	18.83	12.45	2.36	33.64	090	S
43100	.....	A	Excision of esophagus lesion	8.47	6.19	0.95	15.61	090	S
43101	.....	A	Excision of esophagus lesion	15.11	9.48	1.88	26.47	090	S
43107	.....	A	Removal of esophagus	27.20	22.50	4.42	54.12	090	S
43108	.....	A	Removal of esophagus	32.64	25.27	4.77	62.68	090	S
43112	.....	A	Removal of esophagus	29.67	21.65	4.22	55.54	090	S
43113	.....	A	Removal of esophagus	33.63	25.27	4.77	63.67	090	S
43116	.....	A	Partial removal of esophagus	29.67	25.27	4.77	59.71	090	S
43117	.....	A	Partial removal of esophagus	28.47	25.27	4.77	58.51	090	S
43118	.....	A	Partial removal of esophagus	31.65	25.27	4.77	61.69	090	S
43121	.....	A	Partial removal of esophagus	27.69	21.36	4.19	53.24	090	S
43122	.....	A	Partial removal of esophagus	27.69	21.36	4.19	53.24	090	S
43123	.....	A	Partial removal of esophagus	31.65	25.27	4.77	61.69	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
43124	.....	A	Removal of esophagus	24.73	22.50	4.42	51.65	090	S
43130	.....	A	Removal of esophagus pouch	10.68	10.51	1.60	22.79	090	S
43135	.....	A	Removal of esophagus pouch	15.11	11.72	2.17	29.00	090	S
43200	.....	A	Esophagus endoscopy	1.59	2.04	0.26	3.89	000	S
43202	.....	A	Esophagus endoscopy, biopsy	1.89	2.41	0.31	4.61	000	N
43204	.....	A	Esophagus endoscopy & inject	3.77	4.83	0.36	8.96	000	N
43205	.....	A	Esophagus endoscopy/ligation	3.79	2.70	0.18	6.67	000	N
43215	.....	A	Esophagus endoscopy	2.60	3.33	0.46	6.39	000	N
43216	.....	A	Esophagus endoscopy/lesion	2.40	3.58	0.37	6.35	000	N
43217	.....	A	Esophagus endoscopy	2.90	3.58	0.37	6.85	000	N
43219	.....	A	Esophagus endoscopy	2.80	3.58	0.34	6.72	000	N
43220	.....	A	Esophagus endoscopy, dilation	2.10	2.68	0.27	5.05	000	N
43226	.....	A	Esophagus endoscopy, dilation	2.34	3.00	0.26	5.60	000	N
43227	.....	A	Esophagus endoscopy, repair	3.60	4.61	0.34	8.55	000	N
43228	.....	A	Esophagus endoscopy, ablation	3.77	4.79	0.38	8.94	000	N
43234	.....	A	Upper GI endoscopy, exam	2.01	2.57	0.30	4.88	000	N
43235	.....	A	Upper GI endoscopy, diagnosis	2.39	3.07	0.29	5.75	000	N
43239	.....	A	Upper GI endoscopy, biopsy	2.69	3.44	0.33	6.46	000	N
43241	.....	A	Upper GI endoscopy with tube	2.59	3.31	0.38	6.28	000	N
43243	.....	A	Upper GI endoscopy & inject.	4.57	5.63	0.39	10.59	000	N
43244	.....	A	Upper GI endoscopy/ligation	4.59	3.47	0.41	8.47	000	N
43245	.....	A	Operative upper GI endoscopy	3.39	4.34	0.40	8.13	000	N
43246	.....	A	Place gastrostomy tube	4.33	5.55	0.51	10.39	000	N
43247	.....	A	Operative upper GI endoscopy	3.39	4.34	0.38	8.11	000	N
43248	.....	A	Upper GI endoscopy/guidewire	3.15	4.03	0.35	7.53	000	N
43249	.....	A	Esophagus endoscopy, dilation	2.90	3.73	0.30	6.93	000	N
43250	.....	A	Upper GI endoscopy/tumor	3.20	4.60	0.43	8.23	000	N
43251	.....	A	Operative upper GI endoscopy	3.70	4.60	0.43	8.73	000	N
43255	.....	A	Operative upper GI endoscopy	4.40	5.63	0.38	10.41	000	N
43258	.....	A	Operative upper GI endoscopy	4.55	5.41	0.38	10.34	000	N
43259	.....	A	Endoscopic ultrasound exam	4.89	4.02	0.35	9.26	000	N
43260	.....	A	Endoscopy, bile duct/pancreas	5.96	5.98	0.39	12.33	000	N
43261	.....	A	Endoscopy, bile duct/pancreas	6.27	5.98	0.39	12.64	000	N
43262	.....	A	Endoscopy, bile duct/pancreas	7.39	9.00	0.58	16.97	000	N
43263	.....	A	Endoscopy, bile duct/pancreas	6.19	5.83	0.38	12.40	000	N
43264	.....	A	Endoscopy, bile duct/pancreas	8.90	8.92	0.61	18.43	000	N
43265	.....	A	Endoscopy, bile duct/pancreas	8.90	6.82	0.49	16.21	000	N
43267	.....	A	Endoscopy, bile duct/pancreas	7.39	7.41	0.48	15.28	000	N
43268	.....	A	Endoscopy, bile duct/pancreas	7.39	8.72	0.56	16.67	000	N
43269	.....	A	Endoscopy, bile duct/pancreas	6.04	7.35	0.51	13.90	000	N
43271	.....	A	Endoscopy, bile duct/pancreas	7.39	7.63	0.50	15.52	000	N
43272	.....	A	Endoscopy, bile duct/pancreas	7.39	5.60	0.42	13.41	000	N
43300	.....	A	Repair of esophagus	8.72	11.17	1.70	21.59	090	S
43305	.....	A	Repair esophagus and fistula	16.14	13.71	1.78	31.63	090	S
43310	.....	A	Repair of esophagus	24.20	16.99	3.23	44.42	090	S
43312	.....	A	Repair esophagus and fistula	27.26	13.72	2.30	43.28	090	S
43320	.....	A	Fuse esophagus & stomach	14.49	11.68	2.05	28.22	090	S
43324	.....	A	Revise esophagus & stomach	15.18	11.88	2.53	29.59	090	S
43325	.....	A	Revise esophagus & stomach	14.63	11.61	2.29	28.53	090	S
43326	.....	A	Revise esophagus & stomach	14.37	7.52	1.75	23.64	090	S
43330	.....	A	Repair of esophagus	14.27	11.36	2.39	28.02	090	S
43331	.....	A	Repair of esophagus	14.73	14.33	2.64	31.70	090	S
43340	.....	A	Fuse esophagus & intestine	14.16	12.44	2.52	29.12	090	S
43341	.....	A	Fuse esophagus & intestine	15.26	9.90	1.56	26.72	090	S
43350	.....	A	Surgical opening, esophagus	11.25	7.88	1.15	20.28	090	S
43351	.....	A	Surgical opening, esophagus	13.42	8.77	1.53	23.72	090	S
43352	.....	A	Surgical opening, esophagus	10.92	8.86	1.47	21.25	090	S
43360	.....	A	Gastrointestinal repair	26.06	21.36	4.19	51.61	090	S
43361	.....	A	Gastrointestinal repair	29.67	25.27	4.77	59.71	090	S
43400	.....	A	Ligate esophagus veins	15.55	10.82	1.63	28.00	090	S
43401	.....	A	Esophagus surgery for veins	16.26	9.59	1.93	27.78	090	S
43405	.....	A	Ligate/staple esophagus	14.84	14.33	2.64	31.81	090	S
43410	.....	A	Repair esophagus wound	9.61	8.90	1.54	20.05	090	S
43415	.....	A	Repair esophagus wound	15.86	12.74	2.52	31.12	090	S
43420	.....	A	Repair esophagus opening	10.19	5.88	0.78	16.85	090	S
43425	.....	A	Repair esophagus opening	15.58	9.94	1.71	27.23	090	S
43450	.....	A	Dilate esophagus	1.38	0.68	0.05	2.11	000	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
43453	.....	A	Dilate esophagus	1.51	1.51	0.11	3.13	000	N
43456	.....	A	Dilate esophagus	2.57	2.47	0.24	5.28	000	N
43458	.....	A	Dilation of esophagus	3.06	1.52	0.27	4.85	000	N
43460	.....	A	Pressure treatment esophagus	3.80	1.67	0.15	5.62	000	N
43496	.....	C	Free jejunum flap, microvasc	0.00	0.00	0.00	0.00	090	S
43499	.....	C	Esophagus surgery procedure	0.00	0.00	0.00	0.00	YYY	N
43500	.....	A	Surgical opening of stomach	7.60	6.13	1.20	14.93	090	S
43501	.....	A	Surgical repair of stomach	13.85	8.58	1.83	24.26	090	S
43502	.....	A	Surgical repair of stomach	15.82	8.58	1.83	26.23	090	S
43510	.....	A	Surgical opening of stomach	9.27	8.29	0.94	18.50	090	N
43520	.....	A	Incision of pyloric muscle	7.00	4.48	0.87	12.35	090	S
43600	.....	A	Biopsy of stomach	1.91	0.50	0.05	2.46	000	N
43605	.....	A	Biopsy of stomach	8.23	5.91	1.29	15.43	090	S
43610	.....	A	Excision of stomach lesion	10.11	8.17	1.71	19.99	090	S
43611	.....	A	Excision of stomach lesion	12.43	8.17	1.71	22.31	090	S
43620	.....	A	Removal of stomach	21.03	15.38	3.19	39.60	090	S
43621	.....	A	Removal of stomach	21.47	15.38	3.19	40.04	090	S
43622	.....	A	Removal of stomach	22.82	15.38	3.19	41.39	090	S
43631	.....	A	Removal of stomach, partial	18.10	12.42	2.66	33.18	090	S
43632	.....	A	Removal stomach, partial	18.10	12.42	2.66	33.18	090	S
43633	.....	A	Removal stomach, partial	18.54	12.42	2.66	33.62	090	S
43634	.....	A	Removal stomach, partial	19.89	20.83	4.57	45.29	090	S
43635	.....	A	Partial removal of stomach	2.06	1.08	0.26	3.40	ZZZ	S
43638	.....	A	Partial removal of stomach	20.15	12.75	2.73	35.63	090	S
43639	.....	A	Removal stomach, partial	20.64	12.75	2.73	36.12	090	S
43640	.....	A	Vagotomy & pylorus repair	13.28	10.34	2.19	25.81	090	S
43641	.....	A	Vagotomy & pylorus repair	13.28	10.34	2.18	25.80	090	S
43750	.....	A	Place gastrostomy tube	4.27	4.35	0.56	9.18	010	N
43760	.....	A	Change gastrostomy tube	1.10	0.69	0.09	1.88	000	N
43761	.....	A	Reposition gastrostomy tube	2.01	1.06	0.25	3.32	000	N
43800	.....	A	Reconstruction of pylorus	9.41	6.85	1.47	17.73	090	S
43810	.....	A	Fusion of stomach and bowel	10.08	7.64	1.53	19.25	090	S
43820	.....	A	Fusion of stomach and bowel	10.43	8.29	1.75	20.47	090	S
43825	.....	A	Fusion of stomach and bowel	13.28	11.08	2.30	26.66	090	S
43830	.....	A	Place gastrostomy tube	6.52	6.19	1.19	13.90	090	S
43831	.....	A	Place gastrostomy tube	6.41	5.20	0.93	12.54	090	S
43832	.....	A	Place gastrostomy tube	10.68	7.95	1.36	19.99	090	S
43840	.....	A	Repair of stomach lesion	10.45	7.84	1.66	19.95	090	S
43842	.....	A	Gastroplasty for obesity	13.76	13.72	2.93	30.41	090	S
43843	.....	A	Gastroplasty for obesity	13.76	13.72	2.93	30.41	090	S
43846	.....	A	Gastric bypass for obesity	17.84	14.80	3.30	35.94	090	S
43847	.....	A	Gastric bypass for obesity	19.87	14.80	3.30	37.97	090	S
43848	.....	A	Revision gastroplasty	22.10	14.80	3.30	40.20	090	S
43850	.....	A	Revise stomach-bowel fusion	18.14	11.64	2.25	32.03	090	S
43855	.....	A	Revise stomach-bowel fusion	19.15	10.44	2.28	31.87	090	S
43860	.....	A	Revise stomach-bowel fusion	18.14	11.46	2.51	32.11	090	S
43865	.....	A	Revise stomach-bowel fusion	19.15	13.39	2.98	35.52	090	S
43870	.....	A	Repair stomach opening	6.56	5.77	1.14	13.47	090	S
43880	.....	A	Repair stomach-bowel fistula	18.14	8.25	1.76	28.15	090	S
43999	.....	C	Stomach surgery procedure	0.00	0.00	0.00	0.00	YYY	N
44005	.....	A	Freeing of bowel adhesion	12.52	8.28	1.75	22.55	090	S
44010	.....	A	Incision of small bowel	9.24	6.91	1.42	17.57	090	S
44015	.....	A	Insert needle catheter, bowel	2.62	3.22	0.45	6.29	ZZZ	S
44020	.....	A	Exploration of small bowel	10.69	7.81	1.65	20.15	090	S
44021	.....	A	Decompress small bowel	10.83	7.00	1.48	19.31	090	S
44025	.....	A	Incision of large bowel	11.07	7.74	1.61	20.42	090	S
44050	.....	A	Reduce bowel obstruction	10.05	7.77	1.64	19.46	090	S
44055	.....	A	Correct malrotation of bowel	11.92	7.66	1.60	21.18	090	S
44100	.....	A	Biopsy of bowel	2.01	1.38	0.13	3.52	000	N
44110	.....	A	Excision of bowel lesion(s)	9.01	7.67	1.58	18.26	090	S
44111	.....	A	Excision of bowel lesion(s)	11.05	9.67	2.14	22.86	090	S
44120	.....	A	Removal of small intestine	13.15	9.46	2.02	24.63	090	S
44121	.....	A	Removal of small intestine	4.45	2.32	0.54	7.31	ZZZ	S
44125	.....	A	Removal of small intestine	13.15	10.75	2.28	26.18	090	S
44130	.....	A	Bowel to bowel fusion	11.09	8.67	1.86	21.62	090	S
44139	.....	A	Mobilization of colon	2.23	1.17	0.27	3.67	ZZZ	S
44140	.....	A	Partial removal of colon	16.97	11.37	2.40	30.74	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
44141	.....	A	Partial removal of colon	17.36	11.86	2.55	31.77	090	S
44143	.....	A	Partial removal of colon	17.36	12.26	2.62	32.24	090	S
44144	.....	A	Partial removal of colon	16.97	12.06	2.53	31.56	090	S
44145	.....	A	Partial removal of colon	21.29	13.25	2.78	37.32	090	S
44146	.....	A	Partial removal of colon	22.22	14.98	3.14	40.34	090	S
44147	.....	A	Partial removal of colon	16.23	15.34	3.30	34.87	090	S
44150	.....	A	Removal of colon	19.04	14.84	3.17	37.05	090	S
44151	.....	A	Removal of colon/ileostomy	17.95	10.21	2.22	30.38	090	S
44152	.....	A	Removal of colon/ileostomy	22.98	15.44	3.36	41.78	090	S
44153	.....	A	Removal of colon/ileostomy	24.69	19.35	3.63	47.67	090	S
44155	.....	A	Removal of colon	22.09	16.65	3.50	42.24	090	S
44156	.....	A	Removal of colon/ileostomy	20.48	11.40	2.52	34.40	090	S
44160	.....	A	Removal of colon	14.09	12.44	2.68	29.21	090	S
44300	.....	A	Open bowel to skin	7.77	6.03	1.29	15.09	090	S
44310	.....	A	Ileostomy/jejunostomy	10.07	7.88	1.66	19.61	090	S
44312	.....	A	Revision of ileostomy	5.34	3.08	0.45	8.87	090	S
44314	.....	A	Revision of ileostomy	9.77	6.68	1.21	17.66	090	S
44316	.....	A	Devise bowel pouch	13.59	9.64	1.43	24.66	090	S
44320	.....	A	Colostomy	11.39	7.46	1.57	20.42	090	S
44322	.....	A	Colostomy with biopsies	10.31	9.07	1.88	21.26	090	S
44340	.....	A	Revision of colostomy	4.92	1.68	0.35	6.95	090	S
44345	.....	A	Revision of colostomy	10.05	4.84	1.03	15.92	090	S
44346	.....	A	Revision of colostomy	11.13	6.65	1.38	19.16	090	S
44360	.....	A	Small bowel endoscopy	2.92	3.74	0.32	6.98	000	N
44361	.....	A	Small bowel endoscopy, biopsy	3.23	4.14	0.34	7.71	000	N
44363	.....	A	Small bowel endoscopy	3.94	2.99	0.36	7.29	000	N
44364	.....	A	Small bowel endoscopy	4.22	4.73	0.72	9.67	000	N
44365	.....	A	Small bowel endoscopy	3.73	4.73	0.72	9.18	000	N
44366	.....	A	Small bowel endoscopy	4.97	5.86	0.45	11.28	000	N
44369	.....	A	Small bowel endoscopy	5.09	6.52	0.50	12.11	000	N
44372	.....	A	Small bowel endoscopy	4.97	5.83	0.67	11.47	000	N
44373	.....	A	Small bowel endoscopy	3.94	5.03	0.50	9.47	000	N
44376	.....	A	Small bowel endoscopy	5.69	4.05	0.26	10.00	000	N
44377	.....	A	Small bowel endoscopy	5.98	4.26	0.28	10.52	000	N
44378	.....	A	Small bowel endoscopy	7.71	5.27	0.35	13.33	000	N
44380	.....	A	Small bowel endoscopy	1.51	1.94	0.22	3.67	000	N
44382	.....	A	Small bowel endoscopy	1.82	2.33	0.29	4.44	000	N
44385	.....	A	Endoscopy of bowel pouch	1.82	2.33	0.34	4.49	000	S
44386	.....	A	Endoscopy, bowel pouch, biopsy	2.12	1.54	0.15	3.81	000	N
44388	.....	A	Colon endoscopy	2.82	3.61	0.50	6.93	000	S
44389	.....	A	Colonoscopy with biopsy	3.13	4.00	0.45	7.58	000	N
44390	.....	A	Colonoscopy for foreign body	3.83	2.63	0.28	6.74	000	N
44391	.....	A	Colonoscopy for bleeding	4.32	5.26	0.53	10.11	000	N
44392	.....	A	Colonoscopy & polypectomy	3.82	5.16	0.70	9.68	000	N
44393	.....	A	Colonoscopy, lesion removal	4.84	5.41	0.70	10.95	000	N
44394	.....	A	Colonoscopy w/snare	4.43	5.16	0.70	10.29	000	N
44500	.....	A	Intro, gastrointestinal tube	0.49	0.36	0.02	0.87	000	N
44602	.....	A	Suture, small intestine	9.72	7.65	1.62	18.99	090	S
44603	.....	A	Suture, small intestine	12.94	9.09	1.96	23.99	090	S
44604	.....	A	Suture, large intestine	12.94	7.87	1.67	22.48	090	S
44605	.....	A	Repair of bowel lesion	13.91	9.37	2.02	25.30	090	S
44615	.....	A	Intestinal stricturoplasty	12.89	6.74	1.57	21.20	090	S
44620	.....	A	Repair bowel opening	9.65	5.97	1.26	16.88	090	S
44625	.....	A	Repair bowel opening	12.10	9.58	2.03	23.71	090	S
44640	.....	A	Repair bowel-skin fistula	13.34	6.54	1.35	21.23	090	S
44650	.....	A	Repair bowel fistula	13.76	7.33	1.46	22.55	090	S
44660	.....	A	Repair bowel-bladder fistula	13.14	8.34	1.21	22.69	090	S
44661	.....	A	Repair bowel-bladder fistula	15.44	13.94	2.52	31.90	090	S
44680	.....	A	Surgical revision, intestine	12.41	9.71	2.14	24.26	090	S
44799	.....	C	Intestine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
44800	.....	A	Excision of bowel pouch	10.12	5.24	1.08	16.44	090	S
44820	.....	A	Excision of mesentery lesion	9.31	5.80	1.21	16.32	090	S
44850	.....	A	Repair of mesentery	8.64	5.60	1.18	15.42	090	S
44899	.....	C	Bowel surgery procedure	0.00	0.00	0.00	0.00	YYY	S
44900	.....	A	Drainage of appendix abscess	7.86	4.28	0.88	13.02	090	S
44950	.....	A	Appendectomy	8.25	4.89	1.01	14.15	090	S
44955	.....	A	Appendectomy	1.53	1.96	0.60	4.09	ZZZ	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
44960	.....	A	Appendectomy	9.78	5.89	1.24	16.91	090	S
45000	.....	A	Drainage of pelvic abscess	4.28	1.59	0.24	6.11	090	S
45005	.....	A	Drainage of rectal abscess	1.96	1.29	0.21	3.46	010	S
45020	.....	A	Drainage of rectal abscess	4.40	2.61	0.51	7.52	090	S
45100	.....	A	Biopsy of rectum	3.38	1.88	0.35	5.61	090	S
45108	.....	A	Removal of anorectal lesion	4.28	2.66	0.53	7.47	090	S
45110	.....	A	Removal of rectum	21.68	16.32	3.43	41.43	090	S
45111	.....	A	Partial removal of rectum	14.97	11.77	2.49	29.23	090	S
45112	.....	A	Removal of rectum	24.02	16.06	3.36	43.44	090	S
45113	.....	A	Partial proctectomy	24.69	16.06	3.36	44.11	090	S
45114	.....	A	Partial removal of rectum	21.20	15.39	3.24	39.83	090	S
45116	.....	A	Partial removal of rectum	19.09	10.77	2.34	32.20	090	S
45120	.....	A	Removal of rectum	22.78	16.39	3.54	42.71	090	S
45121	.....	A	Removal of rectum and colon	24.96	10.79	2.01	37.76	090	S
45123	.....	A	Partial proctectomy	13.27	11.77	2.49	27.53	090	S
45130	.....	A	Excision of rectal prolapse	13.03	8.92	1.79	23.74	090	S
45135	.....	A	Excision of rectal prolapse	15.36	15.95	3.50	34.81	090	S
45150	.....	A	Excision of rectal stricture	5.26	3.38	0.63	9.27	090	S
45160	.....	A	Excision of rectal lesion	12.34	7.46	1.56	21.36	090	S
45170	.....	A	Excision of rectal lesion	9.40	4.62	0.96	14.98	090	S
45190	.....	A	Destruction, rectal tumor	7.91	5.09	1.06	14.06	090	S
45300	.....	A	Proctosigmoidoscopy	0.70	0.55	0.07	1.32	000	S
45303	.....	A	Proctosigmoidoscopy	0.80	0.64	0.12	1.56	000	S
45305	.....	A	Proctosigmoidoscopy; biopsy	1.01	0.84	0.14	1.99	000	S
45307	.....	A	Proctosigmoidoscopy	1.71	1.27	0.18	3.16	000	S
45308	.....	A	Proctosigmoidoscopy	1.51	1.13	0.20	2.84	000	S
45309	.....	A	Proctosigmoidoscopy	2.01	1.13	0.20	3.34	000	S
45315	.....	A	Proctosigmoidoscopy	2.54	1.19	0.18	3.91	000	S
45317	.....	A	Proctosigmoidoscopy	2.73	1.26	0.19	4.18	000	S
45320	.....	A	Proctosigmoidoscopy	2.88	1.87	0.34	5.09	000	S
45321	.....	A	Proctosigmoidoscopy	2.12	1.47	0.27	3.86	000	S
45330	.....	A	Sigmoidoscopy, diagnostic	0.96	1.23	0.12	2.31	000	N
45331	.....	A	Sigmoidoscopy and biopsy	1.26	1.61	0.15	3.02	000	N
45332	.....	A	Sigmoidoscopy	1.96	1.76	0.16	3.88	000	N
45333	.....	A	Sigmoidoscopy & polypectomy	1.96	2.24	0.26	4.46	000	N
45334	.....	A	Sigmoidoscopy for bleeding	2.99	2.71	0.23	5.93	000	N
45337	.....	A	Sigmoidoscopy, decompression	2.36	3.03	0.38	5.77	000	N
45338	.....	A	Sigmoidoscopy	2.57	2.24	0.26	5.07	000	N
45339	.....	A	Sigmoidoscopy	3.14	3.24	0.31	6.69	000	N
45355	.....	A	Surgical colonoscopy	3.52	1.17	0.10	4.79	000	N
45378	.....	A	Diagnostic colonoscopy	3.70	4.13	0.39	8.22	000	N
45378	53	A	Diagnostic colonoscopy	0.96	1.23	0.12	2.31	000	N
45379	.....	A	Colonoscopy	4.72	5.33	0.45	10.50	000	N
45380	.....	A	Colonoscopy and biopsy	4.01	4.79	0.40	9.20	000	N
45382	.....	A	Colonoscopy, control bleeding	5.73	5.87	0.41	12.01	000	N
45383	.....	A	Colonoscopy, lesion removal	5.87	5.92	0.50	12.29	000	N
45384	.....	A	Colonoscopy	4.70	6.65	0.58	11.93	000	N
45385	.....	A	Colonoscopy, lesion removal	5.31	6.65	0.58	12.54	000	N
45500	.....	A	Repair of rectum	6.59	5.95	1.21	13.75	090	S
45505	.....	A	Repair of rectum	5.54	6.29	1.23	13.06	090	S
45520	.....	A	Treatment of rectal prolapse	0.55	0.61	0.10	1.26	000	N
45540	.....	A	Correct rectal prolapse	11.98	9.89	2.10	23.97	090	S
45541	.....	A	Correct rectal prolapse	9.79	10.17	2.04	22.00	090	S
45550	.....	A	Repair rectum; remove sigmoid	16.97	11.49	2.38	30.84	090	S
45560	.....	A	Repair of rectocele	7.48	4.79	0.98	13.25	090	S
45562	.....	A	Exploration/repair of rectum	11.13	8.09	1.58	20.80	090	S
45563	.....	A	Exploration/repair of rectum	17.55	12.77	2.49	32.81	090	S
45800	.....	A	Repair rectumbladder fistula	12.75	9.82	1.45	24.02	090	S
45805	.....	A	Repair fistula; colostomy	15.08	12.32	2.39	29.79	090	S
45820	.....	A	Repair rectourethral fistula	13.31	8.98	1.23	23.52	090	S
45825	.....	A	Repair fistula; colostomy	15.45	9.87	1.66	26.98	090	S
45900	.....	A	Reduction of rectal prolapse	1.68	0.58	0.11	2.37	010	S
45905	.....	A	Dilation of anal sphincter	1.51	0.71	0.12	2.34	010	S
45910	.....	A	Dilation of rectal narrowing	1.86	0.87	0.13	2.86	010	S
45915	.....	A	Remove rectal obstruction	2.09	0.78	0.09	2.96	010	N
45999	.....	C	Rectum surgery procedure	0.00	0.00	0.00	0.00	YYY	N
46030	.....	A	Removal of rectal marker	1.20	0.40	0.07	1.67	010	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
46040	.....	A	Incision of rectal abscess	4.41	1.69	0.34	6.44	090	S
46045	.....	A	Incision of rectal abscess	3.91	1.85	0.38	6.14	090	S
46050	.....	A	Incision of anal abscess	1.14	0.60	0.11	1.85	010	S
46060	.....	A	Incision of rectal abscess	5.03	5.35	1.12	11.50	090	S
46070	.....	A	Incision of anal septum	2.63	1.37	0.33	4.33	090	S
46080	.....	A	Incision of anal sphincter	2.35	2.13	0.43	4.91	010	S
46083	.....	A	Incise external hemorrhoid	1.35	0.63	0.08	2.06	010	N
46200	.....	A	Removal of anal fissure	3.02	3.29	0.66	6.97	090	S
46210	.....	A	Removal of anal crypt	2.52	0.77	0.14	3.43	090	S
46211	.....	A	Removal of anal crypts	4.07	1.90	0.38	6.35	090	S
46220	.....	A	Removal of anal tab	1.51	0.63	0.12	2.26	010	S
46221	.....	A	Ligation of hemorrhoid(s)	1.38	0.66	0.14	2.18	010	S
46230	.....	A	Removal of anal tabs	2.52	0.83	0.12	3.47	010	S
46250	.....	A	Hemorrhoidectomy	4.29	2.84	0.52	7.65	090	S
46255	.....	A	Hemorrhoidectomy	4.95	4.72	0.85	10.52	090	S
46257	.....	A	Remove hemorrhoids & fissure	5.87	5.23	1.08	12.18	090	S
46258	.....	A	Remove hemorrhoids & fistula	6.26	5.87	1.22	13.35	090	S
46260	.....	A	Hemorrhoidectomy	6.70	6.07	1.25	14.02	090	S
46261	.....	A	Remove hemorrhoids & fissure	7.62	6.62	1.34	15.58	090	S
46262	.....	A	Remove hemorrhoids & fistula	8.01	6.72	1.39	16.12	090	S
46270	.....	A	Removal of anal fistula	3.51	1.87	0.37	5.75	090	S
46275	.....	A	Removal of anal fistula	4.35	5.50	1.13	10.98	090	S
46280	.....	A	Removal of anal fistula	5.63	6.08	1.24	12.95	090	S
46285	.....	A	Removal of anal fistula	3.88	2.28	0.43	6.59	090	S
46288	.....	A	Repair anal fistula	6.83	3.57	0.83	11.23	090	S
46320	.....	A	Removal of hemorrhoid clot	1.58	0.70	0.11	2.39	010	S
46500	.....	A	Injection into hemorrhoids	1.53	0.32	0.06	1.91	010	S
46600	.....	A	Diagnostic anoscopy	0.50	0.28	0.03	0.81	000	N
46604	.....	A	Anoscopy and dilation	1.31	0.38	0.06	1.75	000	S
46606	.....	A	Anoscopy and biopsy	0.81	0.36	0.06	1.23	000	S
46608	.....	A	Anoscopy; remove foreign body	1.51	1.07	0.12	2.70	000	N
46610	.....	A	Anoscopy; remove lesion	1.32	0.85	0.15	2.32	000	S
46611	.....	A	Anoscopy	1.81	0.85	0.15	2.81	000	S
46612	.....	A	Anoscopy; remove lesions	2.34	1.39	0.20	3.93	000	S
46614	.....	A	Anoscopy; control bleeding	2.01	1.55	0.25	3.81	000	S
46615	.....	A	Anoscopy	2.68	1.55	0.25	4.48	000	S
46700	.....	A	Repair of anal stricture	6.40	6.14	1.24	13.78	090	S
46705	.....	A	Repair of anal stricture	6.38	3.60	0.77	10.75	090	S
46715	.....	A	Repair of anovaginal fistula	6.73	3.51	0.82	11.06	090	S
46716	.....	A	Repair of anovaginal fistula	11.58	6.05	1.40	19.03	090	S
46730	.....	A	Construction of absent anus	20.54	10.74	2.50	33.78	090	S
46735	.....	A	Construction of absent anus	24.91	13.04	3.04	40.99	090	S
46740	.....	A	Construction of absent anus	22.08	11.55	2.68	36.31	090	S
46742	.....	A	Repair, imperforated anus	27.82	19.75	1.93	49.50	090	S
46744	.....	A	Repair, cloacal anomaly	31.23	22.17	2.17	55.57	090	S
46746	.....	A	Repair, cloacal anomaly	34.17	24.26	2.37	60.80	090	S
46748	.....	A	Repair, cloacal anomaly	38.07	27.03	2.64	67.74	090	S
46750	.....	A	Repair of anal sphincter	7.35	6.00	1.22	14.57	090	S
46751	.....	A	Repair of anal sphincter	7.78	4.07	0.95	12.80	090	S
46753	.....	A	Reconstruction of anus	6.04	4.89	1.02	11.95	090	S
46754	.....	A	Removal of suture from anus	1.51	1.48	0.30	3.29	010	S
46760	.....	A	Repair of anal sphincter	10.61	6.80	1.41	18.82	090	S
46761	.....	A	Repair of anal sphincter	10.16	6.83	1.35	18.34	090	S
46762	.....	A	Implant artificial sphincter	9.26	5.72	1.21	16.19	090	S
46900	.....	A	Destruction, anal lesion(s)	1.81	0.39	0.06	2.26	010	S
46910	.....	A	Destruction, anal lesion(s)	1.81	0.64	0.08	2.53	010	S
46916	.....	A	Cryosurgery, anal lesion(s)	1.81	0.67	0.06	2.54	010	S
46917	.....	A	Laser surgery, anal lesion(s)	1.81	1.94	0.31	4.06	010	S
46922	.....	A	Excision of anal lesion(s)	1.81	1.28	0.23	3.32	010	S
46924	.....	A	Destruction, anal lesion(s)	2.71	2.56	0.46	5.73	010	S
46934	.....	A	Destruction of hemorrhoids	3.84	1.19	0.17	5.20	090	N
46935	.....	A	Destruction of hemorrhoids	2.40	1.62	0.22	4.24	010	N
46936	.....	A	Destruction of hemorrhoids	4.17	2.29	0.24	6.70	090	N
46937	.....	A	Cryotherapy of rectal lesion	2.66	2.35	0.45	5.46	010	S
46938	.....	A	Cryotherapy of rectal lesion	4.42	2.50	0.52	7.44	090	S
46940	.....	A	Treatment of anal fissure	2.29	0.51	0.09	2.89	010	S
46942	.....	A	Treatment of anal fissure	2.01	0.46	0.08	2.55	010	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
46945	.....	A	Ligation of hemorrhoids	1.90	0.63	0.12	2.65	090	S
46946	.....	A	Ligation of hemorrhoids	2.76	0.94	0.17	3.87	090	S
46999	.....	C	Anus surgery procedure	0.00	0.00	0.00	0.00	YYY	S
47000	.....	A	Needle biopsy of liver	1.90	1.40	0.13	3.43	000	N
47001	.....	A	Needle biopsy, liver	1.90	1.40	0.13	3.43	ZZZ	S
47010	.....	A	Drainage of liver lesion	8.75	6.75	1.13	16.63	090	S
47015	.....	A	Inject/aspirate liver cyst	8.78	6.75	1.13	16.66	090	S
47100	.....	A	Wedge biopsy of liver	6.75	3.29	0.67	10.71	090	S
47120	.....	A	Partial removal of liver	19.99	12.00	2.48	34.47	090	S
47122	.....	A	Extensive removal of liver	32.54	17.58	3.59	53.71	090	S
47125	.....	A	Partial removal of liver	28.68	17.43	3.61	49.72	090	S
47130	.....	A	Partial removal of liver	31.56	19.19	3.89	54.64	090	S
47133	.....	X	Removal of donor liver	0.00	0.00	0.00	0.00	XXX	0
47134	.....	R	Partial removal, donor liver	39.15	20.48	4.77	64.40	XXX	S
47135	.....	R	Transplantation of liver	77.61	54.48	8.49	140.58	090	S
47136	.....	R	Transplantation of liver	64.04	33.50	7.79	105.33	090	S
47300	.....	A	Surgery for liver lesion	8.75	7.67	1.59	18.01	090	S
47350	.....	A	Repair liver wound	11.29	7.46	1.49	20.24	090	S
47360	.....	A	Repair liver wound	15.34	10.93	2.18	28.45	090	S
47361	.....	A	Repair liver wound	28.00	14.64	3.41	46.05	090	S
47362	.....	A	Repair liver wound	10.00	5.23	1.22	16.45	090	S
47399	.....	C	Liver surgery procedure	0.00	0.00	0.00	0.00	YYY	S
47400	.....	A	Incision of liver duct	18.90	8.53	1.36	28.79	090	S
47420	.....	A	Incision of bile duct	15.31	9.48	1.99	26.78	090	S
47425	.....	A	Incision of bile duct	14.79	11.71	2.45	28.95	090	S
47460	.....	A	Incise bile duct sphincter	14.41	15.54	1.82	31.77	090	N
47480	.....	A	Incision of gallbladder	8.05	7.60	1.59	17.24	090	S
47490	.....	A	Incision of gallbladder	6.04	3.57	0.38	9.99	090	N
47500	.....	A	Injection for liver x-rays	1.96	1.51	0.14	3.61	000	N
47505	.....	A	Injection for liver x-rays	0.76	0.98	0.14	1.88	000	N
47510	.....	A	Insert catheter, bile duct	7.39	2.87	0.25	10.51	090	N
47511	.....	A	Insert bile duct drain	9.91	2.87	0.25	13.03	090	N
47525	.....	A	Change bile duct catheter	5.41	1.59	0.16	7.16	010	N
47530	.....	A	Revise, reinsert bile tube	5.41	1.51	0.19	7.11	090	N
47550	.....	A	Bile duct endoscopy	3.02	1.56	0.35	4.93	000	S
47552	.....	A	Biliary endoscopy, thru skin	6.04	1.36	0.21	7.61	000	S
47553	.....	A	Biliary endoscopy, thru skin	6.35	3.80	0.62	10.77	000	N
47554	.....	A	Biliary endoscopy, thru skin	9.06	3.93	0.67	13.66	000	S
47555	.....	A	Biliary endoscopy, thru skin	7.56	2.63	0.30	10.49	000	N
47556	.....	A	Biliary endoscopy, thru skin	8.56	2.63	0.30	11.49	000	N
47600	.....	A	Removal of gallbladder	10.68	7.53	1.58	19.79	090	S
47605	.....	A	Removal of gallbladder	11.53	8.14	1.75	21.42	090	S
47610	.....	A	Removal of gallbladder	15.00	9.37	2.00	26.37	090	S
47612	.....	A	Removal of gallbladder	14.75	14.23	3.05	32.03	090	S
47620	.....	A	Removal of gallbladder	15.79	11.23	2.36	29.38	090	S
47630	.....	A	Remove bile duct stone	8.31	3.75	0.40	12.46	090	N
47700	.....	A	Exploration of bile ducts	13.75	7.63	1.58	22.96	090	S
47701	.....	A	Bile duct revision	26.57	8.21	1.90	36.68	090	S
47711	.....	A	Excision of bile duct tumor	18.16	12.06	2.46	32.68	090	S
47712	.....	A	Excision of bile duct tumor	23.74	12.06	2.46	38.26	090	S
47715	.....	A	Excision of bile duct cyst	14.50	8.22	1.71	24.43	090	S
47716	.....	A	Fusion of bile duct cyst	12.53	6.56	1.53	20.62	090	S
47720	.....	A	Fuse gallbladder & bowel	11.90	9.16	1.93	22.99	090	S
47721	.....	A	Fuse upper gi structures	14.41	11.42	2.47	28.30	090	S
47740	.....	A	Fuse gallbladder & bowel	13.93	10.21	2.14	26.28	090	S
47741	.....	A	Fuse gallbladder & bowel	16.23	14.35	3.02	33.60	090	S
47760	.....	A	Fuse bile ducts and bowel	19.93	11.61	2.53	34.07	090	S
47765	.....	A	Fuse liver ducts & bowel	19.04	14.61	2.97	36.62	090	S
47780	.....	A	Fuse bile ducts and bowel	20.40	13.07	2.73	36.20	090	S
47785	.....	A	Fuse bile ducts and bowel	24.41	13.07	2.73	40.21	090	S
47800	.....	A	Reconstruction of bile ducts	17.71	13.22	2.43	33.36	090	S
47801	.....	A	Placement, bile duct support	11.28	5.48	0.81	17.57	090	S
47802	.....	A	Fuse liver duct & intestine	16.01	10.27	1.75	28.03	090	S
47900	.....	A	Suture bile duct injury	15.63	13.22	2.43	31.28	090	S
47999	.....	C	Bile tract surgery procedure	0.00	0.00	0.00	0.00	YYY	S
48000	.....	A	Drainage of abdomen	13.10	7.05	1.40	21.55	090	S
48001	.....	A	Placement of drain, pancreas	15.54	8.13	1.89	25.56	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
48005	.....	A	Resect/debride pancreas	17.57	9.19	2.14	28.90	090	S
48020	.....	A	Removal of pancreatic stone	12.98	6.78	1.57	21.33	090	S
48100	.....	A	Biopsy of pancreas	10.19	4.21	0.79	15.19	090	S
48102	.....	A	Needle biopsy, pancreas	4.43	2.41	0.25	7.09	010	N
48120	.....	A	Removal of pancreas lesion	12.79	9.72	2.07	24.58	090	S
48140	.....	A	Partial removal of pancreas	18.27	13.29	2.83	34.39	090	S
48145	.....	A	Partial removal of pancreas	19.09	15.71	3.16	37.96	090	S
48146	.....	A	Pancreatectomy	21.73	16.49	1.92	40.14	090	S
48148	.....	A	Removal of pancreatic duct	14.41	8.23	1.68	24.32	090	S
48150	.....	A	Partial removal of pancreas	40.25	22.54	4.75	67.54	090	S
48152	.....	A	Pancreatectomy	36.50	22.54	4.75	63.79	090	S
48153	.....	A	Pancreatectomy	40.25	22.54	4.75	67.54	090	S
48154	.....	A	Pancreatectomy	36.50	22.54	4.75	63.79	090	S
48155	.....	A	Removal of pancreas	19.43	20.40	4.26	44.09	090	S
48160	.....	N	Pancreas removal, transplant	0.00	0.00	0.00	0.00	XXX	0
48180	.....	A	Fuse pancreas and bowel	20.88	12.60	2.63	36.11	090	S
48400	.....	A	Injection, intraoperative	1.95	1.03	0.24	3.22	ZZZ	N
48500	.....	A	Surgery of pancreas cyst	12.04	8.53	1.66	22.23	090	S
48510	.....	A	Drain pancreatic pseudocyst	11.22	7.54	1.44	20.20	090	S
48520	.....	A	Fuse pancreas cyst and bowel	12.97	11.30	2.43	26.70	090	S
48540	.....	A	Fuse pancreas cyst and bowel	15.77	12.66	2.65	31.08	090	S
48545	.....	A	Pancreatorrhaphy	14.65	7.66	1.79	24.10	090	S
48547	.....	A	Duodenal exclusion	21.18	11.08	2.58	34.84	090	S
48550	.....	N	Donor pancreatectomy	0.00	0.00	0.00	0.00	XXX	0
48554	.....	N	Transplantallograft pancreas	+34.17	17.87	4.16	56.20	XXX	0
48556	.....	A	Removal, allograft pancreas	13.89	7.26	1.69	22.84	090	S
48999	.....	C	Pancreas surgery procedure	0.00	0.00	0.00	0.00	YYY	S
49000	.....	A	Exploration of abdomen	11.00	6.79	1.40	19.19	090	S
49002	.....	A	Reopening of abdomen	9.40	6.05	1.21	16.66	090	S
49010	.....	A	Exploration behind abdomen	11.19	6.95	1.31	19.45	090	S
49020	.....	A	Drain abdominal abscess	14.25	4.82	0.91	19.98	090	S
49021	.....	A	Drain abdominal abscess	9.06	4.82	0.91	14.79	090	N
49040	.....	A	Drain abdominal abscess	8.74	6.54	1.27	16.55	090	S
49060	.....	A	Drain abdominal abscess	10.55	5.54	1.01	17.10	090	S
49080	.....	A	Puncture, peritoneal cavity	1.35	0.87	0.08	2.30	000	N
49081	.....	A	Removal of abdominal fluid	1.26	0.75	0.07	2.08	000	N
49085	.....	A	Remove abdomen foreign body	7.91	3.46	0.67	12.04	090	S
49180	.....	A	Biopsy, abdominal mass	1.73	1.82	0.20	3.75	000	N
49200	.....	A	Removal of abdominal lesion	9.19	8.38	1.70	19.27	090	S
49201	.....	A	Removal of abdominal lesion	13.60	12.10	2.50	28.20	090	S
49215	.....	A	Excise sacral spine tumor	21.05	8.50	1.59	31.14	090	S
49220	.....	A	Multiple surgery, abdomen	13.66	12.30	2.53	28.49	090	S
49250	.....	A	Excision of umbilicus	7.42	4.52	0.96	12.90	090	S
49255	.....	A	Removal of omentum	10.25	5.16	1.15	16.56	090	S
49400	.....	A	Air injection into abdomen	1.88	1.12	0.17	3.17	000	S
49420	.....	A	Insert abdominal drain	2.22	1.58	0.20	4.00	000	S
49421	.....	A	Insert abdominal drain	4.89	4.14	0.81	9.84	090	S
49422	.....	A	Remove perm cannula/catheter	5.85	4.14	0.81	10.80	010	S
49425	.....	A	Insert abdomen-venous drain	10.22	8.48	1.78	20.48	090	S
49426	.....	A	Revise abdomen-venous shunt	8.57	5.39	1.07	15.03	090	S
49427	.....	A	Injection, abdominal shunt	0.89	0.49	0.03	1.41	000	N
49428	.....	A	Ligation of shunt	1.98	1.04	0.24	3.26	010	S
49429	.....	A	Removal of shunt	6.35	3.32	0.77	10.44	010	S
49495	.....	A	Repair inguinal hernia, init	5.79	4.98	0.95	11.72	090	S
49496	.....	A	Repair inguinal hernia, init	8.37	5.04	1.08	14.49	090	S
49500	.....	A	Repair inguinal hernia	4.41	4.98	0.95	10.34	090	S
49501	.....	A	Repair inguinal hernia, init	7.26	5.04	1.08	13.38	090	S
49505	.....	A	Repair inguinal hernia	6.17	4.51	0.94	11.62	090	S
49507	.....	A	Repair, inguinal hernia	7.40	5.04	1.08	13.52	090	S
49520	.....	A	Rerepair inguinal hernia	7.87	5.22	1.11	14.20	090	S
49521	.....	A	Repair inguinal hernia, rec	9.43	5.04	1.08	15.55	090	S
49525	.....	A	Repair inguinal hernia	6.97	5.55	1.16	13.68	090	S
49540	.....	A	Repair lumbar hernia	7.91	5.20	1.12	14.23	090	S
49550	.....	A	Repair femoral hernia	6.97	4.61	0.97	12.55	090	S
49553	.....	A	Repair femoral hernia, init	7.40	4.61	0.97	12.98	090	S
49555	.....	A	Repair femoral hernia	7.29	6.07	1.26	14.62	090	S
49557	.....	A	Repair femoral hernia, recur	8.73	6.07	1.26	16.06	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
49560	.....	A	Repair abdominal hernia	9.48	5.65	1.19	16.32	090	S
49561	.....	A	Repair incisional hernia	11.38	5.65	1.19	18.22	090	S
49565	.....	A	Rerepair abdominal hernia	9.48	6.41	1.35	17.24	090	S
49566	.....	A	Repair incisional hernia	11.38	6.41	1.35	19.14	090	S
49568	.....	A	Hernia repair w/mesh	4.89	2.56	0.59	8.04	ZZZ	S
49570	.....	A	Repair epigastric hernia	4.46	4.38	0.91	9.75	090	S
49572	.....	A	Repair, epigastric hernia	5.35	5.60	1.18	12.13	090	S
49580	.....	A	Repair umbilical hernia	3.24	4.15	0.94	8.33	090	S
49582	.....	A	Repair umbilical hernia	5.13	4.61	0.94	10.68	090	S
49585	.....	A	Repair umbilical hernia	4.95	4.41	0.91	10.27	090	S
49587	.....	A	Repair umbilical hernia	5.93	4.41	0.91	11.25	090	S
49590	.....	A	Repair abdominal hernia	6.55	5.63	1.22	13.40	090	S
49600	.....	A	Repair umbilical lesion	9.48	5.26	0.77	15.51	090	S
49605	.....	A	Repair umbilical lesion	21.92	8.57	1.77	32.26	090	S
49606	.....	A	Repair umbilical lesion	17.93	8.31	0.96	27.20	090	S
49610	.....	A	Repair umbilical lesion	9.83	5.48	1.27	16.58	090	S
49611	.....	A	Repair umbilical lesion	8.25	9.00	0.58	17.83	090	S
49900	.....	A	Repair of abdominal wall	9.40	3.66	0.75	13.81	090	S
49905	.....	A	Omental flap	6.55	3.42	0.80	10.77	ZZZ	S
49906	.....	C	Free omental flap, microvasc	0.00	0.00	0.00	0.00	090	S
49999	.....	C	Abdomen surgery procedure	0.00	0.00	0.00	0.00	YYY	S
50010	.....	A	Exploration of kidney	10.07	9.55	1.13	20.75	090	S
50020	.....	A	Drainage of kidney abscess	12.41	6.80	0.85	20.06	090	S
50040	.....	A	Drainage of kidney	13.80	7.18	0.62	21.60	090	N
50045	.....	A	Exploration of kidney	14.48	9.81	0.89	25.18	090	S
50060	.....	A	Removal of kidney stone	18.00	12.25	1.21	31.46	090	S
50065	.....	A	Incision of kidney	19.62	13.93	1.35	34.90	090	S
50070	.....	A	Incision of kidney	19.15	12.87	1.35	33.37	090	S
50075	.....	A	Removal of kidney stone	24.05	16.87	1.62	42.54	090	S
50080	.....	A	Removal of kidney stone	13.98	12.20	1.15	27.33	090	S
50081	.....	A	Removal of kidney stone	20.58	14.96	1.44	36.98	090	S
50100	.....	A	Revise kidney blood vessels	15.11	10.34	1.35	26.80	090	S
50120	.....	A	Exploration of kidney	15.00	10.91	1.24	27.15	090	S
50125	.....	A	Explore and drain kidney	15.61	10.95	1.06	27.62	090	S
50130	.....	A	Removal of kidney stone	16.12	12.80	1.26	30.18	090	S
50135	.....	A	Exploration of kidney	18.14	17.05	1.63	36.82	090	S
50200	.....	A	Biopsy of kidney	2.63	2.61	0.22	5.46	000	N
50205	.....	A	Biopsy of kidney	10.50	5.64	0.69	16.83	090	S
50220	.....	A	Removal of kidney	15.98	13.31	1.43	30.72	090	S
50225	.....	A	Removal of kidney	18.93	16.52	1.70	37.15	090	S
50230	.....	A	Removal of kidney	20.56	18.40	1.84	40.80	090	S
50234	.....	A	Removal of kidney & ureter	21.11	16.65	1.65	39.41	090	S
50236	.....	A	Removal of kidney & ureter	23.33	17.74	1.74	42.81	090	S
50240	.....	A	Partial removal of kidney	20.24	16.00	1.70	37.94	090	S
50280	.....	A	Removal of kidney lesion	14.63	10.86	1.16	26.65	090	S
50290	.....	A	Removal of kidney lesion	13.69	8.87	1.19	23.75	090	S
50300	.....	X	Removal of donor kidney	0.00	0.00	0.00	0.00	XXX	0
50320	.....	A	Removal of donor kidney	21.22	16.49	2.40	40.11	090	S
50340	.....	A	Removal of kidney	10.73	12.49	2.24	25.46	090	S
50360	.....	A	Transplantation of kidney	27.05	24.45	4.24	55.74	090	S
50365	.....	A	Transplantation of kidney	32.54	30.71	3.89	67.14	090	S
50370	.....	A	Remove transplanted kidney	11.11	11.08	1.92	24.11	090	S
50380	.....	A	Reimplantation of kidney	16.49	10.12	1.71	28.32	090	S
50390	.....	A	Drainage of kidney lesion	1.96	1.69	0.15	3.80	000	N
50392	.....	A	Insert kidney drain	3.38	2.36	0.20	5.94	000	N
50393	.....	A	Insert ureteral tube	4.16	3.01	0.26	7.43	000	N
50394	.....	A	Injection for kidney x-ray	0.76	0.55	0.05	1.36	000	N
50395	.....	A	Create passage to kidney	3.38	3.33	0.29	7.00	000	N
50396	.....	A	Measure kidney pressure	2.09	0.50	0.05	2.64	000	N
50398	.....	A	Change kidney tube	1.46	0.53	0.05	2.04	000	S
50400	.....	A	Revision of kidney/ureter	18.07	13.66	1.36	33.09	090	S
50405	.....	A	Revision of kidney/ureter	22.45	17.29	1.74	41.48	090	S
50500	.....	A	Repair of kidney wound	18.27	12.46	1.64	32.37	090	S
50520	.....	A	Close kidney-skin fistula	15.93	10.34	1.50	27.77	090	S
50525	.....	A	Repair renal-abdomen fistula	20.59	12.61	1.99	35.19	090	S
50526	.....	A	Repair renal-abdomen fistula	22.15	7.39	2.32	31.86	090	S
50540	.....	A	Revision of horseshoe kidney	19.15	13.41	1.54	34.10	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
50551	.....	A	Kidney endoscopy	5.60	2.19	0.21	8.00	000	S
50553	.....	A	Kidney endoscopy	5.99	1.66	0.17	7.82	000	S
50555	.....	A	Kidney endoscopy & biopsy	6.53	4.70	0.45	11.68	000	S
50557	.....	A	Kidney endoscopy & treatment	6.62	4.71	0.49	11.82	000	S
50559	.....	A	Renal endoscopy; radiotracer	6.78	1.34	0.14	8.26	000	S
50561	.....	A	Kidney endoscopy & treatment	7.59	5.12	0.49	13.20	000	S
50570	.....	A	Kidney endoscopy	9.54	1.45	0.14	11.13	000	S
50572	.....	A	Kidney endoscopy	10.35	7.25	0.75	18.35	000	S
50574	.....	A	Kidney endoscopy & biopsy	11.02	7.08	0.64	18.74	000	S
50575	.....	A	Kidney endoscopy	13.98	9.93	0.97	24.88	000	S
50576	.....	A	Kidney endoscopy & treatment	10.99	8.69	0.77	20.45	000	S
50578	.....	A	Renal endoscopy; radiotracer	11.35	3.79	1.19	16.33	000	S
50580	.....	A	Kidney endoscopy & treatment	11.86	3.58	0.35	15.79	000	S
50590	.....	A	Fragmenting of kidney stone	8.79	10.11	0.97	19.87	090	S
50600	.....	A	Exploration of ureter	14.78	9.69	1.01	25.48	090	S
50605	.....	A	Insert ureteral support	14.40	6.11	0.60	21.11	090	S
50610	.....	A	Removal of ureter stone	14.86	11.77	1.17	27.80	090	S
50620	.....	A	Removal of ureter stone	14.17	11.49	1.16	26.82	090	S
50630	.....	A	Removal of ureter stone	13.95	12.71	1.25	27.91	090	S
50650	.....	A	Removal of ureter	16.37	12.07	1.21	29.65	090	S
50660	.....	A	Removal of ureter	18.44	12.49	1.53	32.46	090	S
50684	.....	A	Injection for ureter x-ray	0.76	0.49	0.05	1.30	000	S
50686	.....	A	Measure ureter pressure	1.51	0.37	0.04	1.92	000	S
50688	.....	A	Change of ureter tube	1.14	0.39	0.04	1.57	010	S
50690	.....	A	Injection for ureter x-ray	1.16	0.32	0.03	1.51	000	S
50700	.....	A	Revision of ureter	14.10	12.57	1.29	27.96	090	S
50715	.....	A	Release of ureter	17.60	11.24	1.49	30.33	090	S
50722	.....	A	Release of ureter	15.11	10.32	1.97	27.40	090	S
50725	.....	A	Release/revise ureter	17.12	12.05	1.75	30.92	090	S
50727	.....	A	Revise ureter	7.57	5.37	0.51	13.45	090	S
50728	.....	A	Revise ureter	11.13	7.90	0.77	19.80	090	S
50740	.....	A	Fusion of ureter & kidney	17.12	13.03	1.88	32.03	090	S
50750	.....	A	Fusion of ureter & kidney	18.14	14.04	1.26	33.44	090	S
50760	.....	A	Fusion of ureters	17.12	13.47	1.48	32.07	090	S
50770	.....	A	Splicing of ureters	18.14	15.23	1.53	34.90	090	S
50780	.....	A	Reimplant ureter in bladder	17.12	13.78	1.46	32.36	090	S
50782	.....	A	Reimplant ureter in bladder	18.23	13.78	1.46	33.47	090	S
50783	.....	A	Reimplant ureter in bladder	19.17	13.78	1.46	34.41	090	S
50785	.....	A	Reimplant ureter in bladder	19.15	15.42	1.80	36.37	090	S
50800	.....	A	Implant ureter in bowel	13.10	14.67	1.51	29.28	090	S
50810	.....	A	Fusion of ureter & bowel	18.14	12.57	1.75	32.46	090	S
50815	.....	A	Urine shunt to bowel	18.14	19.76	2.75	40.65	090	S
50820	.....	A	Construct bowel bladder	20.15	18.97	2.50	41.62	090	S
50825	.....	A	Construct bowel bladder	26.19	30.54	3.33	60.06	090	S
50830	.....	A	Revise urine flow	29.29	20.93	2.27	52.49	090	S
50840	.....	A	Replace ureter by bowel	18.14	13.32	1.35	32.81	090	S
50845	.....	A	Appendico-vesicostomy	19.52	13.87	1.35	34.74	090	S
50860	.....	A	Transplant ureter to skin	13.99	10.92	1.16	26.07	090	S
50900	.....	A	Repair of ureter	12.58	9.98	1.15	23.71	090	S
50920	.....	A	Closure ureter/skin fistula	13.22	9.52	0.99	23.73	090	S
50930	.....	A	Closure ureter/bowel fistula	17.61	12.50	1.22	31.33	090	S
50940	.....	A	Release of ureter	13.47	9.90	0.95	24.32	090	S
50951	.....	A	Endoscopy of ureter	5.84	1.67	0.17	7.68	000	S
50953	.....	A	Endoscopy of ureter	6.24	1.66	0.16	8.06	000	S
50955	.....	A	Ureter endoscopy & biopsy	6.75	2.55	0.25	9.55	000	S
50957	.....	A	Ureter endoscopy & treatment	6.79	2.50	0.25	9.54	000	S
50959	.....	A	Ureter endoscopy & tracer	4.40	3.38	0.29	8.07	000	S
50961	.....	A	Ureter endoscopy & treatment	6.05	2.62	0.26	8.93	000	S
50970	.....	A	Ureter endoscopy	7.14	5.17	0.52	12.83	000	S
50972	.....	A	Ureter endoscopy & catheter	6.89	1.54	0.16	8.59	000	S
50974	.....	A	Ureter endoscopy & biopsy	9.17	7.01	0.65	16.83	000	S
50976	.....	A	Ureter endoscopy & treatment	9.04	6.41	0.62	16.07	000	S
50978	.....	A	Ureter endoscopy & tracer	5.10	4.05	0.48	9.63	000	S
50980	.....	A	Ureter endoscopy & treatment	6.85	3.13	0.30	10.28	000	S
51000	.....	A	Drainage of bladder	0.78	0.48	0.05	1.31	000	S
51005	.....	A	Drainage of bladder	1.02	0.46	0.04	1.52	000	S
51010	.....	A	Drainage of bladder	2.54	0.97	0.11	3.62	010	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
51020	.....	A	Incise & treat bladder	6.04	6.85	0.71	13.60	090	S
51030	.....	A	Incise & treat bladder	6.04	4.53	0.43	11.00	090	S
51040	.....	A	Incise & drain bladder	4.08	5.23	0.75	10.06	090	S
51045	.....	A	Incise bladder, drain ureter	6.04	4.96	0.50	11.50	090	S
51050	.....	A	Removal of bladder stone	6.04	7.12	0.70	13.86	090	S
51060	.....	A	Removal of ureter stone	8.05	10.31	1.19	19.55	090	S
51065	.....	A	Removal of ureter stone	8.05	7.08	0.71	15.84	090	S
51080	.....	A	Drainage of bladder abscess	5.41	5.18	0.57	11.16	090	S
51500	.....	A	Removal of bladder cyst	9.54	6.86	1.21	17.61	090	S
51520	.....	A	Removal of bladder lesion	8.69	8.53	0.87	18.09	090	S
51525	.....	A	Removal of bladder lesion	12.78	10.67	1.06	24.51	090	S
51530	.....	A	Removal of bladder lesion	11.32	9.25	1.02	21.59	090	S
51535	.....	A	Repair of ureter lesion	11.51	7.68	1.14	20.33	090	S
51550	.....	A	Partial removal of bladder	14.34	10.71	1.17	26.22	090	S
51555	.....	A	Partial removal of bladder	19.60	12.26	1.31	33.17	090	S
51565	.....	A	Revise bladder & ureter(s)	20.01	15.84	1.67	37.52	090	S
51570	.....	A	Removal of bladder	22.16	15.66	1.62	39.44	090	S
51575	.....	A	Removal of bladder & nodes	27.93	22.87	2.25	53.05	090	S
51580	.....	A	Remove bladder; revise tract	28.20	19.95	2.04	50.19	090	S
51585	.....	A	Removal of bladder & nodes	32.22	25.12	2.42	59.76	090	S
51590	.....	A	Remove bladder; revise tract	30.21	24.52	2.56	57.29	090	S
51595	.....	A	Remove bladder; revise tract	34.25	33.80	3.34	71.39	090	S
51596	.....	A	Remove bladder, create pouch	36.27	34.89	3.45	74.61	090	S
51597	.....	A	Removal of pelvic structures	35.27	30.63	4.31	70.21	090	S
51600	.....	A	Injection for bladder x-ray	0.88	0.28	0.03	1.19	000	S
51605	.....	A	Preparation for bladder x-ray	0.64	0.30	0.03	0.97	000	S
51610	.....	A	Injection for bladder x-ray	1.05	0.27	0.02	1.34	000	S
51700	.....	A	Irrigation of bladder	0.88	0.22	0.02	1.12	000	S
51705	.....	A	Change of bladder tube	0.99	0.38	0.04	1.41	010	S
51710	.....	A	Change of bladder tube	1.46	0.57	0.06	2.09	010	S
51715	.....	A	Endoscopic injection/implant	3.74	2.65	0.27	6.66	000	S
51720	.....	A	Treatment of bladder lesion	1.96	0.45	0.05	2.46	000	S
51725	.....	A	Simple cystometrogram	1.51	1.01	0.11	2.63	000	S
51725	26	A	Simple cystometrogram	1.51	0.63	0.07	2.21	000	S
51725	TC	A	Simple cystometrogram	0.00	0.38	0.04	0.42	000	S
51726	.....	A	Complex cystometrogram	1.71	1.29	0.13	3.13	000	S
51726	26	A	Complex cystometrogram	1.71	0.81	0.08	2.60	000	S
51726	TC	A	Complex cystometrogram	0.00	0.48	0.05	0.53	000	S
51736	.....	A	Urine flow measurement	0.61	0.41	0.04	1.06	000	S
51736	26	A	Urine flow measurement	0.61	0.26	0.03	0.90	000	S
51736	TC	A	Urine flow measurement	0.00	0.15	0.01	0.16	000	S
51741	.....	A	Electro-uroflowmetry, first	1.14	0.56	0.06	1.76	000	S
51741	26	A	Electro-uroflowmetry, first	1.14	0.35	0.04	1.53	000	S
51741	TC	A	Electro-uroflowmetry, first	0.00	0.21	0.02	0.23	000	S
51772	.....	A	Urethra pressure profile	1.61	0.94	0.11	2.66	000	S
51772	26	A	Urethra pressure profile	1.61	0.52	0.06	2.19	000	S
51772	TC	A	Urethra pressure profile	0.00	0.42	0.05	0.47	000	S
51784	.....	A	Anal/urinary muscle study	1.53	1.04	0.11	2.68	000	S
51784	26	A	Anal/urinary muscle study	1.53	0.65	0.07	2.25	000	S
51784	TC	A	Anal/urinary muscle study	0.00	0.39	0.04	0.43	000	S
51785	.....	A	Anal/urinary muscle study	1.53	1.04	0.11	2.68	000	S
51785	26	A	Anal/urinary muscle study	1.53	0.65	0.07	2.25	000	S
51785	TC	A	Anal/urinary muscle study	0.00	0.39	0.04	0.43	000	S
51792	.....	A	Urinary reflex study	1.10	1.93	0.20	3.23	000	S
51792	26	A	Urinary reflex study	1.10	0.59	0.06	1.75	000	S
51792	TC	A	Urinary reflex study	0.00	1.34	0.14	1.48	000	S
51795	.....	A	Urine voiding pressure study	1.53	1.44	0.16	3.13	000	S
51795	26	A	Urine voiding pressure study	1.53	0.57	0.06	2.16	000	S
51795	TC	A	Urine voiding pressure study	0.00	0.87	0.10	0.97	000	S
51797	.....	A	Intraabdominal pressure test	1.60	0.96	0.10	2.66	000	S
51797	26	A	Intraabdominal pressure test	1.60	0.51	0.05	2.16	000	S
51797	TC	A	Intraabdominal pressure test	0.00	0.45	0.05	0.50	000	S
51800	.....	A	Revision of bladder/urethra	16.31	12.02	1.47	29.80	090	S
51820	.....	A	Revision of urinary tract	16.67	7.39	1.32	25.38	090	S
51840	.....	A	Attach bladder/urethra	9.78	9.22	1.26	20.26	090	S
51841	.....	A	Attach bladder/urethra	12.10	11.01	1.48	24.59	090	S
51845	.....	A	Repair bladder neck	9.06	10.71	1.09	20.86	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
51860	.....	A	Repair of bladder wound	11.17	7.62	0.91	19.70	090	S
51865	.....	A	Repair of bladder wound	13.99	10.96	1.27	26.22	090	S
51880	.....	A	Repair of bladder opening	7.21	4.96	0.52	12.69	090	S
51900	.....	A	Repair bladder/vagina lesion	11.67	11.65	1.41	24.73	090	S
51920	.....	A	Close bladder-uterus fistula	10.57	7.51	0.73	18.81	090	S
51925	.....	A	Hysterectomy/bladder repair	14.10	10.07	2.33	26.50	090	S
51940	.....	A	Correction of bladder defect	25.00	18.95	2.22	46.17	090	S
51960	.....	A	Revision of bladder & bowel	21.15	21.40	2.27	44.82	090	S
51980	.....	A	Construct bladder opening	10.43	7.46	0.75	18.64	090	S
52000	.....	A	Cystoscopy	2.01	1.33	0.14	3.48	000	S
52005	.....	A	Cystoscopy & ureter catheter	2.37	2.20	0.22	4.79	000	S
52007	.....	A	Cystoscopy and biopsy	3.02	2.82	0.28	6.12	000	S
52010	.....	A	Cystoscopy & duct catheter	3.02	1.90	0.20	5.12	000	S
52204	.....	A	Cystoscopy	2.37	2.38	0.24	4.99	000	S
52214	.....	A	Cystoscopy and treatment	3.71	2.80	0.28	6.79	000	S
52224	.....	A	Cystoscopy and treatment	3.14	2.90	0.29	6.33	000	S
52234	.....	A	Cystoscopy and treatment	4.63	4.71	0.45	9.79	000	S
52235	.....	A	Cystoscopy and treatment	5.45	6.97	0.81	13.23	000	S
52240	.....	A	Cystoscopy and treatment	9.72	10.65	1.04	21.41	000	S
52250	.....	A	Cystoscopy & radiotracer	4.50	2.86	0.29	7.65	000	S
52260	.....	A	Cystoscopy & treatment	3.92	2.11	0.22	6.25	000	S
52265	.....	A	Cystoscopy & treatment	2.94	1.35	0.14	4.43	000	S
52270	.....	A	Cystoscopy & revise urethra	3.37	3.47	0.35	7.19	000	S
52275	.....	A	Cystoscopy & revise urethra	4.70	3.42	0.34	8.46	000	S
52276	.....	A	Cystoscopy and treatment	5.00	4.58	0.45	10.03	000	S
52277	.....	A	Cystoscopy and treatment	6.17	4.82	0.47	11.46	000	S
52281	.....	A	Cystoscopy and treatment	2.80	2.31	0.23	5.34	000	S
52283	.....	A	Cystoscopy and treatment	3.74	1.51	0.15	5.40	000	S
52285	.....	A	Cystoscopy and treatment	3.61	2.94	0.30	6.85	000	S
52290	.....	A	Cystoscopy and treatment	4.59	2.34	0.24	7.17	000	S
52300	.....	A	Cystoscopy and treatment	5.31	3.47	0.36	9.14	000	S
52301	.....	A	Cystoscopy and treatment	5.51	3.47	0.36	9.34	000	S
52305	.....	A	Cystoscopy and treatment	5.31	3.50	0.35	9.16	000	S
52310	.....	A	Cystoscopy and treatment	2.81	2.99	0.30	6.10	000	S
52315	.....	A	Cystoscopy and treatment	5.21	4.07	0.40	9.68	000	S
52317	.....	A	Remove bladder stone	6.72	6.19	0.59	13.50	000	S
52318	.....	A	Remove bladder stone	9.19	7.88	0.77	17.84	000	S
52320	.....	A	Cystoscopy and treatment	4.70	4.86	0.47	10.03	000	S
52325	.....	A	Cystoscopy, stone removal	6.16	7.01	0.68	13.85	000	S
52327	.....	A	Cystoscopy, inject material	5.19	3.69	0.36	9.24	000	S
52330	.....	A	Cystoscopy and treatment	5.04	3.47	0.35	8.86	000	S
52332	.....	A	Cystoscopy and treatment	2.83	3.21	0.32	6.36	000	S
52334	.....	A	Create passage to kidney	4.83	3.33	0.34	8.50	000	S
52335	.....	A	Endoscopy of urinary tract	5.86	4.69	0.45	11.00	000	S
52336	.....	A	Cystoscopy, stone removal	6.88	8.81	0.99	16.68	000	S
52337	.....	A	Cystoscopy, stone removal	7.97	10.21	1.08	19.26	000	S
52338	.....	A	Cystoscopy and treatment	7.34	5.92	0.57	13.83	000	S
52339	.....	A	Cystoscopy and treatment	8.82	5.92	0.57	15.31	000	S
52340	.....	A	Cystoscopy and treatment	9.00	5.15	0.50	14.65	090	S
52450	.....	A	Incision of prostate	7.05	4.99	0.49	12.53	090	S
52500	.....	A	Revision of bladder neck	7.82	7.44	0.72	15.98	090	S
52510	.....	A	Dilation prostatic urethra	6.04	7.64	0.74	14.42	090	S
52601	.....	A	Prostatectomy (TURP)	11.51	11.87	1.16	24.54	090	S
52606	.....	A	Control postop bleeding	7.51	3.32	0.33	11.16	090	S
52612	.....	A	Prostatectomy, first stage	7.05	9.03	0.99	17.07	090	S
52614	.....	A	Prostatectomy, second stage	6.04	7.09	0.68	13.81	090	S
52620	.....	A	Remove residual prostate	6.04	5.33	0.51	11.88	090	S
52630	.....	A	Remove prostate regrowth	6.55	8.38	1.13	16.06	090	S
52640	.....	A	Relieve bladder contracture	6.04	6.43	0.62	13.09	090	S
52647	.....	A	Laser surgery of prostate	9.84	11.87	1.16	22.87	090	S
52648	.....	A	Laser surgery of prostate	10.69	11.87	1.16	23.72	090	S
52700	.....	A	Drainage of prostate abscess	6.31	3.30	0.34	9.95	090	S
53000	.....	A	Incision of urethra	2.01	1.76	0.17	3.94	010	S
53010	.....	A	Incision of urethra	3.02	3.52	0.37	6.91	090	S
53020	.....	A	Incision of urethra	1.77	0.82	0.09	2.68	000	S
53025	.....	A	Incision of urethra	1.13	0.80	0.08	2.01	000	S
53040	.....	A	Drainage of urethra abscess	6.01	1.85	0.19	8.05	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
53060	.....	A	Drainage of urethra abscess	2.58	0.51	0.07	3.16	010	S
53080	.....	A	Drainage of urinary leakage	5.87	3.98	0.45	10.30	090	S
53085	.....	A	Drainage of urinary leakage	9.67	6.75	0.70	17.12	090	S
53200	.....	A	Biopsy of urethra	2.59	1.10	0.12	3.81	000	S
53210	.....	A	Removal of urethra	11.71	6.64	0.67	19.02	090	S
53215	.....	A	Removal of urethra	14.59	10.00	0.96	25.55	090	S
53220	.....	A	Treatment of urethra lesion	6.58	4.77	0.49	11.84	090	S
53230	.....	A	Removal of urethra lesion	9.04	7.93	0.79	17.76	090	S
53235	.....	A	Removal of urethra lesion	9.60	5.02	0.49	15.11	090	N
53240	.....	A	Surgery for urethra pouch	6.03	4.33	0.45	10.81	090	S
53250	.....	A	Removal of urethra gland	5.69	4.05	0.40	10.14	090	S
53260	.....	A	Treatment of urethra lesion	2.93	1.12	0.16	4.21	010	S
53265	.....	A	Treatment of urethra lesion	3.07	1.88	0.22	5.17	010	S
53270	.....	A	Removal of urethra gland	2.93	0.84	0.18	3.95	010	S
53275	.....	A	Repair of urethra defect	4.37	2.37	0.25	6.99	010	S
53400	.....	A	Revise urethra, 1st stage	11.79	7.47	0.76	20.02	090	S
53405	.....	A	Revise urethra, 2nd stage	13.70	10.38	1.21	25.29	090	S
53410	.....	A	Reconstruction of urethra	15.59	8.56	0.84	24.99	090	S
53415	.....	A	Reconstruction of urethra	18.50	11.87	1.15	31.52	090	S
53420	.....	A	Reconstruct urethra, stage 1	13.28	10.88	1.05	25.21	090	S
53425	.....	A	Reconstruct urethra, stage 2	15.18	9.25	0.88	25.31	090	S
53430	.....	A	Reconstruction of urethra	15.54	7.16	0.76	23.46	090	S
53440	.....	A	Correct bladder function	11.49	13.14	1.39	26.02	090	S
53442	.....	A	Remove perineal prosthesis	7.67	5.84	0.67	14.18	090	S
53443	.....	A	Reconstruction of urethra	18.98	10.03	1.07	30.08	090	S
53445	.....	A	Correct urine flow control	13.15	16.83	2.03	32.01	090	S
53447	.....	A	Remove artificial sphincter	12.37	9.16	0.89	22.42	090	S
53449	.....	A	Correct artificial sphincter	9.16	8.41	0.82	18.39	090	S
53450	.....	A	Revision of urethra	5.72	2.74	0.27	8.73	090	S
53460	.....	A	Revision of urethra	6.70	2.44	0.25	9.39	090	S
53502	.....	A	Repair of urethra injury	7.21	4.97	0.56	12.74	090	S
53505	.....	A	Repair of urethra injury	7.21	5.18	0.51	12.90	090	S
53510	.....	A	Repair of urethra injury	9.57	6.98	0.66	17.21	090	S
53515	.....	A	Repair of urethra injury	12.71	9.03	0.88	22.62	090	S
53520	.....	A	Repair of urethra defect	8.21	5.89	0.56	14.66	090	S
53600	.....	A	Dilate urethra stricture	1.21	0.33	0.03	1.57	000	S
53601	.....	A	Dilate urethra stricture	0.98	0.29	0.03	1.30	000	S
53605	.....	A	Dilate urethra stricture	1.28	0.46	0.05	1.79	000	S
53620	.....	A	Dilate urethra stricture	1.62	0.47	0.05	2.14	000	S
53621	.....	A	Dilate urethra stricture	1.35	0.38	0.04	1.77	000	S
53640	.....	D	Relieve bladder retention	0.00	0.00	0.00	0.00	000	S
53660	.....	A	Dilation of urethra	0.71	0.28	0.03	1.02	000	S
53661	.....	A	Dilation of urethra	0.72	0.25	0.03	1.00	000	S
53665	.....	A	Dilation of urethra	0.76	0.36	0.04	1.16	000	S
53670	.....	A	Insert urinary catheter	0.50	0.22	0.02	0.74	000	S
53675	.....	A	Insert urinary catheter	1.47	0.47	0.05	1.99	000	S
53899	.....	C	Urology surgery procedure	0.00	0.00	0.00	0.00	YYY	S
54000	.....	A	Slitting of prepuce	1.49	0.63	0.07	2.19	010	S
54001	.....	A	Slitting of prepuce	2.14	0.84	0.09	3.07	010	S
54015	.....	A	Drain penis lesion	5.16	0.83	0.09	6.08	010	S
54050	.....	A	Destruction, penis lesion(s)	1.19	0.38	0.03	1.60	010	S
54055	.....	A	Destruction, penis lesion(s)	1.19	0.61	0.06	1.86	010	S
54056	.....	A	Cryosurgery, penis lesion(s)	1.19	0.53	0.04	1.76	010	S
54057	.....	A	Laser surg, penis lesion(s)	1.19	1.52	0.21	2.92	010	S
54060	.....	A	Excision of penis lesion(s)	1.88	1.17	0.12	3.17	010	S
54065	.....	A	Destruction, penis lesion(s)	2.37	2.47	0.25	5.09	010	S
54100	.....	A	Biopsy of penis	1.90	0.65	0.07	2.62	000	S
54105	.....	A	Biopsy of penis	3.45	1.01	0.11	4.57	010	S
54110	.....	A	Treatment of penis lesion	9.66	6.03	0.61	16.30	090	S
54111	.....	A	Treat penis lesion, graft	13.03	9.18	0.97	23.18	090	S
54112	.....	A	Treat penis lesion, graft	15.14	10.84	1.14	27.12	090	S
54115	.....	A	Treatment of penis lesion	5.68	4.18	0.44	10.30	090	S
54120	.....	A	Partial removal of penis	9.24	6.47	0.62	16.33	090	S
54125	.....	A	Removal of penis	12.80	11.56	1.17	25.53	090	S
54130	.....	A	Remove penis & nodes	18.92	14.66	1.32	34.90	090	S
54135	.....	A	Remove penis & nodes	25.01	17.75	1.74	44.50	090	S
54150	.....	A	Circumcision	1.78	0.54	0.05	2.37	010	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
54152	.....	A	Circumcision	2.26	1.82	0.20	4.28	010	S
54160	.....	A	Circumcision	2.43	1.66	0.21	4.30	010	S
54161	.....	A	Circumcision	3.22	2.17	0.23	5.62	010	S
54200	.....	A	Treatment of penis lesion	1.01	0.32	0.03	1.36	010	S
54205	.....	A	Treatment of penis lesion	7.20	5.11	0.50	12.81	090	S
54220	.....	A	Treatment of penis lesion	2.42	1.58	0.17	4.17	000	S
54230	.....	A	Prepare penis study	1.34	1.34	0.13	2.81	000	S
54231	.....	A	Dynamic cavernosometry	2.04	1.44	0.14	3.62	000	S
54235	.....	A	Penile injection	1.19	0.43	0.04	1.66	000	S
54240	.....	A	Penis study	1.31	0.99	0.12	2.42	000	S
54240	26	A	Penis study	1.31	0.51	0.06	1.88	000	S
54240	TC	A	Penis study	0.00	0.48	0.06	0.54	000	S
54250	.....	A	Penis study	2.22	0.80	0.08	3.10	000	S
54250	26	A	Penis study	2.22	0.50	0.05	2.77	000	S
54250	TC	A	Penis study	0.00	0.30	0.03	0.33	000	S
54300	.....	A	Revision of penis	10.05	6.88	0.87	17.80	090	S
54304	.....	A	Revision of penis	12.13	8.66	0.90	21.69	090	S
54308	.....	A	Reconstruction of urethra	11.58	5.84	0.74	18.16	090	S
54312	.....	A	Reconstruction of urethra	13.16	9.37	0.91	23.44	090	S
54316	.....	A	Reconstruction of urethra	15.97	11.34	1.12	28.43	090	S
54318	.....	A	Reconstruction of urethra	10.47	7.53	1.11	19.11	090	S
54322	.....	A	Reconstruction of urethra	12.34	7.61	0.74	20.69	090	S
54324	.....	A	Reconstruction of urethra	15.46	10.98	1.08	27.52	090	S
54326	.....	A	Reconstruction of urethra	14.81	10.51	1.03	26.35	090	S
54328	.....	A	Revise penis, urethra	14.80	10.72	1.24	26.76	090	S
54332	.....	A	Revise penis, urethra	16.17	12.52	1.13	29.82	090	S
54336	.....	A	Revise penis, urethra	18.95	18.79	1.40	39.14	090	S
54340	.....	A	Secondary urethral surgery	8.55	6.07	0.59	15.21	090	S
54344	.....	A	Secondary urethral surgery	15.22	16.61	1.10	32.93	090	S
54348	.....	A	Secondary urethral surgery	16.37	11.62	1.14	29.13	090	S
54352	.....	A	Reconstruct urethra, penis	23.84	16.18	1.49	41.51	090	S
54360	.....	A	Penis plastic surgery	11.39	7.02	0.73	19.14	090	S
54380	.....	A	Repair penis	12.59	9.42	0.75	22.76	090	S
54385	.....	A	Repair penis	14.75	10.46	0.89	26.10	090	S
54390	.....	A	Repair penis and bladder	20.97	13.57	1.58	36.12	090	S
54400	.....	A	Insert semi-rigid prosthesis	8.58	10.99	1.27	20.84	090	S
54401	.....	A	Insert self-contd prosthesis	9.67	12.38	1.73	23.78	090	S
54402	.....	A	Remove penis prosthesis	8.67	6.00	0.58	15.25	090	S
54405	.....	A	Insert multi-comp prosthesis	12.63	16.17	2.10	30.90	090	S
54407	.....	A	Remove multi-comp prosthesis	12.61	11.22	1.10	24.93	090	S
54409	.....	A	Revise penis prosthesis	11.53	8.97	0.87	21.37	090	S
54420	.....	A	Revision of penis	10.75	7.74	0.87	19.36	090	S
54430	.....	A	Revision of penis	9.55	6.99	0.69	17.23	090	S
54435	.....	A	Revision of penis	5.63	4.15	0.39	10.17	090	S
54440	.....	C	Repair of penis	0.00	0.00	0.00	0.00	090	S
54450	.....	A	Preputial stretching	1.12	0.68	0.07	1.87	000	S
54500	.....	A	Biopsy of testis	1.31	0.44	0.05	1.80	000	S
54505	.....	A	Biopsy of testis	3.41	1.86	0.22	5.49	010	S
54510	.....	A	Removal of testis lesion	5.24	3.03	0.38	8.65	090	S
54520	.....	A	Removal of testis	4.93	5.31	0.52	10.76	090	S
54530	.....	A	Removal of testis	8.04	7.32	0.77	16.13	090	S
54535	.....	A	Extensive testis surgery	11.43	8.54	1.02	20.99	090	S
54550	.....	A	Exploration for testis	7.36	5.25	0.61	13.22	090	S
54560	.....	A	Exploration for testis	10.46	7.23	0.81	18.50	090	S
54600	.....	A	Reduce testis torsion	6.59	4.62	0.48	11.69	090	S
54620	.....	A	Suspension of testis	4.69	3.32	0.33	8.34	010	S
54640	.....	A	Suspension of testis	6.55	7.82	0.91	15.28	090	S
54650	.....	A	Orchiopexy (Fowler-Stephens)	10.93	7.82	0.91	19.66	090	S
54660	.....	A	Revision of testis	4.80	3.40	0.34	8.54	090	S
54670	.....	A	Repair testis injury	6.06	4.30	0.43	10.79	090	S
54680	.....	A	Relocation of testis(es)	11.53	8.19	0.80	20.52	090	S
54700	.....	A	Drainage of scrotum	3.38	0.90	0.11	4.39	010	S
54800	.....	A	Biopsy of epididymis	2.33	1.97	0.19	4.49	000	S
54820	.....	A	Exploration of epididymis	4.72	2.62	0.29	7.63	090	S
54830	.....	A	Remove epididymis lesion	5.07	3.51	0.39	8.97	090	S
54840	.....	A	Remove epididymis lesion	5.01	4.84	0.48	10.33	090	S
54860	.....	A	Removal of epididymis	6.01	5.17	0.50	11.68	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
54861	.....	A	Removal of epididymis	8.54	7.30	0.72	16.56	090	S
54900	.....	A	Fusion of spermatic ducts	12.61	8.95	0.87	22.43	090	S
54901	.....	A	Fusion of spermatic ducts	17.30	12.29	1.20	30.79	090	S
55000	.....	A	Drainage of hydrocele	1.43	0.40	0.04	1.87	000	S
55040	.....	A	Removal of hydrocele	5.15	4.88	0.55	10.58	090	S
55041	.....	A	Removal of hydroceles	7.38	7.47	0.81	15.66	090	S
55060	.....	A	Repair of hydrocele	5.21	4.13	0.50	9.84	090	S
55100	.....	A	Drainage of scrotum abscess	2.03	0.63	0.07	2.73	010	S
55110	.....	A	Explore scrotum	5.28	3.48	0.37	9.13	090	S
55120	.....	A	Removal of scrotum lesion	4.78	1.79	0.21	6.78	090	S
55150	.....	A	Removal of scrotum	6.62	5.45	0.57	12.64	090	S
55175	.....	A	Revision of scrotum	4.93	4.49	0.48	9.90	090	S
55180	.....	A	Revision of scrotum	10.07	6.83	0.82	17.72	090	S
55200	.....	A	Incision of sperm duct	4.14	1.97	0.20	6.31	090	S
55250	.....	A	Removal of sperm duct(s)	3.21	2.63	0.28	6.12	090	S
55300	.....	A	Preparation, sperm duct x-ray	3.51	2.71	0.27	6.49	000	S
55400	.....	A	Repair of sperm duct	8.25	6.56	0.62	15.43	090	S
55450	.....	A	Ligation of sperm duct	3.91	2.61	0.32	6.84	010	S
55500	.....	A	Removal of hydrocele	5.28	4.32	0.50	10.10	090	S
55520	.....	A	Removal of sperm cord lesion	5.72	3.12	0.51	9.35	090	S
55530	.....	A	Revise spermatic cord veins	5.45	5.20	0.60	11.25	090	S
55535	.....	A	Revise spermatic cord veins	6.25	4.40	0.45	11.10	090	S
55540	.....	A	Revise hernia & sperm veins	7.25	4.54	0.91	12.70	090	S
55600	.....	A	Incise sperm duct pouch	6.07	4.31	0.55	10.93	090	S
55605	.....	A	Incise sperm duct pouch	7.60	5.60	0.59	13.79	090	S
55650	.....	A	Remove sperm duct pouch	11.26	7.22	0.76	19.24	090	S
55680	.....	A	Remove sperm pouch lesion	4.82	4.43	0.38	9.63	090	S
55700	.....	A	Biopsy of prostate	1.57	1.50	0.15	3.22	000	S
55705	.....	A	Biopsy of prostate	4.41	3.37	0.34	8.12	010	S
55720	.....	A	Drainage of prostate abscess	7.54	3.51	0.37	11.42	090	S
55725	.....	A	Drainage of prostate abscess	7.70	5.62	0.54	13.86	090	S
55801	.....	A	Removal of prostate	16.25	12.76	1.44	30.45	090	S
55810	.....	A	Extensive prostate surgery	21.21	17.88	1.77	40.86	090	S
55812	.....	A	Extensive prostate surgery	25.65	17.68	1.94	45.27	090	S
55815	.....	A	Extensive prostate surgery	28.47	25.20	2.42	56.09	090	S
55821	.....	A	Removal of prostate	13.00	13.59	1.35	27.94	090	S
55831	.....	A	Removal of prostate	14.30	14.56	1.44	30.30	090	S
55840	.....	A	Extensive prostate surgery	21.21	16.60	1.61	39.42	090	S
55842	.....	A	Extensive prostate surgery	22.70	19.16	1.88	43.74	090	S
55845	.....	A	Extensive prostate surgery	26.73	25.10	2.44	54.27	090	S
55859	.....	A	Percut/needle insert, pros	12.00	5.89	0.58	18.47	090	S
55860	.....	A	Surgical exposure, prostate	13.33	7.13	0.70	21.16	090	S
55862	.....	A	Extensive prostate surgery	17.09	11.69	1.20	29.98	090	S
55865	.....	A	Extensive prostate surgery	21.65	24.52	2.39	48.56	090	S
55870	.....	A	Electroejaculation	2.58	1.83	0.18	4.59	000	N
55899	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	YYY	S
55970	.....	N	Sex transformation, M to F	0.00	0.00	0.00	0.00	XXX	0
55980	.....	N	Sex transformation, F to M	0.00	0.00	0.00	0.00	XXX	0
56300	.....	A	Pelvis laparoscopy, dx	3.65	4.45	0.93	9.03	000	S
56301	.....	A	Laparoscopy; tubal cautery	3.68	4.71	1.28	9.67	010	S
56302	.....	A	Laparoscopy; tubal block	4.11	5.26	1.32	10.69	010	S
56303	.....	A	Laparoscopy; excise lesions	5.69	5.53	1.16	12.38	010	S
56304	.....	A	Laparoscopy; lysis	4.37	5.60	1.20	11.17	010	S
56305	.....	A	Pelvic laparoscopy; biopsy	3.97	4.90	0.79	9.66	000	S
56306	.....	A	Laparoscopy; aspiration	3.80	4.87	1.18	9.85	010	S
56307	.....	A	Laparoscopy; remove adnexa	10.68	7.16	1.60	19.44	010	S
56308	.....	A	Laparoscopy; hysterectomy	13.87	9.39	2.07	25.33	010	S
56309	.....	A	Laparoscopy; remove myoma	13.79	4.76	1.03	19.58	010	S
56311	.....	A	Laparoscopic lymph node biop	8.93	6.38	1.47	16.78	010	S
56312	.....	A	Laparoscopic lymphadenectomy	12.06	8.56	0.84	21.46	010	S
56313	.....	A	Laparoscopic lymphadenectomy	14.00	10.01	2.31	26.32	010	S
56315	.....	A	Laparoscopic appendectomy	8.25	4.89	1.01	14.15	090	S
56316	.....	A	Laparoscopic hernia repair	6.17	4.51	0.94	11.62	090	S
56317	.....	A	Laparoscopic hernia repair	7.87	5.22	1.11	14.20	090	S
56320	.....	A	Laparoscopy, spermatic veins	6.25	4.40	0.45	11.10	090	S
56322	.....	A	Laparoscopy, vagus nerves	9.70	5.07	1.18	15.95	090	S
56323	.....	A	Laparoscopy, vagus nerves	11.65	6.09	1.41	19.15	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
56324	.....	A	Laparoscopy, cholecystoenter	11.90	9.16	1.93	22.99	090	S
56340	.....	A	Laparoscopic cholecystectomy	10.68	7.99	1.74	20.41	090	S
56341	.....	A	Laparoscopic cholecystectomy	11.53	8.43	1.84	21.80	090	S
56342	.....	A	Laparoscopic cholecystectomy	13.86	9.37	2.00	25.23	090	S
56343	.....	A	Laparoscopic salpingostomy	13.34	5.28	1.11	19.73	090	S
56344	.....	A	Laparoscopic fimbrioplasty	12.50	5.11	1.19	18.80	090	S
56350	.....	A	Hysteroscopy; diagnostic	2.39	1.99	0.44	4.82	000	S
56351	.....	A	Hysteroscopy; biopsy	2.85	1.99	0.44	5.28	000	S
56352	.....	A	Hysteroscopy; lysis	3.14	3.77	0.85	7.76	000	S
56353	.....	A	Hysteroscopy; resect septum	3.51	3.77	0.85	8.13	000	S
56354	.....	A	Hysteroscopy; remove myoma	3.85	4.93	1.30	10.08	000	S
56355	.....	A	Hysteroscopy; remove impact	3.09	1.99	0.44	5.52	000	S
56356	.....	A	Hysteroscopy; ablation	3.43	4.39	1.49	9.31	000	S
56360	.....	D	Peritoneoscopy	0.00	0.00	0.00	0.00	000	S
56361	.....	D	Peritoneoscopy w/biopsy	0.00	0.00	0.00	0.00	000	S
56362	.....	A	Laparoscopy w/cholangio	4.89	2.77	0.19	7.85	000	S
56363	.....	A	Laparoscopy w/biopsy	5.18	3.93	0.45	9.56	000	S
56399	.....	C	Laparoscopy procedure	0.00	0.00	0.00	0.00	YYY	S
56405	.....	A	I & D of vulva/perineum	1.39	0.76	0.15	2.30	010	S
56420	.....	A	Drainage of gland abscess	1.34	0.80	0.13	2.27	010	S
56440	.....	A	Surgery for vulva lesion	2.79	2.63	0.52	5.94	010	S
56441	.....	A	Lysis of labial lesion(s)	1.92	1.65	0.30	3.87	010	S
56501	.....	A	Destruction, vulva lesion(s)	1.48	0.54	0.11	2.13	010	S
56515	.....	A	Destruction, vulva lesion(s)	1.85	2.36	0.66	4.87	010	S
56605	.....	A	Biopsy of vulva/perineum	1.10	0.68	0.15	1.93	000	S
56606	.....	A	Biopsy of vulva/perineum	0.55	0.35	0.08	0.98	000	S
56620	.....	A	Partial removal of vulva	6.67	6.47	1.40	14.54	090	S
56625	.....	A	Complete removal of vulva	7.41	9.52	2.13	19.06	090	S
56630	.....	A	Extensive vulva surgery	10.47	13.46	3.28	27.21	090	S
56631	.....	A	Extensive vulva surgery	14.57	18.70	4.51	37.78	090	S
56632	.....	A	Extensive vulva surgery	18.66	21.32	4.51	44.49	090	S
56633	.....	A	Extensive vulva surgery	15.00	15.97	3.28	34.25	090	S
56634	.....	A	Extensive vulva surgery	16.25	21.21	4.51	41.97	090	S
56637	.....	A	Extensive vulva surgery	20.34	21.42	4.51	46.27	090	S
56640	.....	A	Extensive vulva surgery	20.09	19.95	4.36	44.40	090	S
56700	.....	A	Partial removal of hymen	2.42	1.82	0.35	4.59	010	S
56720	.....	A	Incision of hymen	0.68	0.48	0.11	1.27	000	S
56740	.....	A	Remove vagina gland lesion	3.60	2.87	0.55	7.02	010	S
56800	.....	A	Repair of vagina	3.73	2.92	0.57	7.22	010	S
56805	.....	A	Repair clitoris	18.00	11.75	1.37	31.12	090	S
56810	.....	A	Repair of perineum	3.97	2.62	0.51	7.10	010	S
57000	.....	A	Exploration of vagina	2.92	2.03	0.35	5.30	010	S
57010	.....	A	Drainage of pelvic abscess	5.41	2.65	0.51	8.57	090	S
57020	.....	A	Drainage of pelvic fluid	1.50	0.65	0.14	2.29	000	S
57061	.....	A	Destruction vagina lesion(s)	1.20	0.82	0.17	2.19	010	S
57065	.....	A	Destruction vagina lesion(s)	2.56	3.28	0.74	6.58	010	S
57100	.....	A	Biopsy of vagina	0.97	0.62	0.13	1.72	000	S
57105	.....	A	Biopsy of vagina	1.64	1.57	0.33	3.54	010	S
57108	.....	A	Partial removal of vagina	5.69	5.28	1.10	12.07	090	S
57110	.....	A	Removal of vagina	13.48	7.88	1.76	23.12	090	S
57120	.....	A	Closure of vagina	6.73	6.99	1.51	15.23	090	S
57130	.....	A	Remove vagina lesion	2.40	2.62	0.55	5.57	010	S
57135	.....	A	Remove vagina lesion	2.64	1.93	0.38	4.95	010	S
57150	.....	A	Treat vagina infection	0.55	0.19	0.04	0.78	000	S
57160	.....	A	Insertion of pessary/device	0.89	0.25	0.05	1.19	000	S
57170	.....	A	Fitting of diaphragm/cap	0.91	0.32	0.06	1.29	000	S
57180	.....	A	Treat vaginal bleeding	1.53	0.55	0.11	2.19	010	S
57200	.....	A	Repair of vagina	3.68	2.71	0.60	6.99	090	S
57210	.....	A	Repair vagina/perineum	4.73	3.27	0.65	8.65	090	S
57220	.....	A	Revision of urethra	3.87	4.44	0.80	9.11	090	S
57230	.....	A	Repair of urethral lesion	5.07	3.84	0.64	9.55	090	S
57240	.....	A	Repair bladder & vagina	5.39	6.90	1.60	13.89	090	S
57250	.....	A	Repair rectum & vagina	4.96	6.36	1.69	13.01	090	S
57260	.....	A	Repair of vagina	7.59	8.65	1.88	18.12	090	S
57265	.....	A	Extensive repair of vagina	10.66	9.42	2.11	22.19	090	S
57268	.....	A	Repair of bowel bulge	6.14	7.02	1.50	14.66	090	S
57270	.....	A	Repair of bowel pouch	11.30	6.83	1.44	19.57	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
57280	.....	A	Suspension of vagina	14.10	8.53	1.85	24.48	090	S
57282	.....	A	Repair of vaginal prolapse	8.06	8.72	1.89	18.67	090	S
57284	.....	A	Repair paravaginal defect	12.10	8.59	0.84	21.53	090	S
57288	.....	A	Repair bladder defect	12.34	10.72	1.36	24.42	090	S
57289	.....	A	Repair bladder & vagina	10.80	8.19	1.13	20.12	090	S
57291	.....	A	Construction of vagina	7.46	5.35	1.19	14.00	090	S
57292	.....	A	Construct vagina with graft	12.34	6.55	1.38	20.27	090	S
57300	.....	A	Repair rectum-vagina fistula	6.81	7.91	1.66	16.38	090	S
57305	.....	A	Repair rectum-vagina fistula	12.75	7.55	1.56	21.86	090	S
57307	.....	A	Fistula repair & colostomy	15.08	6.11	1.28	22.47	090	S
57310	.....	A	Repair urethrovaginal lesion	6.10	4.32	0.48	10.90	090	S
57311	.....	A	Repair urethrovaginal lesion	7.23	5.58	0.41	13.22	090	S
57320	.....	A	Repair bladder-vagina lesion	7.33	9.38	1.35	18.06	090	S
57330	.....	A	Repair bladder-vagina lesion	11.67	8.29	0.81	20.77	090	S
57335	.....	A	Repair vagina	18.00	6.91	0.81	25.72	090	S
57400	.....	A	Dilation of vagina	2.27	0.33	0.06	2.66	000	S
57410	.....	A	Pelvic examination	1.75	0.36	0.05	2.16	000	S
57415	.....	A	Removal vaginal foreign body	2.12	0.36	0.05	2.53	010	S
57452	.....	A	Examination of vagina	0.99	0.65	0.14	1.78	000	S
57454	.....	A	Vagina examination & biopsy	1.27	1.21	0.26	2.74	000	S
57460	.....	A	Cervix excision	2.83	2.02	0.46	5.31	000	S
57500	.....	A	Biopsy of cervix	0.97	0.57	0.12	1.66	000	S
57505	.....	A	Endocervical curettage	1.09	0.63	0.13	1.85	010	S
57510	.....	A	Cauterization of cervix	1.85	0.52	0.09	2.46	010	S
57511	.....	A	Cryocautery of cervix	1.85	0.85	0.17	2.87	010	S
57513	.....	A	Laser surgery of cervix	1.85	2.36	0.67	4.88	010	S
57520	.....	A	Conization of cervix	3.96	3.45	0.73	8.14	090	S
57522	.....	A	Conization of cervix	3.26	3.45	0.73	7.44	090	S
57530	.....	A	Removal of cervix	4.42	3.61	0.78	8.81	090	S
57540	.....	A	Removal of residual cervix	11.54	6.74	1.51	19.79	090	S
57545	.....	A	Remove cervix, repair pelvis	12.30	4.58	1.03	17.91	090	S
57550	.....	A	Removal of residual cervix	4.91	6.28	1.54	12.73	090	S
57555	.....	A	Remove cervix, repair vagina	8.14	10.10	2.17	20.41	090	S
57556	.....	A	Remove cervix, repair bowel	7.56	9.44	1.92	18.92	090	S
57700	.....	A	Revision of cervix	3.30	2.39	0.34	6.03	090	S
57720	.....	A	Revision of cervix	3.87	2.76	0.50	7.13	090	S
57800	.....	A	Dilation of cervical canal	0.77	0.48	0.10	1.35	000	S
57820	.....	A	D&C of residual cervix	1.62	2.08	0.46	4.16	010	S
58100	.....	A	Biopsy of uterus lining	0.71	0.66	0.14	1.51	000	S
58120	.....	A	Dilation and curettage (D&C)	2.91	2.70	0.56	6.17	010	S
58140	.....	A	Removal of uterus lesion	13.79	8.33	1.71	23.83	090	S
58145	.....	A	Removal of uterus lesion	7.36	8.24	1.54	17.14	090	S
58150	.....	A	Total hysterectomy	14.30	9.57	2.08	25.95	090	S
58152	.....	A	Total hysterectomy	14.10	11.99	2.59	28.68	090	S
58180	.....	A	Partial hysterectomy	14.30	9.76	2.11	26.17	090	S
58200	.....	A	Extensive hysterectomy	20.34	12.98	2.80	36.12	090	S
58210	.....	A	Extensive hysterectomy	27.50	17.77	3.87	49.14	090	S
58240	.....	A	Removal of pelvis contents	35.27	28.73	6.15	70.15	090	S
58260	.....	A	Vaginal hysterectomy	11.39	9.39	2.07	22.85	090	S
58262	.....	A	Vaginal hysterectomy	13.06	9.39	2.07	24.52	090	S
58263	.....	A	Vaginal hysterectomy	14.27	10.32	2.22	26.81	090	S
58267	.....	A	Hysterectomy & vagina repair	13.94	11.53	2.46	27.93	090	S
58270	.....	A	Hysterectomy & vagina repair	12.60	10.32	2.22	25.14	090	S
58275	.....	A	Hysterectomy, revise vagina	13.99	11.02	2.32	27.33	090	S
58280	.....	A	Hysterectomy, revise vagina	14.35	10.50	2.30	27.15	090	S
58285	.....	A	Extensive hysterectomy	17.45	11.60	2.70	31.75	090	S
58300	.....	N	Insert intrauterine device	+1.01	0.77	0.13	1.91	XXX	0
58301	.....	A	Remove intrauterine device	1.27	0.45	0.08	1.80	000	S
58321	.....	A	Artificial insemination	0.92	0.71	0.15	1.78	000	S
58322	.....	A	Artificial insemination	1.10	0.71	0.15	1.96	000	S
58323	.....	A	Sperm washing	0.23	0.16	0.04	0.43	000	S
58340	.....	A	Inject for uterus/tube x-ray	0.88	0.57	0.08	1.53	000	S
58345	.....	A	Reopen fallopian tube	4.61	3.49	0.41	8.51	010	S
58350	.....	A	Reopen fallopian tube	0.96	0.69	0.16	1.81	010	S
58400	.....	A	Suspension of uterus	5.66	5.64	1.16	12.46	090	S
58410	.....	A	Suspension of uterus	12.00	5.53	0.84	18.37	090	S
58520	.....	A	Repair of ruptured uterus	11.11	4.24	0.99	16.34	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
58540	.....	A	Revision of uterus	13.96	6.13	1.42	21.51	090	S
58600	.....	A	Division of fallopian tube	3.74	4.79	1.38	9.91	090	S
58605	.....	A	Division of fallopian tube	3.29	4.21	1.01	8.51	090	S
58611	.....	A	Ligate oviduct(s)	0.63	0.47	0.10	1.20	ZZZ	S
58615	.....	A	Occlude fallopian tube(s)	3.85	2.91	0.35	7.11	010	S
58700	.....	A	Removal of fallopian tube	5.92	6.33	1.31	13.56	090	S
58720	.....	A	Removal of ovary/tube(s)	10.68	7.50	1.63	19.81	090	S
58740	.....	A	Revise fallopian tube(s)	5.28	6.76	1.88	13.92	090	S
58750	.....	A	Repair oviduct	14.26	6.31	1.46	22.03	090	S
58752	.....	A	Revise ovarian tube(s)	14.26	6.74	0.93	21.93	090	S
58760	.....	A	Remove tubal obstruction	12.50	5.11	1.19	18.80	090	S
58770	.....	A	Create new tubal opening	13.34	5.28	1.11	19.73	090	S
58800	.....	A	Drainage of ovarian cyst(s)	3.77	2.68	0.53	6.98	090	S
58805	.....	A	Drainage of ovarian cyst(s)	5.44	6.38	1.36	13.18	090	S
58820	.....	A	Drainage of ovarian abscess	3.96	2.76	0.49	7.21	090	S
58822	.....	A	Drainage of ovarian abscess	9.06	3.55	0.81	13.42	090	S
58825	.....	A	Transposition, ovary(s)	5.63	4.03	0.93	10.59	090	S
58900	.....	A	Biopsy of ovary(s)	5.49	5.19	1.07	11.75	090	S
58920	.....	A	Partial removal of ovary(s)	6.28	6.78	1.41	14.47	090	S
58925	.....	A	Removal of ovarian cyst(s)	10.68	6.56	1.38	18.62	090	S
58940	.....	A	Removal of ovary(s)	6.54	6.49	1.33	14.36	090	S
58943	.....	A	Removal of ovary(s)	17.49	12.11	2.63	32.23	090	S
58950	.....	A	Resect ovarian malignancy	14.10	11.24	2.38	27.72	090	S
58951	.....	A	Resect ovarian malignancy	20.34	18.34	3.93	42.61	090	S
58952	.....	A	Resect ovarian malignancy	23.35	18.11	3.92	45.38	090	S
58960	.....	A	Exploration of abdomen	13.66	12.98	2.95	29.59	090	S
58970	.....	A	Retrieval of oocyte	3.53	2.52	0.58	6.63	000	N
58974	.....	C	Transfer of embryo	0.00	0.00	0.00	0.00	000	N
58976	.....	A	Transfer of embryo	3.83	2.73	0.63	7.19	000	N
58999	.....	C	Genital surgery procedure	0.00	0.00	0.00	0.00	YYY	S
59000	.....	A	Amniocentesis	1.30	0.97	0.18	2.45	000	S
59012	.....	A	Fetal cord puncture,prenatal	3.45	2.62	0.31	6.38	000	S
59015	.....	A	Chorion biopsy	2.20	1.20	0.10	3.50	000	S
59020	.....	A	Fetal contract stress test	0.66	1.35	0.29	2.30	000	S
59020	26	A	Fetal contract stress test	0.66	0.85	0.19	1.70	000	S
59020	TC	A	Fetal contract stress test	0.00	0.50	0.10	0.60	000	S
59025	.....	A	Fetal non-stress test	0.53	0.61	0.12	1.26	000	S
59025	26	A	Fetal non-stress test	0.53	0.39	0.08	1.00	000	S
59025	TC	A	Fetal non-stress test	0.00	0.22	0.04	0.26	000	S
59030	.....	A	Fetal scalp blood sample	1.99	1.58	0.21	3.78	000	S
59050	.....	A	Fetal monitor w/report	0.89	0.81	0.15	1.85	XXX	S
59051	.....	A	Fetal monitor/interpret only	0.74	0.81	0.15	1.70	XXX	N
59100	.....	A	Remove uterus lesion	11.54	4.14	0.96	16.64	090	S
59120	.....	A	Treat ectopic pregnancy	10.68	7.86	1.50	20.04	090	S
59121	.....	A	Treat ectopic pregnancy	10.99	5.38	1.07	17.44	090	S
59130	.....	A	Treat ectopic pregnancy	13.49	5.96	0.70	20.15	090	S
59135	.....	A	Treat ectopic pregnancy	13.00	9.85	1.15	24.00	090	S
59136	.....	A	Treat ectopic pregnancy	12.50	6.22	1.44	20.16	090	S
59140	.....	A	Treat ectopic pregnancy	5.09	4.66	0.29	10.04	090	S
59150	.....	A	Treat ectopic pregnancy	6.34	4.53	1.05	11.92	090	S
59151	.....	A	Treat ectopic pregnancy	7.24	8.61	0.64	16.49	090	S
59160	.....	A	D&C after delivery	2.66	2.93	0.52	6.11	010	S
59200	.....	A	Insert cervical dilator	0.79	0.54	0.11	1.44	000	S
59300	.....	A	Episiotomy or vaginal repair	2.41	0.99	0.10	3.50	000	S
59320	.....	A	Revision of cervix	2.48	1.78	0.41	4.67	000	S
59325	.....	A	Revision of cervix	4.07	2.89	0.29	7.25	000	S
59350	.....	A	Repair of uterus	4.95	3.54	0.82	9.31	000	S
59400	.....	A	Obstetrical care	23.06	14.99	3.47	41.52	MMM	S
59409	.....	A	Obstetrical care	13.50	9.48	2.20	25.18	MMM	S
59410	.....	A	Obstetrical care	14.78	10.31	2.39	27.48	MMM	S
59412	.....	A	Antepartum manipulation	1.71	1.22	0.29	3.22	MMM	S
59414	.....	A	Deliver placenta	1.61	1.15	0.27	3.03	MMM	S
59425	.....	A	Antepartum care only	4.81	2.88	0.66	8.35	MMM	S
59426	.....	A	Antepartum care only	8.28	4.94	1.14	14.36	MMM	S
59430	.....	A	Care after delivery	2.13	0.38	0.07	2.58	MMM	S
59510	.....	A	Cesarean delivery	26.22	16.90	3.92	47.04	MMM	S
59514	.....	A	Cesarean delivery only	15.97	10.99	2.55	29.51	MMM	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
59515	.....	A	Cesarean delivery	17.37	11.82	2.73	31.92	MMM	S
59525	.....	A	Remove uterus after cesarean	8.54	3.81	0.88	13.23	MMM	S
59610	.....	A	Vbac delivery	24.62	14.99	3.47	43.08	MMM	S
59612	.....	A	Vbac delivery only	15.06	9.48	2.20	26.74	MMM	S
59614	.....	A	Vbac care after delivery	16.34	10.31	2.39	29.04	MMM	S
59618	.....	A	Attempted vbac delivery	27.78	16.90	3.92	48.60	MMM	S
59620	.....	A	Attempted vbac delivery only	17.53	10.99	2.55	31.07	MMM	S
59622	.....	A	Attempted vbac after care	18.93	11.82	2.73	33.48	MMM	S
59812	.....	A	Treatment of miscarriage	3.10	3.61	0.77	7.48	090	S
59820	.....	A	Care of miscarriage	3.73	3.75	0.77	8.25	090	S
59821	.....	A	Treatment of miscarriage	4.26	2.72	0.62	7.60	090	S
59830	.....	A	Treat uterus infection	5.96	4.53	0.52	11.01	090	S
59840	.....	A	Abortion	2.91	3.22	0.69	6.82	010	S
59841	.....	A	Abortion	4.80	3.75	0.76	9.31	010	S
59850	.....	A	Abortion	5.46	4.00	0.85	10.31	090	S
59851	.....	A	Abortion	5.62	4.28	0.88	10.78	090	S
59852	.....	A	Abortion	7.70	5.51	1.27	14.48	090	S
59855	.....	A	Abortion	5.80	4.14	0.96	10.90	090	S
59856	.....	A	Abortion	7.16	5.11	1.19	13.46	090	S
59857	.....	A	Abortion	8.71	6.22	1.44	16.37	090	S
59866	.....	A	Abortion	4.00	2.86	0.66	7.52	000	S
59870	.....	A	Evacuate mole of uterus	4.08	2.91	0.67	7.66	090	S
59899	.....	C	Maternity care procedure	0.00	0.00	0.00	0.00	YYY	S
60000	.....	A	Drain thyroid/tongue cyst	1.71	0.60	0.09	2.40	010	N
60001	.....	A	Aspirate/inject thyriod cyst	0.97	1.05	0.12	2.14	000	N
60100	.....	A	Biopsy of thyroid	0.97	1.05	0.12	2.14	000	N
60200	.....	A	Remove thyroid lesion	8.83	6.02	1.04	15.89	090	S
60210	.....	A	Partial excision thyroid	10.51	8.68	1.65	20.84	090	S
60212	.....	A	Parital thyroid excision	15.48	9.04	1.74	26.26	090	S
60220	.....	A	Partial removal of thyroid	9.86	8.54	1.61	20.01	090	S
60225	.....	A	Partial removal of thyroid	13.31	10.49	1.92	25.72	090	S
60240	.....	A	Removal of thyroid	15.66	10.58	1.96	28.20	090	S
60252	.....	A	Removal of thyroid	17.23	13.65	2.55	33.43	090	S
60254	.....	A	Extensive thyroid surgery	22.50	19.21	3.08	44.79	090	S
60260	.....	A	Repeat thyroid surgery	14.49	3.14	0.34	17.97	090	S
60270	.....	A	Removal of thyroid	16.44	13.97	2.54	32.95	090	S
60271	.....	A	Removal of thyroid	14.16	12.14	2.25	28.55	090	S
60280	.....	A	Remove thyroid duct lesion	5.55	7.10	1.11	13.76	090	S
60281	.....	A	Remove thyroid duct lesion	8.00	5.04	0.95	13.99	090	S
60500	.....	A	Explore parathyroid glands	15.40	11.36	2.31	29.07	090	S
60502	.....	A	Re-explore parathyroids	19.25	11.39	2.33	32.97	090	S
60505	.....	A	Explore parathyroid glands	19.93	13.14	2.56	35.63	090	S
60512	.....	A	Autotransplant, parathyroid	4.45	2.32	0.54	7.31	ZZZ	S
60520	.....	A	Removal of thymus gland	15.82	13.54	2.46	31.82	090	S
60521	.....	A	Removal thymus gland	17.80	13.54	2.46	33.80	090	S
60522	.....	A	Removal of thymus gland	21.76	13.54	2.46	37.76	090	S
60540	.....	A	Explore adrenal gland	15.72	12.05	2.08	29.85	090	S
60545	.....	A	Explore adrenal gland	18.51	14.27	2.34	35.12	090	S
60600	.....	A	Remove carotid body lesion	16.13	11.46	1.88	29.47	090	S
60605	.....	A	Remove carotid body lesion	18.20	10.71	2.21	31.12	090	S
60699	.....	C	Endocrine surgery procedure	0.00	0.00	0.00	0.00	YYY	S
61000	.....	A	Remove cranial cavity fluid	1.58	1.07	0.17	2.82	000	S
61001	.....	A	Remove cranial cavity fluid	1.49	0.88	0.17	2.54	000	S
61020	.....	A	Remove brain cavity fluid	1.51	1.26	0.20	2.97	000	S
61026	.....	A	Injection into brain canal	1.69	2.03	0.22	3.94	000	N
61050	.....	A	Remove brain canal fluid	1.51	1.23	0.15	2.89	000	N
61055	.....	A	Injection into brain canal	2.10	1.88	0.19	4.17	000	N
61070	.....	A	Brain canal shunt procedure	0.89	0.49	0.03	1.41	000	N
61105	.....	A	Drill skull for examination	4.82	6.89	1.24	12.95	090	S
61106	.....	A	Drill skull for exam/surgery	4.62	6.15	1.15	11.92	ZZZ	S
61107	.....	A	Drill skull for implantation	5.00	5.57	1.26	11.83	000	S
61108	.....	A	Drill skull for drainage	9.00	12.05	2.22	23.27	090	S
61120	.....	A	Pierce skull for examination	8.00	5.95	1.08	15.03	090	S
61130	.....	A	Pierce skull, exam/surgery	6.37	4.95	0.96	12.28	ZZZ	S
61140	.....	A	Pierce skull for biopsy	14.84	14.13	2.56	31.53	090	S
61150	.....	A	Pierce skull for drainage	16.37	14.65	2.63	33.65	090	S
61151	.....	A	Pierce skull for drainage	11.40	2.13	0.37	13.90	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
61154	.....	A	Pierce skull, remove clot	13.67	17.50	3.27	34.44	090	S
61156	.....	A	Pierce skull for drainage	15.23	16.19	3.05	34.47	090	S
61210	.....	A	Pierce skull; implant device	5.84	6.04	1.53	13.41	000	S
61215	.....	A	Insert brain-fluid device	4.00	9.00	1.63	14.63	090	S
61250	.....	A	Pierce skull & explore	9.40	8.03	1.44	18.87	090	S
61253	.....	A	Pierce skull & explore	11.27	9.62	1.69	22.58	090	S
61304	.....	A	Open skull for exploration	20.63	26.03	4.78	51.44	090	S
61305	.....	A	Open skull for exploration	24.77	29.11	5.05	58.93	090	S
61312	.....	A	Open skull for drainage	21.83	24.13	4.46	50.42	090	S
61313	.....	A	Open skull for drainage	22.50	24.04	4.38	50.92	090	S
61314	.....	A	Open skull for drainage	22.78	25.62	4.68	53.08	090	S
61315	.....	A	Open skull for drainage	25.91	24.41	4.47	54.79	090	S
61320	.....	A	Open skull for drainage	23.90	18.70	3.41	46.01	090	S
61321	.....	A	Open skull for drainage	26.66	19.83	3.54	50.03	090	S
61330	.....	A	Decompress eye socket	21.55	12.97	1.22	35.74	090	S
61332	.....	A	Explore/biopsy eye socket	26.08	20.72	2.76	49.56	090	S
61333	.....	A	Explore orbit; remove lesion	26.75	20.46	3.26	50.47	090	S
61334	.....	A	Explore orbit; remove object	17.07	14.65	1.82	33.54	090	S
61340	.....	A	Relieve cranial pressure	17.33	14.80	2.54	34.67	090	S
61343	.....	A	Incise skull, pressure relief	27.87	30.05	5.28	63.20	090	S
61345	.....	A	Relieve cranial pressure	25.36	19.18	3.45	47.99	090	S
61440	.....	A	Incise skull for surgery	24.79	20.75	3.00	48.54	090	S
61450	.....	A	Incise skull for surgery	24.29	20.43	3.43	48.15	090	S
61458	.....	A	Incise skull for brain wound	25.97	27.28	4.87	58.12	090	S
61460	.....	A	Incise skull for surgery	26.75	25.05	3.98	55.78	090	S
61470	.....	A	Incise skull for surgery	24.60	13.86	2.53	40.99	090	S
61480	.....	A	Incise skull for surgery	25.03	15.07	1.78	41.88	090	S
61490	.....	A	Incise skull for surgery	24.20	11.72	2.16	38.08	090	S
61500	.....	A	Removal of skull lesion	16.93	20.07	3.58	40.58	090	S
61501	.....	A	Remove infected skull bone	13.59	17.40	3.33	34.32	090	S
61510	.....	A	Removal of brain lesion	26.77	27.04	4.90	58.71	090	S
61512	.....	A	Remove brain lining lesion	33.51	29.02	5.28	67.81	090	S
61514	.....	A	Removal of brain abscess	23.49	25.52	4.74	53.75	090	S
61516	.....	A	Removal of brain lesion	22.84	26.48	4.57	53.89	090	S
61518	.....	A	Removal of brain lesion	35.59	30.02	5.46	71.07	090	S
61519	.....	A	Remove brain lining lesion	39.58	31.22	5.77	76.57	090	S
61520	.....	A	Removal of brain lesion	52.98	33.85	5.89	92.72	090	S
61521	.....	A	Removal of brain lesion	42.20	32.97	5.85	81.02	090	S
61522	.....	A	Removal of brain abscess	27.55	19.96	3.79	51.30	090	S
61524	.....	A	Removal of brain lesion	26.02	27.45	5.15	58.62	090	S
61526	.....	A	Removal of brain lesion	50.59	34.01	4.79	89.39	090	S
61530	.....	A	Removal of brain lesion	42.35	34.01	4.79	81.15	090	S
61531	.....	A	Implant brain electrodes	12.95	14.98	1.75	29.68	090	S
61533	.....	A	Implant brain electrodes	18.05	17.02	3.33	38.40	090	S
61534	.....	A	Removal of brain lesion	19.13	6.38	2.01	27.52	090	S
61535	.....	A	Remove brain electrodes	10.23	7.66	1.25	19.14	090	S
61536	.....	A	Removal of brain lesion	33.49	21.96	3.99	59.44	090	S
61538	.....	A	Removal of brain tissue	25.09	29.08	4.97	59.14	090	S
61539	.....	A	Removal of brain tissue	30.05	22.96	4.07	57.08	090	S
61541	.....	A	Incision of brain tissue	26.95	19.80	3.78	50.53	090	S
61542	.....	A	Removal of brain tissue	29.05	19.91	3.90	52.86	090	S
61543	.....	A	Removal of brain tissue	27.32	17.24	2.49	47.05	090	S
61544	.....	A	Remove & treat brain lesion	23.71	28.19	2.11	54.01	090	S
61545	.....	A	Excision of brain tumor	41.76	25.66	4.80	72.22	090	S
61546	.....	A	Removal of pituitary gland	29.33	27.01	4.78	61.12	090	S
61548	.....	A	Removal of pituitary gland	20.15	24.78	4.03	48.96	090	S
61550	.....	A	Release of skull seams	14.24	11.81	1.11	27.16	090	S
61552	.....	A	Release of skull seams	19.02	13.83	2.70	35.55	090	S
61556	.....	A	Incise skull/sutures	21.35	15.53	3.04	39.92	090	S
61557	.....	A	Incise skull/sutures	21.47	15.62	3.05	40.14	090	S
61558	.....	A	Excision of skull/sutures	24.41	17.74	3.47	45.62	090	S
61559	.....	A	Excision of skull/sutures	31.65	23.01	4.50	59.16	090	S
61563	.....	A	Excision of skull tumor	25.87	18.81	3.68	48.36	090	S
61564	.....	A	Excision of skull tumor	32.64	23.73	4.64	61.01	090	S
61570	.....	A	Remove brain foreign body	22.89	16.49	3.06	42.44	090	S
61571	.....	A	Incise skull for brain wound	24.55	18.32	3.21	46.08	090	S
61575	.....	A	Skull base/brainstem surgery	32.33	32.99	5.05	70.37	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
61576	.....	A	Skull base/brainstem surgery	50.08	28.23	3.91	82.22	090	S
61580	.....	A	Craniofacial approach, skull	28.90	21.01	4.10	54.01	090	S
61581	.....	A	Craniofacial approach, skull	32.80	23.84	4.66	61.30	090	S
61582	.....	A	Craniofacial approach, skull	29.77	21.65	4.22	55.64	090	S
61583	.....	A	Craniofacial approach, skull	33.97	24.70	4.83	63.50	090	S
61584	.....	A	Orbitocranial approach/skull	32.89	23.91	4.68	61.48	090	S
61585	.....	A	Orbitocranial approach/skull	36.80	26.75	5.23	68.78	090	S
61586	.....	A	Resect nasopharynx, skull	23.60	21.38	2.32	47.30	090	S
61590	.....	A	Infratemporal approach/skull	40.02	29.10	5.68	74.80	090	S
61591	.....	A	Infratemporal approach/skull	41.97	30.52	5.96	78.45	090	S
61592	.....	A	Orbitocranial approach/skull	38.07	27.68	5.41	71.16	090	S
61595	.....	A	Transtemporal approach/skull	28.12	20.44	4.00	52.56	090	S
61596	.....	A	Transcochlear approach/skull	34.17	24.84	4.86	63.87	090	S
61597	.....	A	Transcondylar approach/skull	36.12	26.26	5.13	67.51	090	S
61598	.....	A	Transpetrosal approach/skull	31.83	23.13	4.52	59.48	090	S
61600	.....	A	Resect/excise cranial lesion	24.41	17.74	3.46	45.61	090	S
61601	.....	A	Resect/excise cranial lesion	26.16	19.03	3.72	48.91	090	S
61605	.....	A	Resect/excise cranial lesion	27.62	20.09	3.93	51.64	090	S
61606	.....	A	Resect/excise cranial lesion	37.00	26.90	5.25	69.15	090	S
61607	.....	A	Resect/excise cranial lesion	34.56	25.13	4.91	64.60	090	S
61608	.....	A	Resect/excise cranial lesion	40.21	29.24	5.71	75.16	090	S
61609	.....	A	Transect, artery, sinus	9.89	7.19	1.40	18.48	ZZZ	S
61610	.....	A	Transect, artery, sinus	29.67	21.57	4.21	55.45	ZZZ	S
61611	.....	A	Transect, artery, sinus	7.42	5.39	1.06	13.87	ZZZ	S
61612	.....	A	Transect, artery, sinus	27.88	20.27	3.96	52.11	ZZZ	S
61613	.....	A	Remove aneurysm, sinus	39.43	28.67	5.61	73.71	090	S
61615	.....	A	Resect/excise lesion, skull	30.36	22.07	4.31	56.74	090	S
61616	.....	A	Resect/excise lesion, skull	41.29	30.03	5.86	77.18	090	S
61618	.....	A	Repair dura	15.62	11.35	2.22	29.19	090	S
61619	.....	A	Repair dura	19.52	14.19	2.77	36.48	090	S
61624	.....	A	Occlusion/embolization cath	20.15	15.28	1.79	37.22	000	N
61626	.....	A	Occlusion/embolization cath	16.62	12.60	1.47	30.69	000	N
61680	.....	A	Intracranial vessel surgery	29.13	31.06	5.79	65.98	090	S
61682	.....	A	Intracranial vessel surgery	59.47	35.31	6.36	101.14	090	S
61684	.....	A	Intracranial vessel surgery	38.23	29.76	3.47	71.46	090	S
61686	.....	A	Intracranial vessel surgery	62.08	35.98	4.20	102.26	090	S
61690	.....	A	Intracranial vessel surgery	27.80	27.46	4.09	59.35	090	S
61692	.....	A	Intracranial vessel surgery	49.74	28.79	3.36	81.89	090	S
61700	.....	A	Inner skull vessel surgery	48.30	31.69	5.67	85.66	090	S
61702	.....	A	Inner skull vessel surgery	46.31	36.31	6.61	89.23	090	S
61703	.....	A	Clamp neck artery	16.27	12.21	2.24	30.72	090	S
61705	.....	A	Revise circulation to head	34.49	30.41	5.25	70.15	090	S
61708	.....	A	Revise circulation to head	33.59	25.20	2.32	61.11	090	S
61710	.....	A	Revise circulation to head	28.14	16.63	1.75	46.52	090	S
61711	.....	A	Fusion of skull arteries	34.62	33.04	6.20	73.86	090	S
61712	.....	A	Skull or spine microsurgery	3.49	4.47	0.93	8.89	ZZZ	S
61720	.....	A	Incise skull/brain surgery	15.92	20.29	4.05	40.26	090	S
61735	.....	A	Incise skull/brain surgery	18.72	12.96	1.51	33.19	090	S
61750	.....	A	Incise skull; brain biopsy	16.67	13.54	4.31	34.52	090	S
61751	.....	A	Brain biopsy with cat scan	16.66	19.43	4.44	40.53	090	S
61760	.....	A	Implant brain electrodes	21.00	14.98	1.75	37.73	090	S
61770	.....	A	Incise skull for treatment	19.78	19.38	3.43	42.59	090	S
61790	.....	A	Treat trigeminal nerve	10.31	13.19	3.03	26.53	090	S
61791	.....	A	Treat trigeminal tract	13.99	9.77	3.16	26.92	090	S
61793	.....	A	Focus radiation beam	16.70	21.35	1.96	40.01	090	S
61795	.....	A	Brain surgery using computer	4.04	5.24	1.55	10.83	000	S
61850	.....	A	Implant neuroelectrodes	11.50	11.63	2.26	25.39	090	S
61855	.....	A	Implant neuroelectrodes	12.50	10.39	1.47	24.36	090	S
61860	.....	A	Implant neuroelectrodes	19.60	8.14	1.59	29.33	090	S
61865	.....	A	Implant neuroelectrodes	21.70	15.78	3.09	40.57	090	S
61870	.....	A	Implant neuroelectrodes	13.67	4.19	0.82	18.68	090	S
61875	.....	A	Implant neuroelectrodes	13.79	6.69	1.31	21.79	090	S
61880	.....	A	Revise/remove neuroelectrode	5.72	4.79	0.66	11.17	090	S
61885	.....	A	Implant neuroreceiver	5.28	1.96	0.29	7.53	090	S
61888	.....	A	Revise/remove neuroreceiver	4.67	2.25	0.44	7.36	010	S
62000	.....	A	Repair of skull fracture	11.26	5.73	0.95	17.94	090	S
62005	.....	A	Repair of skull fracture	14.84	11.08	1.97	27.89	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
62010	.....	A	Treatment of head injury	18.43	19.20	3.39	41.02	090	S
62100	.....	A	Repair brain fluid leakage	20.78	21.62	3.72	46.12	090	S
62115	.....	A	Reduction of skull defect	20.50	15.51	1.82	37.83	090	S
62116	.....	A	Reduction of skull defect	22.45	16.98	1.99	41.42	090	S
62117	.....	A	Reduction of skull defect	25.38	19.20	2.25	46.83	090	S
62120	.....	A	Repair skull cavity lesion	22.34	16.90	1.98	41.22	090	S
62121	.....	A	Incise skull repair	20.25	17.51	3.41	41.17	090	S
62140	.....	A	Repair of skull defect	12.63	13.43	2.39	28.45	090	S
62141	.....	A	Repair of skull defect	13.90	17.73	3.28	34.91	090	S
62142	.....	A	Remove skull plate/flap	9.91	12.69	2.64	25.24	090	S
62143	.....	A	Replace skull plate/flap	12.11	9.17	1.65	22.93	090	S
62145	.....	A	Repair of skull & brain	17.68	13.16	2.29	33.13	090	S
62146	.....	A	Repair of skull with graft	15.11	10.99	2.15	28.25	090	S
62147	.....	A	Repair of skull with graft	18.14	13.17	2.57	33.88	090	S
62180	.....	A	Establish brain cavity shunt	19.71	14.21	2.70	36.62	090	S
62190	.....	A	Establish brain cavity shunt	10.13	12.97	3.21	26.31	090	S
62192	.....	A	Establish brain cavity shunt	11.31	14.48	2.74	28.53	090	S
62194	.....	A	Replace/irrigate catheter	4.50	1.88	0.29	6.67	010	N
62200	.....	A	Establish brain cavity shunt	17.33	16.95	3.09	37.37	090	S
62201	.....	A	Establish brain cavity shunt	13.54	8.78	1.72	24.04	090	S
62220	.....	A	Establish brain cavity shunt	12.06	15.43	3.12	30.61	090	S
62223	.....	A	Establish brain cavity shunt	11.96	16.40	3.02	31.38	090	S
62225	.....	A	Replace/irrigate catheter	4.71	4.80	0.58	10.09	090	S
62230	.....	A	Replace/revise brain shunt	9.71	9.83	1.82	21.36	090	S
62256	.....	A	Remove brain cavity shunt	5.90	6.38	1.17	13.45	090	S
62258	.....	A	Replace brain cavity shunt	13.60	14.78	2.55	30.93	090	S
62268	.....	A	Drain spinal cord cyst	4.74	2.98	0.36	8.08	000	N
62269	.....	A	Needle biopsy spinal cord	5.02	1.75	0.28	7.05	000	N
62270	.....	A	Spinal fluid tap, diagnostic	1.13	0.71	0.06	1.90	000	N
62272	.....	A	Drain spinal fluid	1.35	1.01	0.12	2.48	000	N
62273	.....	A	Treat lumbar spine lesion	2.15	1.12	0.26	3.53	000	N
62274	.....	A	Inject spinal anesthetic	1.78	0.74	0.17	2.69	000	N
62275	.....	A	Inject spinal anesthetic	1.79	0.59	0.19	2.57	000	N
62276	.....	A	Inject spinal anesthetic	2.04	1.23	0.23	3.50	000	N
62277	.....	A	Inject spinal anesthetic	2.15	0.84	0.23	3.22	000	N
62278	.....	A	Inject spinal anesthetic	1.51	0.98	0.26	2.75	000	N
62279	.....	A	Inject spinal anesthetic	1.58	0.82	0.24	2.64	000	N
62280	.....	A	Treat spinal cord lesion	2.58	0.71	0.14	3.43	010	N
62281	.....	A	Treat spinal cord lesion	2.61	0.87	0.28	3.76	010	N
62282	.....	A	Treat spinal canal lesion	2.28	1.70	0.40	4.38	010	N
62284	.....	A	Injection for myelogram	1.54	1.98	0.34	3.86	000	S
62287	.....	A	Percutaneous diskectomy	7.43	6.96	2.65	17.04	090	S
62288	.....	A	Injection into spinal canal	1.74	1.12	0.24	3.10	000	N
62289	.....	A	Injection into spinal canal	1.64	1.07	0.29	3.00	000	N
62290	.....	A	Inject for spine disk x-ray	3.00	1.86	0.24	5.10	000	N
62291	.....	A	Inject for spine disk x-ray	2.91	1.78	0.39	5.08	000	N
62292	.....	A	Injection into disk lesion	7.00	8.96	2.13	18.09	090	S
62294	.....	A	Injection into spinal artery	10.95	5.84	0.68	17.47	090	S
62298	.....	A	Injection into spinal canal	2.20	1.04	0.13	3.37	000	N
62350	.....	A	Implant spinal catheter	6.25	3.49	1.02	10.76	090	S
62351	.....	A	Implant spinal catheter	9.25	5.16	1.50	15.91	090	S
62355	.....	A	Remove spinal canal catheter	4.80	3.49	0.68	8.97	090	S
62360	.....	A	Insert spine infusion device	2.00	1.12	0.33	3.45	090	S
62361	.....	A	Implant spine infusion pump	4.80	2.68	0.78	8.26	090	S
62362	.....	A	Implant spine infusion pump	6.29	3.51	1.02	10.82	090	S
62365	.....	A	Remove spine infusion device	4.77	3.47	0.68	8.92	090	S
62367	.....	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	XXX	N
62367	26	A	Analyze spine infusion pump	0.48	0.35	0.07	0.90	XXX	N
62367	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	XXX	N
62368	.....	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	XXX	N
62368	26	A	Analyze spine infusion pump	0.75	0.55	0.11	1.41	XXX	N
62368	TC	C	Analyze spine infusion pump	0.00	0.00	0.00	0.00	XXX	N
63001	.....	A	Removal of spinal lamina	14.50	18.55	3.42	36.47	090	S
63003	.....	A	Removal of spinal lamina	14.63	17.93	3.23	35.79	090	S
63005	.....	A	Removal of spinal lamina	13.88	17.32	3.10	34.30	090	S
63011	.....	A	Removal of spinal lamina	13.40	9.99	1.87	25.26	090	S
63012	.....	A	Removal of spinal lamina	14.21	18.07	3.15	35.43	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
63015	.....	A	Removal of spinal lamina	17.77	21.23	4.18	43.18	090	S
63016	.....	A	Removal of spinal lamina	17.43	22.30	4.11	43.84	090	S
63017	.....	A	Removal of spinal lamina	14.90	20.29	4.00	39.19	090	S
63020	.....	A	Neck spine disk surgery	13.77	16.04	3.38	33.19	090	S
63030	.....	A	Low back disk surgery	11.10	15.50	2.81	29.41	090	S
63035	.....	A	Added spinal disk surgery	3.15	4.04	0.76	7.95	ZZZ	S
63040	.....	A	Neck spine disk surgery	17.56	22.48	4.30	44.34	090	S
63042	.....	A	Low back disk surgery	16.56	22.10	4.38	43.04	090	S
63045	.....	A	Removal of spinal lamina	15.31	19.59	4.38	39.28	090	S
63046	.....	A	Removal of spinal lamina	14.61	18.70	4.58	37.89	090	S
63047	.....	A	Removal of spinal lamina	13.57	16.33	4.48	34.38	090	S
63048	.....	A	Removal of spinal lamina	3.26	4.17	1.03	8.46	ZZZ	S
63055	.....	A	Decompress spinal cord	20.67	23.73	4.18	48.58	090	S
63056	.....	A	Decompress spinal cord	19.11	21.84	3.76	44.71	090	S
63057	.....	A	Decompress spinal cord	5.26	3.84	0.85	9.95	ZZZ	S
63064	.....	A	Decompress spinal cord	23.23	23.83	4.09	51.15	090	S
63066	.....	A	Decompress spinal cord	3.26	2.48	0.45	6.19	ZZZ	S
63075	.....	A	Neck spine disk surgery	18.50	17.57	3.21	39.28	090	S
63076	.....	A	Neck spine disk surgery	4.05	5.19	0.97	10.21	ZZZ	S
63077	.....	A	Spine disk surgery, thorax	20.25	18.42	3.17	41.84	090	S
63078	.....	A	Spine disk surgery, thorax	3.28	2.61	0.45	6.34	ZZZ	S
63081	.....	A	Removal of vertebral body	22.08	26.26	4.50	52.84	090	S
63082	.....	A	Removal of vertebral body	4.37	5.60	1.22	11.19	ZZZ	S
63085	.....	A	Removal of vertebral body	25.07	27.39	4.69	57.15	090	S
63086	.....	A	Removal of vertebral body	3.19	4.08	1.07	8.34	ZZZ	S
63087	.....	A	Removal of vertebral body	33.91	28.25	4.85	67.01	090	S
63088	.....	A	Removal of vertebral body	4.33	5.55	1.18	11.06	ZZZ	S
63090	.....	A	Removal of vertebral body	26.20	29.22	4.92	60.34	090	S
63091	.....	A	Removal of vertebral body	3.03	2.73	0.46	6.22	ZZZ	S
63170	.....	A	Incise spinal cord tract(s)	18.18	18.88	3.28	40.34	090	S
63172	.....	A	Drainage of spinal cyst	16.19	20.72	4.26	41.17	090	S
63173	.....	A	Drainage of spinal cyst	20.40	15.47	1.81	37.68	090	S
63180	.....	A	Revise spinal cord ligaments	16.75	11.61	2.05	30.41	090	S
63182	.....	A	Revise spinal cord ligaments	18.91	16.44	2.21	37.56	090	S
63185	.....	A	Incise spinal column/nerves	13.85	15.55	2.93	32.33	090	S
63190	.....	A	Incise spinal column/nerves	16.26	20.81	3.91	40.98	090	S
63191	.....	A	Incise spinal column/nerves	16.42	13.04	2.21	31.67	090	S
63194	.....	A	Incise spinal column & cord	17.53	13.02	2.33	32.88	090	S
63195	.....	A	Incise spinal column & cord	17.16	13.86	2.11	33.13	090	S
63196	.....	A	Incise spinal column & cord	20.57	15.59	1.83	37.99	090	S
63197	.....	A	Incise spinal column & cord	19.38	14.36	2.62	36.36	090	S
63198	.....	A	Incise spinal column & cord	22.45	16.32	3.19	41.96	090	S
63199	.....	A	Incise spinal column & cord	23.89	21.40	2.61	47.90	090	S
63200	.....	A	Release of spinal cord	17.66	12.49	1.83	31.98	090	S
63250	.....	A	Revise spinal cord vessels	38.67	27.99	5.22	71.88	090	S
63251	.....	A	Revise spinal cord vessels	38.86	22.74	4.32	65.92	090	S
63252	.....	A	Revise spinal cord vessels	38.85	28.25	5.52	72.62	090	S
63265	.....	A	Excise intraspinal lesion	20.04	22.01	3.90	45.95	090	S
63266	.....	A	Excise intraspinal lesion	20.65	24.76	4.43	49.84	090	S
63267	.....	A	Excise intraspinal lesion	16.70	21.38	4.20	42.28	090	S
63268	.....	A	Excise intraspinal lesion	17.27	12.56	2.46	32.29	090	S
63270	.....	A	Excise intraspinal lesion	24.84	18.14	3.42	46.40	090	S
63271	.....	A	Excise intraspinal lesion	24.96	26.60	4.79	56.35	090	S
63272	.....	A	Excise intraspinal lesion	23.69	23.15	4.26	51.10	090	S
63273	.....	A	Excise intraspinal lesion	22.66	17.56	3.12	43.34	090	S
63275	.....	A	Biopsy/excise spinal tumor	22.05	27.82	5.09	54.96	090	S
63276	.....	A	Biopsy/excise spinal tumor	21.76	25.31	4.62	51.69	090	S
63277	.....	A	Biopsy/excise spinal tumor	19.51	23.75	4.25	47.51	090	S
63278	.....	A	Biopsy/excise spinal tumor	19.24	23.34	4.32	46.90	090	S
63280	.....	A	Biopsy/excise spinal tumor	26.72	28.08	4.99	59.79	090	S
63281	.....	A	Biopsy/excise spinal tumor	26.42	27.67	4.96	59.05	090	S
63282	.....	A	Biopsy/excise spinal tumor	24.96	24.11	4.44	53.51	090	S
63283	.....	A	Biopsy/excise spinal tumor	23.57	18.77	3.44	45.78	090	S
63285	.....	A	Biopsy/excise spinal tumor	34.24	24.49	4.49	63.22	090	S
63286	.....	A	Biopsy/excise spinal tumor	33.94	28.76	4.92	67.62	090	S
63287	.....	A	Biopsy/excise spinal tumor	34.43	25.72	4.53	64.68	090	S
63290	.....	A	Biopsy/excise spinal tumor	35.04	27.16	4.65	66.85	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
63300	.....	A	Removal of vertebral body	22.78	17.27	2.02	42.07	090	S
63301	.....	A	Removal of vertebral body	25.08	18.45	3.58	47.11	090	S
63302	.....	A	Removal of vertebral body	25.60	21.36	3.02	49.98	090	S
63303	.....	A	Removal of vertebral body	28.47	18.50	3.39	50.36	090	S
63304	.....	A	Removal of vertebral body	28.10	21.31	2.49	51.90	090	S
63305	.....	A	Removal of vertebral body	29.42	22.49	3.75	55.66	090	S
63306	.....	A	Removal of vertebral body	30.01	22.76	2.65	55.42	090	S
63307	.....	A	Removal of vertebral body	29.42	24.42	2.98	56.82	090	S
63308	.....	A	Removal of vertebral body	5.25	4.05	0.73	10.03	ZZZ	S
63600	.....	A	Remove spinal cord lesion	13.08	10.70	2.63	26.41	090	N
63610	.....	A	Stimulation of spinal cord	8.73	6.73	2.06	17.52	000	N
63615	.....	A	Remove lesion of spinal cord	15.40	11.55	2.03	28.98	090	S
63650	.....	A	Implant neuroelectrodes	5.99	7.67	2.13	15.79	090	S
63655	.....	A	Implant neuroelectrodes	9.30	11.93	3.64	24.87	090	S
63660	.....	A	Revise/remove neuroelectrode	5.54	7.09	1.56	14.19	090	S
63685	.....	A	Implant neuroreceiver	6.29	7.40	1.46	15.15	090	S
63688	.....	A	Revise/remove neuroreceiver	4.77	6.10	1.26	12.13	090	S
63690	.....	A	Analysis of neuroreceiver	0.45	0.58	0.12	1.15	XXX	N
63691	.....	A	Analysis of neuroreceiver	0.65	0.41	0.11	1.17	XXX	N
63700	.....	A	Repair of spinal herniation	15.62	11.35	2.22	29.19	090	S
63702	.....	A	Repair of spinal herniation	17.57	12.78	2.49	32.84	090	S
63704	.....	A	Repair of spinal herniation	19.52	14.19	2.77	36.48	090	S
63706	.....	A	Repair of spinal herniation	22.45	16.33	3.18	41.96	090	S
63707	.....	A	Repair spinal fluid leakage	10.14	12.98	2.56	25.68	090	S
63709	.....	A	Repair spinal fluid leakage	13.26	16.97	3.30	33.53	090	S
63710	.....	A	Graft repair of spine defect	13.01	9.75	1.58	24.34	090	S
63740	.....	A	Install spinal shunt	10.37	13.35	2.99	26.71	090	S
63741	.....	A	Install spinal shunt	7.57	9.13	2.39	19.09	090	S
63744	.....	A	Revision of spinal shunt	7.34	8.15	1.68	17.17	090	S
63746	.....	A	Removal of spinal shunt	5.60	5.52	1.08	12.20	090	S
64400	.....	A	Injection for nerve block	1.11	0.48	0.05	1.64	000	N
64402	.....	A	Injection for nerve block	1.25	0.62	0.09	1.96	000	S
64405	.....	A	Injection for nerve block	1.32	0.64	0.07	2.03	000	N
64408	.....	A	Injection for nerve block	1.41	1.04	0.11	2.56	000	N
64410	.....	A	Injection for nerve block	1.43	0.71	0.15	2.29	000	N
64412	.....	A	Injection for nerve block	1.18	0.62	0.08	1.88	000	N
64413	.....	A	Injection for nerve block	1.40	0.74	0.08	2.22	000	N
64415	.....	A	Injection for nerve block	1.48	0.26	0.07	1.81	000	N
64417	.....	A	Injection for nerve block	1.44	0.63	0.15	2.22	000	N
64418	.....	A	Injection for nerve block	1.32	0.85	0.10	2.27	000	N
64420	.....	A	Injection for nerve block	1.18	0.64	0.07	1.89	000	N
64421	.....	A	Injection for nerve block	1.68	0.83	0.17	2.68	000	N
64425	.....	A	Injection for nerve block	1.75	0.57	0.10	2.42	000	N
64430	.....	A	Injection for nerve block	1.46	0.70	0.12	2.28	000	S
64435	.....	A	Injection for nerve block	1.45	0.47	0.09	2.01	000	S
64440	.....	A	Injection for nerve block	1.34	0.79	0.09	2.22	000	N
64441	.....	A	Injection for nerve block	1.79	1.01	0.12	2.92	000	N
64442	.....	A	Injection for nerve block	1.41	1.19	0.16	2.76	000	N
64443	.....	A	Injection for nerve block	0.98	0.63	0.12	1.73	ZZZ	N
64445	.....	A	Injection for nerve block	1.48	0.49	0.06	2.03	000	N
64450	.....	A	Injection for nerve block	1.27	0.53	0.05	1.85	000	S
64505	.....	A	Injection for nerve block	1.36	0.62	0.06	2.04	000	N
64508	.....	A	Injection for nerve block	1.12	1.04	0.08	2.24	000	N
64510	.....	A	Injection for nerve block	1.22	0.71	0.18	2.11	000	N
64520	.....	A	Injection for nerve block	1.35	0.72	0.17	2.24	000	N
64530	.....	A	Injection for nerve block	1.58	1.17	0.28	3.03	000	N
64550	.....	A	Apply neurostimulator	0.18	0.44	0.04	0.66	000	N
64553	.....	A	Implant neuroelectrodes	2.26	1.02	0.10	3.38	010	N
64555	.....	A	Implant neuroelectrodes	2.22	0.42	0.10	2.74	010	N
64560	.....	A	Implant neuroelectrodes	2.31	1.45	0.24	4.00	010	S
64565	.....	A	Implant neuroelectrodes	1.71	0.76	0.08	2.55	010	N
64573	.....	A	Implant neuroelectrodes	4.35	3.16	0.61	8.12	090	S
64575	.....	A	Implant neuroelectrodes	4.27	3.07	0.40	7.74	090	S
64577	.....	A	Implant neuroelectrodes	4.54	2.76	0.45	7.75	090	S
64580	.....	A	Implant neuroelectrodes	4.04	2.91	0.20	7.15	090	S
64585	.....	A	Revise/remove neuroelectrode	2.01	0.97	0.09	3.07	010	S
64590	.....	A	Implant neuroreceiver	2.35	1.84	0.35	4.54	010	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
64595	.....	A	Revise/remove neuroreceiver	1.68	1.12	0.21	3.01	010	S
64600	.....	A	Injection treatment of nerve	3.40	1.69	0.17	5.26	010	N
64605	.....	A	Injection treatment of nerve	5.56	1.56	0.33	7.45	010	N
64610	.....	A	Injection treatment of nerve	7.11	7.26	1.35	15.72	010	N
64612	.....	A	Destroy nerve, face muscle	1.91	1.45	0.17	3.53	010	S
64613	.....	A	Destroy nerve, spine muscle	1.91	1.45	0.17	3.53	010	S
64620	.....	A	Injection treatment of nerve	2.79	1.00	0.19	3.98	010	N
64622	.....	A	Injection treatment of nerve	2.95	1.82	0.35	5.12	010	N
64623	.....	A	Injection treatment of nerve	0.99	0.85	0.17	2.01	ZZZ	N
64630	.....	A	Injection treatment of nerve	2.95	1.74	0.38	5.07	010	N
64640	.....	A	Injection treatment of nerve	2.49	0.92	0.09	3.50	010	N
64680	.....	A	Injection treatment of nerve	2.57	1.55	0.41	4.53	010	N
64702	.....	A	Revise finger/toe nerve	4.02	4.22	0.70	8.94	090	S
64704	.....	A	Revise hand/foot nerve	4.44	5.38	0.74	10.56	090	S
64708	.....	A	Revise arm/leg nerve	5.71	7.31	1.26	14.28	090	S
64712	.....	A	Revision of sciatic nerve	7.18	9.19	1.68	18.05	090	S
64713	.....	A	Revision of arm nerve(s)	10.34	9.40	1.72	21.46	090	S
64714	.....	A	Revise low back nerve(s)	9.87	6.13	1.41	17.41	090	S
64716	.....	A	Revision of cranial nerve	5.80	4.83	0.67	11.30	090	S
64718	.....	A	Revise ulnar nerve at elbow	5.48	6.72	1.13	13.33	090	S
64719	.....	A	Revise ulnar nerve at wrist	4.72	4.95	0.85	10.52	090	S
64721	.....	A	Carpal tunnel surgery	3.99	4.90	0.83	9.72	090	S
64722	.....	A	Relieve pressure on nerve(s)	4.46	5.71	1.11	11.28	090	S
64726	.....	A	Release foot/toe nerve	3.97	0.72	0.07	4.76	090	S
64727	.....	A	Internal nerve revision	3.10	3.24	0.55	6.89	ZZZ	S
64732	.....	A	Incision of brow nerve	4.15	4.31	0.72	9.18	090	S
64734	.....	A	Incision of cheek nerve	4.50	4.61	0.67	9.78	090	S
64736	.....	A	Incision of chin nerve	4.40	4.46	0.42	9.28	090	S
64738	.....	A	Incision of jaw nerve	5.42	5.07	0.61	11.10	090	S
64740	.....	A	Incision of tongue nerve	5.28	5.18	0.62	11.08	090	S
64742	.....	A	Incision of facial nerve	5.91	5.00	0.44	11.35	090	S
64744	.....	A	Incise nerve, back of head	4.87	6.10	1.10	12.07	090	S
64746	.....	A	Incise diaphragm nerve	5.62	3.77	0.77	10.16	090	S
64752	.....	A	Incision of vagus nerve	6.64	3.93	0.85	11.42	090	S
64755	.....	A	Incision of stomach nerves	13.10	10.47	2.27	25.84	090	S
64760	.....	A	Incision of vagus nerve	6.54	6.65	1.50	14.69	090	S
64761	.....	A	Incision of pelvis nerve	6.10	4.66	0.50	11.26	090	S
64763	.....	A	Incise hip/thigh nerve	6.62	4.80	0.92	12.34	090	S
64766	.....	A	Incise hip/thigh nerve	8.31	6.67	1.20	16.18	090	S
64771	.....	A	Sever cranial nerve	6.99	6.42	0.73	14.14	090	S
64772	.....	A	Incision of spinal nerve	6.79	6.77	1.30	14.86	090	S
64774	.....	A	Remove skin nerve lesion	4.86	2.74	0.45	8.05	090	S
64776	.....	A	Remove digit nerve lesion	4.86	2.78	0.41	8.05	090	S
64778	.....	A	Added digit nerve surgery	3.11	2.73	0.43	6.27	ZZZ	S
64782	.....	A	Remove limb nerve lesion	5.81	4.70	0.46	10.97	090	S
64783	.....	A	Added limb nerve surgery	3.72	3.26	0.47	7.45	ZZZ	S
64784	.....	A	Remove nerve lesion	9.46	5.64	0.96	16.06	090	S
64786	.....	A	Remove sciatic nerve lesion	15.10	12.66	2.14	29.90	090	S
64787	.....	A	Implant nerve end	4.30	3.47	0.60	8.37	ZZZ	S
64788	.....	A	Remove skin nerve lesion	4.30	3.63	0.50	8.43	090	S
64790	.....	A	Removal of nerve lesion	10.95	7.11	1.22	19.28	090	S
64792	.....	A	Removal of nerve lesion	14.40	8.99	1.66	25.05	090	S
64795	.....	A	Biopsy of nerve	3.01	2.38	0.39	5.78	000	S
64802	.....	A	Remove sympathetic nerves	8.22	5.40	1.10	14.72	090	S
64804	.....	A	Remove sympathetic nerves	13.65	12.77	2.44	28.86	090	S
64809	.....	A	Remove sympathetic nerves	12.79	10.55	2.04	25.38	090	S
64818	.....	A	Remove sympathetic nerves	9.42	8.57	1.72	19.71	090	S
64820	.....	A	Remove sympathetic nerves	10.00	7.27	1.42	18.69	090	S
64830	.....	A	Microrepair of nerve	3.10	2.01	0.38	5.49	ZZZ	S
64831	.....	A	Repair of digit nerve	8.84	3.38	0.56	12.78	090	S
64832	.....	A	Repair additional nerve	5.66	1.40	0.24	7.30	ZZZ	S
64834	.....	A	Repair of hand or foot nerve	9.77	3.50	0.56	13.83	090	S
64835	.....	A	Repair of hand or foot nerve	10.47	5.96	1.03	17.46	090	S
64836	.....	A	Repair of hand or foot nerve	10.47	6.70	1.22	18.39	090	S
64837	.....	A	Repair additional nerve	6.26	4.45	0.85	11.56	ZZZ	S
64840	.....	A	Repair of leg nerve	12.43	10.35	0.53	23.31	090	S
64856	.....	A	Repair/transpose nerve	12.81	8.21	1.46	22.48	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
64857	.....	A	Repair arm/leg nerve	13.43	9.53	1.54	24.50	090	S
64858	.....	A	Repair sciatic nerve	15.43	10.98	2.11	28.52	090	S
64859	.....	A	Additional nerve surgery	4.26	3.50	0.58	8.34	ZZZ	S
64861	.....	A	Repair of arm nerves	17.94	13.42	1.38	32.74	090	S
64862	.....	A	Repair of low back nerves	18.14	21.56	1.61	41.31	090	S
64864	.....	A	Repair of facial nerve	11.87	7.86	1.16	20.89	090	S
64865	.....	A	Repair of facial nerve	14.70	12.34	1.50	28.54	090	S
64866	.....	A	Fusion of facial/other nerve	14.94	11.19	1.84	27.97	090	S
64868	.....	A	Fusion of facial/other nerve	13.36	11.19	1.47	26.02	090	S
64870	.....	A	Fusion of facial/other nerve	15.19	13.91	1.70	30.80	090	S
64872	.....	A	Subsequent repair of nerve	1.99	1.44	0.29	3.72	ZZZ	S
64874	.....	A	Repair & revise nerve	2.98	2.17	0.43	5.58	ZZZ	S
64876	.....	A	Repair nerve; shorten bone	3.38	2.46	0.48	6.32	ZZZ	N
64885	.....	A	Nerve graft, head or neck	16.73	12.69	1.48	30.90	090	S
64886	.....	A	Nerve graft, head or neck	19.95	15.13	1.77	36.85	090	S
64890	.....	A	Nerve graft, hand or foot	14.35	12.26	2.12	28.73	090	S
64891	.....	A	Nerve graft, hand or foot	15.21	10.42	1.73	27.36	090	S
64892	.....	A	Nerve graft, arm or leg	13.85	11.04	1.69	26.58	090	S
64893	.....	A	Nerve graft, arm or leg	14.61	13.93	2.27	30.81	090	S
64895	.....	A	Nerve graft, hand or foot	18.39	13.16	2.55	34.10	090	S
64896	.....	A	Nerve graft, hand or foot	19.38	17.53	1.90	38.81	090	S
64897	.....	A	Nerve graft, arm or leg	17.38	12.63	2.47	32.48	090	S
64898	.....	A	Nerve graft, arm or leg	18.39	14.40	2.35	35.14	090	S
64901	.....	A	Additional nerve graft	10.22	10.16	0.87	21.25	ZZZ	S
64902	.....	A	Additional nerve graft	11.83	11.92	0.99	24.74	ZZZ	S
64905	.....	A	Nerve pedicle transfer	13.22	9.40	0.70	23.32	090	S
64907	.....	A	Nerve pedicle transfer	17.90	13.02	2.55	33.47	090	S
64999	.....	C	Nervous system surgery	0.00	0.00	0.00	0.00	YYY	N
65091	.....	A	Revise eye	6.10	7.81	0.45	14.36	090	S
65093	.....	A	Revise eye with implant	6.47	8.28	0.52	15.27	090	S
65101	.....	A	Removal of eye	6.52	8.35	0.47	15.34	090	S
65103	.....	A	Remove eye/insert implant	7.06	9.04	0.50	16.60	090	S
65105	.....	A	Remove eye/attach implant	7.82	10.01	0.55	18.38	090	S
65110	.....	A	Removal of eye	13.18	15.99	1.14	30.31	090	S
65112	.....	A	Remove eye, revise socket	15.44	12.16	1.09	28.69	090	S
65114	.....	A	Remove eye, revise socket	16.59	13.07	1.65	31.31	090	S
65125	.....	A	Revise ocular implant	2.97	2.47	0.13	5.57	090	S
65130	.....	A	Insert ocular implant	6.75	8.64	0.50	15.89	090	S
65135	.....	A	Insert ocular implant	6.93	5.42	0.35	12.70	090	S
65140	.....	A	Attach ocular implant	7.46	6.22	0.33	14.01	090	S
65150	.....	A	Revise ocular implant	5.97	7.64	0.56	14.17	090	S
65155	.....	A	Reinsert ocular implant	8.21	10.50	0.90	19.61	090	S
65175	.....	A	Removal of ocular implant	5.93	7.49	0.40	13.82	090	S
65205	.....	A	Remove foreign body from eye	0.71	0.37	0.02	1.10	000	S
65210	.....	A	Remove foreign body from eye	0.84	0.46	0.03	1.33	000	S
65220	.....	A	Remove foreign body from eye	0.71	0.52	0.04	1.27	000	N
65222	.....	A	Remove foreign body from eye	0.93	0.57	0.03	1.53	000	S
65235	.....	A	Remove foreign body from eye	7.12	5.61	0.30	13.03	090	S
65260	.....	A	Remove foreign body from eye	10.35	8.63	0.45	19.43	090	S
65265	.....	A	Remove foreign body from eye	12.04	10.04	0.51	22.59	090	S
65270	.....	A	Repair of eye wound	1.85	1.17	0.07	3.09	010	S
65272	.....	A	Repair of eye wound	3.57	1.64	0.10	5.31	090	S
65273	.....	A	Repair of eye wound	3.89	3.22	0.21	7.32	090	S
65275	.....	A	Repair of eye wound	5.04	0.66	0.04	5.74	090	S
65280	.....	A	Repair of eye wound	7.10	9.09	0.49	16.68	090	S
65285	.....	A	Repair of eye wound	12.06	12.26	0.64	24.96	090	S
65286	.....	A	Repair of eye wound	5.16	4.79	0.25	10.20	090	S
65290	.....	A	Repair of eye socket wound	5.06	6.20	0.37	11.63	090	S
65400	.....	A	Removal of eye lesion	5.61	6.46	0.35	12.42	090	S
65410	.....	A	Biopsy of cornea	1.47	1.59	0.11	3.17	000	S
65420	.....	A	Removal of eye lesion	3.97	4.28	0.23	8.48	090	S
65426	.....	A	Removal of eye lesion	5.05	6.47	0.38	11.90	090	S
65430	.....	A	Corneal smear	1.47	0.54	0.03	2.04	000	S
65435	.....	A	Curette/treat cornea	0.92	0.77	0.04	1.73	000	S
65436	.....	A	Curette/treat cornea	3.99	1.53	0.08	5.60	090	S
65450	.....	A	Treatment of corneal lesion	3.07	3.28	0.17	6.52	090	S
65600	.....	A	Revision of cornea	3.15	2.62	0.14	5.91	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
65710	.....	A	Corneal transplant	11.75	12.44	1.13	25.32	090	S
65730	.....	A	Corneal transplant	13.50	15.14	1.29	29.93	090	S
65750	.....	A	Corneal transplant	14.25	16.10	1.33	31.68	090	S
65755	.....	A	Corneal transplant	14.25	16.10	1.39	31.74	090	S
65760	.....	N	Revision of cornea	0.00	0.00	0.00	0.00	XXX	0
65765	.....	N	Revision of cornea	0.00	0.00	0.00	0.00	XXX	0
65767	.....	N	Corneal tissue transplant	0.00	0.00	0.00	0.00	XXX	0
65770	.....	A	Revise cornea with implant	16.56	13.81	0.71	31.08	090	S
65771	.....	N	Radial keratotomy	0.00	0.00	0.00	0.00	XXX	0
65772	.....	A	Correction of astigmatism	4.04	5.16	0.31	9.51	090	S
65775	.....	A	Correction of astigmatism	5.44	6.96	0.50	12.90	090	S
65800	.....	A	Drainage of eye	1.91	1.72	0.10	3.73	000	S
65805	.....	A	Drainage of eye	1.91	1.81	0.10	3.82	000	S
65810	.....	A	Drainage of eye	4.57	5.45	0.30	10.32	090	S
65815	.....	A	Drainage of eye	4.75	4.49	0.24	9.48	090	S
65820	.....	A	Relieve inner eye pressure	7.60	9.54	0.51	17.65	090	S
65850	.....	A	Incision of eye	10.18	13.03	0.69	23.90	090	S
65855	.....	A	Laser surgery of eye	4.15	6.01	0.52	10.68	090	S
65860	.....	A	Incise inner eye adhesions	3.37	4.31	0.37	8.05	090	S
65865	.....	A	Incise inner eye adhesions	5.42	6.93	0.41	12.76	090	S
65870	.....	A	Incise inner eye adhesions	5.92	5.86	0.31	12.09	090	S
65875	.....	A	Incise inner eye adhesions	6.14	6.28	0.34	12.76	090	S
65880	.....	A	Incise inner eye adhesions	6.69	6.85	0.37	13.91	090	S
65900	.....	A	Remove eye lesion	10.43	7.91	0.92	19.26	090	S
65920	.....	A	Remove implant from eye	7.90	8.36	0.44	16.70	090	S
65930	.....	A	Remove blood clot from eye	7.03	7.68	0.41	15.12	090	S
66020	.....	A	Injection treatment of eye	1.54	1.98	0.14	3.66	010	S
66030	.....	A	Injection treatment of eye	1.20	0.54	0.03	1.77	010	S
66130	.....	A	Remove eye lesion	7.54	5.28	0.28	13.10	090	S
66150	.....	A	Glaucoma surgery	7.60	9.72	0.59	17.91	090	S
66155	.....	A	Glaucoma surgery	7.48	9.57	0.50	17.55	090	S
66160	.....	A	Glaucoma surgery	9.47	10.77	0.55	20.79	090	S
66165	.....	A	Glaucoma surgery	7.31	9.36	0.57	17.24	090	S
66170	.....	A	Glaucoma surgery	11.26	12.15	0.63	24.04	090	S
66172	.....	A	Incision of eye	13.62	12.15	0.63	26.40	090	S
66180	.....	A	Implant eye shunt	14.00	16.17	1.03	31.20	090	S
66185	.....	A	Revise eye shunt	7.69	9.85	0.58	18.12	090	S
66220	.....	A	Repair eye lesion	7.32	5.95	0.34	13.61	090	S
66225	.....	A	Repair/graft eye lesion	10.55	13.51	0.86	24.92	090	S
66250	.....	A	Follow-up surgery of eye	5.63	7.20	0.38	13.21	090	S
66500	.....	A	Incision of iris	3.58	4.58	0.27	8.43	090	S
66505	.....	A	Incision of iris	3.93	3.27	0.17	7.37	090	S
66600	.....	A	Remove iris and lesion	8.23	9.36	0.51	18.10	090	S
66605	.....	A	Removal of iris	12.34	11.87	0.67	24.88	090	S
66625	.....	A	Removal of iris	4.95	6.33	0.48	11.76	090	S
66630	.....	A	Removal of iris	5.81	7.43	0.45	13.69	090	S
66635	.....	A	Removal of iris	5.90	7.56	0.49	13.95	090	S
66680	.....	A	Repair iris & ciliary body	5.14	6.42	0.35	11.91	090	S
66682	.....	A	Repair iris and ciliary body	5.86	7.33	0.38	13.57	090	S
66700	.....	A	Destruction, ciliary body	4.55	5.83	0.35	10.73	090	S
66710	.....	A	Destruction, ciliary body	4.55	5.83	0.41	10.79	090	S
66720	.....	A	Destruction, ciliary body	4.55	5.83	0.38	10.76	090	S
66740	.....	A	Destruction, ciliary body	4.55	5.83	0.39	10.77	090	S
66761	.....	A	Revision of iris	3.77	5.10	0.47	9.34	090	S
66762	.....	A	Revision of iris	4.33	5.92	0.55	10.80	090	S
66770	.....	A	Removal of inner eye lesion	4.88	6.24	0.45	11.57	090	S
66820	.....	A	Incision, secondary cataract	3.76	4.81	0.29	8.86	090	S
66821	.....	A	After cataract laser surgery	2.15	3.81	0.37	6.33	090	S
66825	.....	A	Reposition intraocular lens	7.73	7.33	0.38	15.44	090	S
66830	.....	A	Removal of lens lesion	7.80	7.67	0.40	15.87	090	S
66840	.....	A	Removal of lens material	7.51	9.61	0.54	17.66	090	S
66850	.....	A	Removal of lens material	8.66	11.09	0.70	20.45	090	S
66852	.....	A	Removal of lens material	9.52	12.19	0.90	22.61	090	S
66920	.....	A	Extraction of lens	8.46	10.82	0.60	19.88	090	S
66930	.....	A	Extraction of lens	9.73	10.49	0.57	20.79	090	S
66940	.....	A	Extraction of lens	8.48	10.85	0.62	19.95	090	S
66983	.....	A	Remove cataract, insert lens	8.54	10.94	0.95	20.43	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
66984	.....	A	Remove cataract, insert lens	9.89	12.66	0.94	23.49	090	S
66985	.....	A	Insert lens prosthesis	7.89	10.10	0.63	18.62	090	S
66986	.....	A	Exchange lens prosthesis	11.78	12.20	0.63	24.61	090	S
66999	.....	C	Eye surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67005	.....	A	Partial removal of eye fluid	5.50	10.28	1.13	16.91	090	S
67010	.....	A	Partial removal of eye fluid	6.67	9.98	1.04	17.69	090	S
67015	.....	A	Release of eye fluid	6.69	6.45	0.35	13.49	090	S
67025	.....	A	Replace eye fluid	6.44	6.75	0.36	13.55	090	S
67028	.....	A	Injection eye drug	2.52	3.22	0.18	5.92	000	S
67030	.....	A	Incise inner eye strands	4.44	5.75	0.50	10.69	090	S
67031	.....	A	Laser surgery, eye strands	3.42	6.15	0.75	10.32	090	S
67036	.....	A	Removal of inner eye fluid	11.33	15.67	1.49	28.49	090	S
67038	.....	A	Strip retinal membrane	20.20	25.85	1.80	47.85	090	S
67039	.....	A	Laser treatment of retina	13.60	18.22	1.68	33.50	090	S
67040	.....	A	Laser treatment of retina	16.26	20.81	1.75	38.82	090	S
67101	.....	A	Repair, detached retina	7.02	8.99	0.66	16.67	090	S
67105	.....	A	Repair, detached retina	7.06	9.14	0.80	17.00	090	S
67107	.....	A	Repair detached retina	13.99	17.91	1.10	33.00	090	S
67108	.....	A	Repair detached retina	19.90	25.47	1.76	47.13	090	S
67110	.....	A	Repair detached retina	8.14	10.60	0.97	19.71	090	S
67112	.....	A	Re-repair detached retina	16.15	16.51	0.86	33.52	090	S
67115	.....	A	Release, encircling material	4.64	5.93	0.44	11.01	090	S
67120	.....	A	Remove eye implant material	5.63	7.15	0.38	13.16	090	S
67121	.....	A	Remove eye implant material	10.17	9.42	0.49	20.08	090	S
67141	.....	A	Treatment of retina	4.90	6.27	0.48	11.65	090	S
67145	.....	A	Treatment of retina	5.07	6.50	0.49	12.06	090	S
67208	.....	A	Treatment of retinal lesion	6.40	8.19	0.52	15.11	090	S
67210	.....	A	Treatment of retinal lesion	9.48	9.02	0.47	18.97	090	S
67218	.....	A	Treatment of retinal lesion	12.73	13.31	0.70	26.74	090	S
67227	.....	A	Treatment of retinal lesion	6.28	8.04	0.51	14.83	090	S
67228	.....	A	Treatment of retinal lesion	12.39	9.39	0.48	22.26	090	S
67250	.....	A	Reinforce eye wall	8.36	6.99	0.40	15.75	090	S
67255	.....	A	Reinforce/graft eye wall	8.39	10.73	0.87	19.99	090	S
67299	.....	C	Eye surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67311	.....	A	Revise eye muscle	6.30	8.06	0.47	14.83	090	S
67312	.....	A	Revise two eye muscles	8.19	9.66	0.53	18.38	090	S
67314	.....	A	Revise eye muscle	7.12	9.12	0.58	16.82	090	S
67316	.....	A	Revise two eye muscles	9.26	10.27	0.67	20.20	090	S
67318	.....	A	Revise eye muscle(s)	7.45	6.21	0.33	13.99	090	S
67320	.....	A	Revise eye muscle(s)	8.26	10.57	0.69	19.52	090	S
67331	.....	A	Eye surgery follow-up	7.72	9.89	0.54	18.15	090	S
67332	.....	A	Rerevise eye muscles	8.59	11.00	0.58	20.17	090	S
67334	.....	A	Revise eye muscle w/suture	7.56	6.30	0.33	14.19	090	S
67335	.....	A	Eye suture during surgery	2.49	3.89	0.43	6.81	ZZZ	S
67340	.....	A	Revise eye muscle	9.45	7.88	0.41	17.74	090	S
67343	.....	A	Release eye tissue	7.00	5.83	0.31	13.14	090	S
67345	.....	A	Destroy nerve of eye muscle	2.91	2.22	0.26	5.39	010	S
67350	.....	A	Biopsy eye muscle	2.87	2.39	0.13	5.39	000	S
67399	.....	C	Eye muscle surgery procedure	0.00	0.00	0.00	0.00	YYY	S
67400	.....	A	Explore/biopsy eye socket	9.20	10.91	0.62	20.73	090	S
67405	.....	A	Explore/drain eye socket	7.42	9.49	0.67	17.58	090	S
67412	.....	A	Explore/treat eye socket	9.14	11.70	0.67	21.51	090	S
67413	.....	A	Explore/treat eye socket	9.75	8.09	0.57	18.41	090	S
67414	.....	A	Explore/decompress eye socke	10.07	8.39	0.44	18.90	090	S
67415	.....	A	Aspiration orbital contents	1.76	2.02	0.12	3.90	000	S
67420	.....	A	Explore/treat eye socket	19.00	16.78	1.11	36.89	090	S
67430	.....	A	Explore/treat eye socket	12.79	10.65	0.54	23.98	090	S
67440	.....	A	Explore/drain eye socket	12.43	15.91	0.97	29.31	090	S
67445	.....	A	Explore/decompress eye socket	13.36	11.13	0.57	25.06	090	S
67450	.....	A	Explore/biopsy eye socket	12.80	15.29	0.87	28.96	090	S
67500	.....	A	Inject/treat eye socket	0.79	0.73	0.06	1.58	000	S
67505	.....	A	Inject/treat eye socket	0.82	1.04	0.06	1.92	000	S
67515	.....	A	Inject/treat eye socket	0.61	0.56	0.03	1.20	000	S
67550	.....	A	Insert eye socket implant	9.69	9.62	0.70	20.01	090	S
67560	.....	A	Revise eye socket implant	10.10	8.30	0.48	18.88	090	S
67570	.....	A	Decompress optic nerve	12.52	7.56	0.39	20.47	090	S
67599	.....	C	Orbit surgery procedure	0.00	0.00	0.00	0.00	YYY	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
67700	.....	A	Drainage of eyelid abscess	1.30	0.49	0.03	1.82	010	S
67710	.....	A	Incision of eyelid	0.97	1.01	0.06	2.04	010	S
67715	.....	A	Incision of eyelid fold	1.17	1.49	0.09	2.75	010	S
67800	.....	A	Remove eyelid lesion	1.35	0.94	0.05	2.34	010	S
67801	.....	A	Remove eyelid lesions	1.85	1.39	0.08	3.32	010	S
67805	.....	A	Remove eyelid lesions	2.17	1.38	0.08	3.63	010	S
67808	.....	A	Remove eyelid lesion(s)	3.55	2.13	0.13	5.81	090	S
67810	.....	A	Biopsy of eyelid	1.48	0.81	0.05	2.34	000	S
67820	.....	A	Revise eyelashes	0.89	0.38	0.02	1.29	000	S
67825	.....	A	Revise eyelashes	1.33	0.90	0.05	2.28	010	S
67830	.....	A	Revise eyelashes	1.65	2.12	0.17	3.94	010	S
67835	.....	A	Revise eyelashes	5.41	6.92	0.45	12.78	090	S
67840	.....	A	Remove eyelid lesion	1.99	1.22	0.07	3.28	010	S
67850	.....	A	Treat eyelid lesion	1.64	0.82	0.05	2.51	010	S
67875	.....	A	Closure of eyelid by suture	1.35	1.72	0.13	3.20	000	S
67880	.....	A	Revision of eyelid	3.55	3.94	0.23	7.72	090	S
67882	.....	A	Revision of eyelid	4.77	6.10	0.37	11.24	090	S
67900	.....	A	Repair brow defect	5.84	3.78	0.20	9.82	090	S
67901	.....	A	Repair eyelid defect	6.82	8.73	0.64	16.19	090	S
67902	.....	A	Repair eyelid defect	6.88	8.81	0.72	16.41	090	S
67903	.....	A	Repair eyelid defect	6.22	7.96	0.73	14.91	090	S
67904	.....	A	Repair eyelid defect	5.96	7.64	0.71	14.31	090	S
67906	.....	A	Repair eyelid defect	6.64	5.46	0.36	12.46	090	S
67908	.....	A	Repair eyelid defect	4.95	6.34	0.54	11.83	090	S
67909	.....	A	Revise eyelid defect	5.22	6.69	0.48	12.39	090	S
67911	.....	A	Revise eyelid defect	5.09	6.58	0.79	12.46	090	S
67914	.....	A	Repair eyelid defect	3.60	4.61	0.39	8.60	090	S
67915	.....	A	Repair eyelid defect	3.10	1.25	0.07	4.42	090	S
67916	.....	A	Repair eyelid defect	5.13	6.50	0.38	12.01	090	S
67917	.....	A	Repair eyelid defect	5.84	7.48	0.47	13.79	090	S
67921	.....	A	Repair eyelid defect	3.32	3.82	0.20	7.34	090	S
67922	.....	A	Repair eyelid defect	2.98	1.19	0.07	4.24	090	S
67923	.....	A	Repair eyelid defect	5.70	6.88	0.38	12.96	090	S
67924	.....	A	Repair eyelid defect	5.64	7.22	0.43	13.29	090	S
67930	.....	A	Repair eyelid wound	3.56	1.27	0.08	4.91	010	S
67935	.....	A	Repair eyelid wound	6.07	3.79	0.24	10.10	090	S
67938	.....	A	Remove eyelid foreign body	1.28	0.52	0.03	1.83	010	S
67950	.....	A	Revision of eyelid	5.64	7.22	0.45	13.31	090	S
67961	.....	A	Revision of eyelid	5.51	7.05	0.50	13.06	090	S
67966	.....	A	Revision of eyelid	6.39	8.18	0.66	15.23	090	S
67971	.....	A	Reconstruction of eyelid	9.56	10.68	0.64	20.88	090	S
67973	.....	A	Reconstruction of eyelid	12.59	13.54	0.91	27.04	090	S
67974	.....	A	Reconstruction of eyelid	12.56	14.07	0.87	27.50	090	S
67975	.....	A	Reconstruction of eyelid	8.90	4.15	0.24	13.29	090	S
67999	.....	C	Revision of eyelid	0.00	0.00	0.00	0.00	YYY	S
68020	.....	A	Incise/drain eyelid lining	1.32	0.51	0.03	1.86	010	S
68040	.....	A	Treatment of eyelid lesions	0.85	0.45	0.02	1.32	000	S
68100	.....	A	Biopsy of eyelid lining	1.35	0.99	0.06	2.40	000	S
68110	.....	A	Remove eyelid lining lesion	1.72	1.24	0.07	3.03	010	S
68115	.....	A	Remove eyelid lining lesion	2.31	1.93	0.11	4.35	010	S
68130	.....	A	Remove eyelid lining lesion	4.75	4.09	0.22	9.06	090	S
68135	.....	A	Remove eyelid lining lesion	1.79	0.74	0.04	2.57	010	S
68200	.....	A	Treat eyelid by injection	0.49	0.52	0.03	1.04	000	S
68320	.....	A	Revise/graft eyelid lining	4.97	6.37	0.42	11.76	090	S
68325	.....	A	Revise/graft eyelid lining	6.96	8.91	0.62	16.49	090	S
68326	.....	A	Revise/graft eyelid lining	6.75	8.62	0.49	15.86	090	S
68328	.....	A	Revise/graft eyelid lining	7.78	9.96	0.82	18.56	090	S
68330	.....	A	Revise eyelid lining	4.53	5.80	0.35	10.68	090	S
68335	.....	A	Revise/graft eyelid lining	6.79	8.69	0.68	16.16	090	S
68340	.....	A	Separate eyelid adhesions	3.92	3.14	0.17	7.23	090	S
68360	.....	A	Revise eyelid lining	4.12	5.28	0.33	9.73	090	S
68362	.....	A	Revise eyelid lining	6.94	8.01	0.42	15.37	090	S
68399	.....	C	Eyelid lining surgery	0.00	0.00	0.00	0.00	YYY	S
68400	.....	A	Incise/drain tear gland	1.64	1.00	0.06	2.70	010	S
68420	.....	A	Incise/drain tear sac	2.25	1.02	0.06	3.33	010	S
68440	.....	A	Incise tear duct opening	0.89	0.76	0.04	1.69	010	S
68500	.....	A	Removal of tear gland	10.47	7.61	0.75	18.83	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
68505	.....	A	Partial removal tear gland	10.39	8.69	0.49	19.57	090	S
68510	.....	A	Biopsy of tear gland	4.61	3.69	0.28	8.58	000	S
68520	.....	A	Removal of tear sac	7.11	9.10	0.51	16.72	090	S
68525	.....	A	Biopsy of tear sac	4.43	3.68	0.23	8.34	000	S
68530	.....	A	Clearance of tear duct	3.61	2.85	0.17	6.63	010	S
68540	.....	A	Remove tear gland lesion	10.10	8.31	0.50	18.91	090	S
68550	.....	A	Remove tear gland lesion	12.66	11.34	0.74	24.74	090	S
68700	.....	A	Repair tear ducts	6.20	2.69	0.15	9.04	090	S
68705	.....	A	Revise tear duct opening	2.01	1.02	0.05	3.08	010	S
68720	.....	A	Create tear sac drain	8.56	9.84	0.74	19.14	090	S
68745	.....	A	Create tear duct drain	8.23	6.56	0.45	15.24	090	S
68750	.....	A	Create tear duct drain	8.21	10.50	0.83	19.54	090	S
68760	.....	A	Close tear duct opening	1.68	0.92	0.04	2.64	010	S
68761	.....	A	Close tear duct opening	1.31	0.92	0.04	2.27	010	S
68770	.....	A	Close tear system fistula	6.62	4.24	0.23	11.09	090	S
68800	.....	D	Dilate tear duct opening(s)	0.00	0.00	0.00	0.00	010	S
68801	.....	A	Dilate tear duct opening	0.89	0.42	0.02	1.33	010	S
68810	.....	A	Probe nasolacrimal duct	1.27	0.55	0.03	1.85	010	S
68811	.....	A	Probe nasolacrimal duct	2.25	1.49	0.09	3.83	010	S
68815	.....	A	Probe nasolacrimal duct	3.00	1.93	0.10	5.03	010	S
68820	.....	D	Explore tear duct system	0.00	0.00	0.00	0.00	010	S
68825	.....	D	Explore tear duct system	0.00	0.00	0.00	0.00	010	S
68830	.....	D	Reopen tear duct channel	0.00	0.00	0.00	0.00	010	S
68840	.....	A	Explore/irrigate tear ducts	1.22	0.49	0.03	1.74	010	S
68850	.....	A	Injection for tear sac x-ray	0.80	0.51	0.04	1.35	000	S
68899	.....	C	Tear duct system surgery	0.00	0.00	0.00	0.00	YYY	S
69000	.....	A	Drain external ear lesion	1.40	0.35	0.03	1.78	010	S
69005	.....	A	Drain external ear lesion	2.06	1.16	0.13	3.35	010	S
69020	.....	A	Drain outer ear canal lesion	1.43	0.45	0.04	1.92	010	S
69090	.....	N	Pierce earlobes	0.00	0.00	0.00	0.00	XXX	0
69100	.....	A	Biopsy of external ear	0.81	0.66	0.07	1.54	000	S
69105	.....	A	Biopsy of external ear canal	0.85	0.80	0.09	1.74	000	S
69110	.....	A	Partial removal external ear	3.34	2.63	0.37	6.34	090	S
69120	.....	A	Removal of external ear	3.95	0.78	0.07	4.80	090	S
69140	.....	A	Remove ear canal lesion(s)	7.68	8.00	0.88	16.56	090	S
69145	.....	A	Remove ear canal lesion(s)	2.54	2.51	0.28	5.33	090	S
69150	.....	A	Extensive ear canal surgery	13.01	10.46	1.25	24.72	090	S
69155	.....	A	Extensive ear/neck surgery	19.09	15.92	1.61	36.62	090	S
69200	.....	A	Clear outer ear canal	0.77	0.42	0.04	1.23	000	N
69205	.....	A	Clear outer ear canal	1.15	1.07	0.11	2.33	010	S
69210	.....	A	Remove impacted ear wax	0.61	0.23	0.02	0.86	000	N
69220	.....	A	Clean out mastoid cavity	0.83	0.50	0.05	1.38	000	S
69222	.....	A	Clean out mastoid cavity	1.35	0.74	0.08	2.17	010	S
69300	.....	R	Revise external ear	6.36	5.30	0.28	11.94	YYY	S
69310	.....	A	Rebuild outer ear canal	10.59	9.84	1.08	21.51	090	S
69320	.....	A	Rebuild outer ear canal	16.60	14.65	1.66	32.91	090	S
69399	.....	C	Outer ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69400	.....	A	Inflate middle ear canal	0.83	0.45	0.05	1.33	000	S
69401	.....	A	Inflate middle ear canal	0.63	0.25	0.03	0.91	000	S
69405	.....	A	Catheterize middle ear canal	2.58	0.48	0.04	3.10	010	S
69410	.....	A	Inset middle ear baffle	0.33	0.60	0.07	1.00	000	S
69420	.....	A	Incision of eardrum	1.28	0.69	0.08	2.05	010	S
69421	.....	A	Incision of eardrum	1.68	1.14	0.13	2.95	010	S
69424	.....	A	Remove ventilating tube	0.85	0.60	0.06	1.51	000	S
69433	.....	A	Create eardrum opening	1.47	1.33	0.15	2.95	010	S
69436	.....	A	Create eardrum opening	1.91	2.13	0.23	4.27	010	S
69440	.....	A	Exploration of middle ear	7.31	8.69	0.93	16.93	090	S
69450	.....	A	Eardrum revision	5.44	6.96	1.15	13.55	090	S
69501	.....	A	Mastoidectomy	8.81	10.90	1.17	20.88	090	S
69502	.....	A	Mastoidectomy	11.96	13.36	1.45	26.77	090	S
69505	.....	A	Remove mastoid structures	12.57	16.09	1.79	30.45	090	S
69511	.....	A	Extensive mastoid surgery	13.10	16.77	1.84	31.71	090	S
69530	.....	A	Extensive mastoid surgery	18.04	16.71	1.72	36.47	090	S
69535	.....	A	Remove part of temporal bone	34.50	25.27	2.85	62.62	090	S
69540	.....	A	Remove ear lesion	1.15	1.27	0.14	2.56	010	S
69550	.....	A	Remove ear lesion	10.70	13.70	2.00	26.40	090	S
69552	.....	A	Remove ear lesion	18.84	16.73	1.86	37.43	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
69554	.....	A	Remove ear lesion	31.27	22.87	2.63	56.77	090	S
69601	.....	A	Mastoid surgery revision	12.79	14.02	1.55	28.36	090	S
69602	.....	A	Mastoid surgery revision	13.16	16.27	1.75	31.18	090	S
69603	.....	A	Mastoid surgery revision	13.60	17.34	1.88	32.82	090	S
69604	.....	A	Mastoid surgery revision	13.60	17.41	2.70	33.71	090	S
69605	.....	A	Mastoid surgery revision	18.04	14.95	1.86	34.85	090	S
69610	.....	A	Repair of eardrum	4.38	0.93	0.10	5.41	010	S
69620	.....	A	Repair of eardrum	5.74	7.34	1.16	14.24	090	S
69631	.....	A	Repair eardrum structures	9.55	12.22	1.61	23.38	090	S
69632	.....	A	Rebuild eardrum structures	12.41	15.88	1.73	30.02	090	S
69633	.....	A	Rebuild eardrum structures	11.76	15.05	1.78	28.59	090	S
69635	.....	A	Repair eardrum structures	13.02	16.65	1.91	31.58	090	S
69636	.....	A	Rebuild eardrum structures	14.88	19.05	2.11	36.04	090	S
69637	.....	A	Rebuild eardrum structures	14.77	18.90	2.22	35.89	090	S
69641	.....	A	Revise middle ear & mastoid	12.29	15.73	1.87	29.89	090	S
69642	.....	A	Revise middle ear & mastoid	16.37	20.62	2.21	39.20	090	S
69643	.....	A	Revise middle ear & mastoid	14.81	18.95	2.51	36.27	090	S
69644	.....	A	Revise middle ear & mastoid	16.46	21.07	2.70	40.23	090	S
69645	.....	A	Revise middle ear & mastoid	15.80	20.23	2.51	38.54	090	S
69646	.....	A	Revise middle ear & mastoid	17.35	21.97	2.40	41.72	090	S
69650	.....	A	Release middle ear bone	9.40	12.03	1.33	22.76	090	S
69660	.....	A	Revise middle ear bone	11.64	14.90	1.82	28.36	090	S
69661	.....	A	Revise middle ear bone	15.32	18.44	1.93	35.69	090	S
69662	.....	A	Revise middle ear bone	15.04	18.02	1.94	35.00	090	S
69666	.....	A	Repair middle ear structures	9.38	12.00	1.77	23.15	090	S
69667	.....	A	Repair middle ear structures	9.39	12.02	1.66	23.07	090	S
69670	.....	A	Remove mastoid air cells	11.05	10.18	1.08	22.31	090	S
69676	.....	A	Remove middle ear nerve	9.23	8.53	0.86	18.62	090	S
69700	.....	A	Close mastoid fistula	7.97	7.86	0.84	16.67	090	S
69710	.....	N	Implant/replace hearing aid	0.00	0.00	0.00	0.00	XXX	0
69711	.....	A	Remove/repair hearing aid	10.13	8.44	0.44	19.01	090	S
69720	.....	A	Release facial nerve	13.80	17.66	2.27	33.73	090	S
69725	.....	A	Release facial nerve	24.01	14.65	1.51	40.17	090	S
69740	.....	A	Repair facial nerve	15.39	11.83	1.69	28.91	090	S
69745	.....	A	Repair facial nerve	16.10	15.95	1.53	33.58	090	S
69799	.....	C	Middle ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69801	.....	A	Incise inner ear	8.19	10.48	1.84	20.51	090	S
69802	.....	A	Incise inner ear	12.44	11.24	1.22	24.90	090	S
69805	.....	A	Explore inner ear	13.18	13.14	2.00	28.32	090	S
69806	.....	A	Explore inner ear	11.82	15.13	2.54	29.49	090	S
69820	.....	A	Establish inner ear window	10.14	8.85	1.00	19.99	090	S
69840	.....	A	Revise inner ear window	10.06	8.49	0.51	19.06	090	S
69905	.....	A	Remove inner ear	10.70	13.70	2.07	26.47	090	S
69910	.....	A	Remove inner ear & mastoid	13.10	16.77	2.34	32.21	090	S
69915	.....	A	Incise inner ear nerve	19.89	17.71	2.02	39.62	090	S
69930	.....	A	Implant cochlear device	16.13	18.56	3.34	38.03	090	S
69949	.....	C	Inner ear surgery procedure	0.00	0.00	0.00	0.00	YYY	S
69950	.....	A	Incise inner ear nerve	24.21	17.99	2.31	44.51	090	S
69955	.....	A	Release facial nerve	25.54	20.28	2.25	48.07	090	S
69960	.....	A	Release inner ear canal	25.54	17.85	1.93	45.32	090	S
69970	.....	A	Remove inner ear lesion	28.54	19.69	2.26	50.49	090	S
69979	.....	C	Temporal bone surgery	0.00	0.00	0.00	0.00	YYY	S
70010	.....	A	Contrast x-ray of brain	1.19	4.65	0.34	6.18	XXX	N
70010	26	A	Contrast x-ray of brain	1.19	0.52	0.08	1.79	XXX	N
70010	TC	A	Contrast x-ray of brain	0.00	4.13	0.26	4.39	XXX	N
70015	.....	A	Contrast x-ray of brain	1.19	1.81	0.17	3.17	XXX	N
70015	26	A	Contrast x-ray of brain	1.19	0.52	0.08	1.79	XXX	N
70015	TC	A	Contrast x-ray of brain	0.00	1.29	0.09	1.38	XXX	N
70030	.....	A	X-ray eye for foreign body	0.17	0.48	0.04	0.69	XXX	N
70030	26	A	X-ray eye for foreign body	0.17	0.08	0.01	0.26	XXX	N
70030	TC	A	X-ray eye for foreign body	0.00	0.40	0.03	0.43	XXX	N
70100	.....	A	X-ray exam of jaw	0.18	0.59	0.04	0.81	XXX	N
70100	26	A	X-ray exam of jaw	0.18	0.09	0.01	0.28	XXX	N
70100	TC	A	X-ray exam of jaw	0.00	0.50	0.03	0.53	XXX	N
70110	.....	A	X-ray exam of jaw	0.25	0.71	0.06	1.02	XXX	N
70110	26	A	X-ray exam of jaw	0.25	0.12	0.02	0.39	XXX	N
70110	TC	A	X-ray exam of jaw	0.00	0.59	0.04	0.63	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
70120	.....	A	X-ray exam of mastoids	0.18	0.68	0.05	0.91	XXX	N
70120	26	A	X-ray exam of mastoids	0.18	0.09	0.01	0.28	XXX	N
70120	TC	A	X-ray exam of mastoids	0.00	0.59	0.04	0.63	XXX	N
70130	.....	A	X-ray exam of mastoids	0.34	0.91	0.07	1.32	XXX	N
70130	26	A	X-ray exam of mastoids	0.34	0.16	0.02	0.52	XXX	N
70130	TC	A	X-ray exam of mastoids	0.00	0.75	0.05	0.80	XXX	N
70134	.....	A	X-ray exam of middle ear	0.34	0.86	0.07	1.27	XXX	N
70134	26	A	X-ray exam of middle ear	0.34	0.16	0.02	0.52	XXX	N
70134	TC	A	X-ray exam of middle ear	0.00	0.70	0.05	0.75	XXX	N
70140	.....	A	X-ray exam of facial bones	0.19	0.68	0.05	0.92	XXX	N
70140	26	A	X-ray exam of facial bones	0.19	0.09	0.01	0.29	XXX	N
70140	TC	A	X-ray exam of facial bones	0.00	0.59	0.04	0.63	XXX	N
70150	.....	A	X-ray exam of facial bones	0.26	0.87	0.07	1.20	XXX	N
70150	26	A	X-ray exam of facial bones	0.26	0.12	0.02	0.40	XXX	N
70150	TC	A	X-ray exam of facial bones	0.00	0.75	0.05	0.80	XXX	N
70160	.....	A	X-ray exam of nasal bones	0.17	0.58	0.04	0.79	XXX	N
70160	26	A	X-ray exam of nasal bones	0.17	0.08	0.01	0.26	XXX	N
70160	TC	A	X-ray exam of nasal bones	0.00	0.50	0.03	0.53	XXX	N
70170	.....	A	X-ray exam of tear duct	0.30	1.04	0.08	1.42	XXX	N
70170	26	A	X-ray exam of tear duct	0.30	0.14	0.02	0.46	XXX	N
70170	TC	A	X-ray exam of tear duct	0.00	0.90	0.06	0.96	XXX	N
70190	.....	A	X-ray exam of eye sockets	0.21	0.69	0.05	0.95	XXX	N
70190	26	A	X-ray exam of eye sockets	0.21	0.10	0.01	0.32	XXX	N
70190	TC	A	X-ray exam of eye sockets	0.00	0.59	0.04	0.63	XXX	N
70200	.....	A	X-ray exam of eye sockets	0.28	0.88	0.07	1.23	XXX	N
70200	26	A	X-ray exam of eye sockets	0.28	0.13	0.02	0.43	XXX	N
70200	TC	A	X-ray exam of eye sockets	0.00	0.75	0.05	0.80	XXX	N
70210	.....	A	X-ray exam of sinuses	0.17	0.67	0.05	0.89	XXX	N
70210	26	A	X-ray exam of sinuses	0.17	0.08	0.01	0.26	XXX	N
70210	TC	A	X-ray exam of sinuses	0.00	0.59	0.04	0.63	XXX	N
70220	.....	A	X-ray exam of sinuses	0.25	0.87	0.07	1.19	XXX	N
70220	26	A	X-ray exam of sinuses	0.25	0.12	0.02	0.39	XXX	N
70220	TC	A	X-ray exam of sinuses	0.00	0.75	0.05	0.80	XXX	N
70240	.....	A	X-ray exam pituitary saddle	0.19	0.49	0.04	0.72	XXX	N
70240	26	A	X-ray exam pituitary saddle	0.19	0.09	0.01	0.29	XXX	N
70240	TC	A	X-ray exam pituitary saddle	0.00	0.40	0.03	0.43	XXX	N
70250	.....	A	X-ray exam of skull	0.24	0.70	0.06	1.00	XXX	N
70250	26	A	X-ray exam of skull	0.24	0.11	0.02	0.37	XXX	N
70250	TC	A	X-ray exam of skull	0.00	0.59	0.04	0.63	XXX	N
70260	.....	A	X-ray exam of skull	0.34	1.01	0.08	1.43	XXX	N
70260	26	A	X-ray exam of skull	0.34	0.16	0.02	0.52	XXX	N
70260	TC	A	X-ray exam of skull	0.00	0.85	0.06	0.91	XXX	N
70300	.....	A	X-ray exam of teeth	0.10	0.30	0.03	0.43	XXX	N
70300	26	A	X-ray exam of teeth	0.10	0.05	0.01	0.16	XXX	N
70300	TC	A	X-ray exam of teeth	0.00	0.25	0.02	0.27	XXX	N
70310	.....	A	X-ray exam of teeth	0.16	0.47	0.04	0.67	XXX	N
70310	26	A	X-ray exam of teeth	0.16	0.07	0.01	0.24	XXX	N
70310	TC	A	X-ray exam of teeth	0.00	0.40	0.03	0.43	XXX	N
70320	.....	A	Full mouth x-ray of teeth	0.22	0.85	0.07	1.14	XXX	N
70320	26	A	Full mouth x-ray of teeth	0.22	0.10	0.02	0.34	XXX	N
70320	TC	A	Full mouth x-ray of teeth	0.00	0.75	0.05	0.80	XXX	N
70328	.....	A	X-ray exam of jaw joint	0.18	0.56	0.04	0.78	XXX	N
70328	26	A	X-ray exam of jaw joint	0.18	0.09	0.01	0.28	XXX	N
70328	TC	A	X-ray exam of jaw joint	0.00	0.47	0.03	0.50	XXX	N
70330	.....	A	X-ray exam of jaw joints	0.24	0.91	0.07	1.22	XXX	N
70330	26	A	X-ray exam of jaw joints	0.24	0.11	0.02	0.37	XXX	N
70330	TC	A	X-ray exam of jaw joints	0.00	0.80	0.05	0.85	XXX	N
70332	.....	A	X-ray exam of jaw joint	0.54	2.25	0.17	2.96	XXX	N
70332	26	A	X-ray exam of jaw joint	0.54	0.25	0.04	0.83	XXX	N
70332	TC	A	X-ray exam of jaw joint	0.00	2.00	0.13	2.13	XXX	N
70336	.....	A	Magnetic image jaw joint	1.48	11.11	0.73	13.32	XXX	N
70336	26	A	Magnetic image jaw joint	1.48	0.43	0.06	1.97	XXX	N
70336	TC	A	Magnetic image jaw joint	0.00	10.68	0.67	11.35	XXX	N
70350	.....	A	X-ray head for orthodontia	0.17	0.44	0.03	0.64	XXX	N
70350	26	A	X-ray head for orthodontia	0.17	0.08	0.01	0.26	XXX	N
70350	TC	A	X-ray head for orthodontia	0.00	0.36	0.02	0.38	XXX	N
70355	.....	A	Panoramic x-ray of jaws	0.20	0.63	0.05	0.88	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
70355	26	A	Panoramic x-ray of jaws	0.20	0.09	0.01	0.30	XXX	N
70355	TC	A	Panoramic x-ray of jaws	0.00	0.54	0.04	0.58	XXX	N
70360		A	X-ray exam of neck	0.17	0.48	0.04	0.69	XXX	N
70360	26	A	X-ray exam of neck	0.17	0.08	0.01	0.26	XXX	N
70360	TC	A	X-ray exam of neck	0.00	0.40	0.03	0.43	XXX	N
70370		A	Throat x-ray & fluoroscopy	0.32	1.39	0.10	1.81	XXX	N
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.15	0.02	0.49	XXX	N
70370	TC	A	Throat x-ray & fluoroscopy	0.00	1.24	0.08	1.32	XXX	N
70371		A	Speech evaluation, complex	0.84	2.38	0.19	3.41	XXX	N
70371	26	A	Speech evaluation, complex	0.84	0.38	0.06	1.28	XXX	N
70371	TC	A	Speech evaluation, complex	0.00	2.00	0.13	2.13	XXX	N
70373		A	Contrast x-ray of larynx	0.44	1.90	0.14	2.48	XXX	N
70373	26	A	Contrast x-ray of larynx	0.44	0.20	0.03	0.67	XXX	N
70373	TC	A	Contrast x-ray of larynx	0.00	1.70	0.11	1.81	XXX	N
70380		A	X-ray exam of salivary gland	0.17	0.72	0.05	0.94	XXX	N
70380	26	A	X-ray exam of salivary gland	0.17	0.08	0.01	0.26	XXX	N
70380	TC	A	X-ray exam of salivary gland	0.00	0.64	0.04	0.68	XXX	N
70390		A	X-ray exam of salivary duct	0.38	1.87	0.14	2.39	XXX	N
70390	26	A	X-ray exam of salivary duct	0.38	0.17	0.03	0.58	XXX	N
70390	TC	A	X-ray exam of salivary duct	0.00	1.70	0.11	1.81	XXX	N
70450		A	CAT scan of head or brain	0.85	4.88	0.35	6.08	XXX	N
70450	26	A	CAT scan of head or brain	0.85	0.38	0.06	1.29	XXX	N
70450	TC	A	CAT scan of head or brain	0.00	4.50	0.29	4.79	XXX	N
70460		A	Contrast CAT scan of head	1.13	5.89	0.43	7.45	XXX	N
70460	26	A	Contrast CAT scan of head	1.13	0.50	0.08	1.71	XXX	N
70460	TC	A	Contrast CAT scan of head	0.00	5.39	0.35	5.74	XXX	N
70470		A	Contrast CAT scans of head	1.27	7.30	0.52	9.09	XXX	N
70470	26	A	Contrast CAT scans of head	1.27	0.56	0.09	1.92	XXX	N
70470	TC	A	Contrast CAT scans of head	0.00	6.74	0.43	7.17	XXX	N
70480		A	CAT scan of skull	1.28	5.07	0.38	6.73	XXX	N
70480	26	A	CAT scan of skull	1.28	0.57	0.09	1.94	XXX	N
70480	TC	A	CAT scan of skull	0.00	4.50	0.29	4.79	XXX	N
70481		A	Contrast CAT scan of skull	1.38	6.00	0.44	7.82	XXX	N
70481	26	A	Contrast CAT scan of skull	1.38	0.61	0.09	2.08	XXX	N
70481	TC	A	Contrast CAT scan of skull	0.00	5.39	0.35	5.74	XXX	N
70482		A	Contrast CAT scans of skull	1.45	7.38	0.53	9.36	XXX	N
70482	26	A	Contrast CAT scans of skull	1.45	0.64	0.10	2.19	XXX	N
70482	TC	A	Contrast CAT scans of skull	0.00	6.74	0.43	7.17	XXX	N
70486		A	CAT scan of face, jaw	1.14	5.00	0.37	6.51	XXX	N
70486	26	A	CAT scan of face, jaw	1.14	0.50	0.08	1.72	XXX	N
70486	TC	A	CAT scan of face, jaw	0.00	4.50	0.29	4.79	XXX	N
70487		A	Contrast CAT scan, face/jaw	1.30	5.96	0.44	7.70	XXX	N
70487	26	A	Contrast CAT scan, face/jaw	1.30	0.57	0.09	1.96	XXX	N
70487	TC	A	Contrast CAT scan, face/jaw	0.00	5.39	0.35	5.74	XXX	N
70488		A	Contrast CAT scans face/jaw	1.42	7.37	0.53	9.32	XXX	N
70488	26	A	Contrast CAT scans face/jaw	1.42	0.63	0.10	2.15	XXX	N
70488	TC	A	Contrast CAT scans face/jaw	0.00	6.74	0.43	7.17	XXX	N
70490		A	CAT scan of neck tissue	1.28	5.07	0.38	6.73	XXX	N
70490	26	A	CAT scan of neck tissue	1.28	0.57	0.09	1.94	XXX	N
70490	TC	A	CAT scan of neck tissue	0.00	4.50	0.29	4.79	XXX	N
70491		A	Contrast CAT of neck tissue	1.38	6.00	0.44	7.82	XXX	N
70491	26	A	Contrast CAT of neck tissue	1.38	0.61	0.09	2.08	XXX	N
70491	TC	A	Contrast CAT of neck tissue	0.00	5.39	0.35	5.74	XXX	N
70492		A	Contrast CAT of neck tissue	1.45	7.38	0.53	9.36	XXX	N
70492	26	A	Contrast CAT of neck tissue	1.45	0.64	0.10	2.19	XXX	N
70492	TC	A	Contrast CAT of neck tissue	0.00	6.74	0.43	7.17	XXX	N
70540		A	Magnetic image, face, neck	1.48	11.34	0.77	13.59	XXX	N
70540	26	A	Magnetic image, face, neck	1.48	0.66	0.10	2.24	XXX	N
70540	TC	A	Magnetic image, face, neck	0.00	10.68	0.67	11.35	XXX	N
70541		R	Magnetic image, head (MRA)	1.81	11.34	0.77	13.92	XXX	N
70541	26	R	Magnetic image, head (MRA)	1.81	0.66	0.10	2.57	XXX	N
70541	TC	R	Magnetic image, head (MRA)	0.00	10.68	0.67	11.35	XXX	N
70551		A	Magnetic image, brain (MRI)	1.48	11.34	0.77	13.59	XXX	N
70551	26	A	Magnetic image, brain (MRI)	1.48	0.66	0.10	2.24	XXX	N
70551	TC	A	Magnetic image, brain (MRI)	0.00	10.68	0.67	11.35	XXX	N
70552		A	Magnetic image, brain (MRI)	1.78	13.61	0.93	16.32	XXX	N
70552	26	A	Magnetic image, brain (MRI)	1.78	0.80	0.12	2.70	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
70552	TC	A	Magnetic image, brain (MRI)	0.00	12.81	0.81	13.62	XXX	N
70553		A	Magnetic image, brain	2.36	24.79	1.65	28.80	XXX	N
70553	26	A	Magnetic image, brain	2.36	1.07	0.16	3.59	XXX	N
70553	TC	A	Magnetic image, brain	0.00	23.72	1.49	25.21	XXX	N
71010		A	Chest x-ray	0.18	0.53	0.04	0.75	XXX	N
71010	26	A	Chest x-ray	0.18	0.08	0.01	0.27	XXX	N
71010	TC	A	Chest x-ray	0.00	0.45	0.03	0.48	XXX	N
71015		A	X-ray exam of chest	0.21	0.60	0.04	0.85	XXX	N
71015	26	A	X-ray exam of chest	0.21	0.10	0.01	0.32	XXX	N
71015	TC	A	X-ray exam of chest	0.00	0.50	0.03	0.53	XXX	N
71020		A	Chest x-ray	0.22	0.69	0.05	0.96	XXX	N
71020	26	A	Chest x-ray	0.22	0.10	0.01	0.33	XXX	N
71020	TC	A	Chest x-ray	0.00	0.59	0.04	0.63	XXX	N
71021		A	Chest x-ray	0.27	0.82	0.07	1.16	XXX	N
71021	26	A	Chest x-ray	0.27	0.12	0.02	0.41	XXX	N
71021	TC	A	Chest x-ray	0.00	0.70	0.05	0.75	XXX	N
71022		A	Chest x-ray	0.31	0.84	0.07	1.22	XXX	N
71022	26	A	Chest x-ray	0.31	0.14	0.02	0.47	XXX	N
71022	TC	A	Chest x-ray	0.00	0.70	0.05	0.75	XXX	N
71023		A	Chest x-ray and fluoroscopy	0.38	0.92	0.08	1.38	XXX	N
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.17	0.03	0.58	XXX	N
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.75	0.05	0.80	XXX	N
71030		A	Chest x-ray	0.31	0.89	0.07	1.27	XXX	N
71030	26	A	Chest x-ray	0.31	0.14	0.02	0.47	XXX	N
71030	TC	A	Chest x-ray	0.00	0.75	0.05	0.80	XXX	N
71034		A	Chest x-ray & fluoroscopy	0.46	1.58	0.12	2.16	XXX	N
71034	26	A	Chest x-ray & fluoroscopy	0.46	0.21	0.03	0.70	XXX	N
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.37	0.09	1.46	XXX	N
71035		A	Chest x-ray	0.18	0.58	0.04	0.80	XXX	N
71035	26	A	Chest x-ray	0.18	0.08	0.01	0.27	XXX	N
71035	TC	A	Chest x-ray	0.00	0.50	0.03	0.53	XXX	N
71036		A	X-ray guidance for biopsy	0.54	1.75	0.14	2.43	XXX	N
71036	26	A	X-ray guidance for biopsy	0.54	0.25	0.04	0.83	XXX	N
71036	TC	A	X-ray guidance for biopsy	0.00	1.50	0.10	1.60	XXX	N
71038		A	X-ray guidance for biopsy	0.54	1.85	0.15	2.54	XXX	N
71038	26	A	X-ray guidance for biopsy	0.54	0.25	0.04	0.83	XXX	N
71038	TC	A	X-ray guidance for biopsy	0.00	1.60	0.11	1.71	XXX	N
71040		A	Contrast x-ray of bronchi	0.58	1.66	0.13	2.37	XXX	N
71040	26	A	Contrast x-ray of bronchi	0.58	0.27	0.04	0.89	XXX	N
71040	TC	A	Contrast x-ray of bronchi	0.00	1.39	0.09	1.48	XXX	N
71060		A	Contrast x-ray of bronchi	0.74	2.44	0.19	3.37	XXX	N
71060	26	A	Contrast x-ray of bronchi	0.74	0.34	0.05	1.13	XXX	N
71060	TC	A	Contrast x-ray of bronchi	0.00	2.10	0.14	2.24	XXX	N
71090		A	X-ray & pacemaker insertion	0.54	1.85	0.15	2.54	XXX	N
71090	26	A	X-ray & pacemaker insertion	0.54	0.25	0.04	0.83	XXX	N
71090	TC	A	X-ray & pacemaker insertion	0.00	1.60	0.11	1.71	XXX	N
71100		A	X-ray exam of ribs	0.22	0.64	0.06	0.92	XXX	N
71100	26	A	X-ray exam of ribs	0.22	0.10	0.02	0.34	XXX	N
71100	TC	A	X-ray exam of ribs	0.00	0.54	0.04	0.58	XXX	N
71101		A	X-ray exam of ribs, chest	0.27	0.77	0.06	1.10	XXX	N
71101	26	A	X-ray exam of ribs, chest	0.27	0.13	0.02	0.42	XXX	N
71101	TC	A	X-ray exam of ribs, chest	0.00	0.64	0.04	0.68	XXX	N
71110		A	X-ray exam of ribs	0.27	0.88	0.07	1.22	XXX	N
71110	26	A	X-ray exam of ribs	0.27	0.13	0.02	0.42	XXX	N
71110	TC	A	X-ray exam of ribs	0.00	0.75	0.05	0.80	XXX	N
71111		A	X-ray exam of ribs, chest	0.32	1.00	0.08	1.40	XXX	N
71111	26	A	X-ray exam of ribs, chest	0.32	0.15	0.02	0.49	XXX	N
71111	TC	A	X-ray exam of ribs, chest	0.00	0.85	0.06	0.91	XXX	N
71120		A	X-ray exam of breastbone	0.20	0.71	0.05	0.96	XXX	N
71120	26	A	X-ray exam of breastbone	0.20	0.09	0.01	0.30	XXX	N
71120	TC	A	X-ray exam of breastbone	0.00	0.62	0.04	0.66	XXX	N
71130		A	X-ray exam of breastbone	0.22	0.77	0.05	1.04	XXX	N
71130	26	A	X-ray exam of breastbone	0.22	0.10	0.01	0.33	XXX	N
71130	TC	A	X-ray exam of breastbone	0.00	0.67	0.04	0.71	XXX	N
71250		A	Cat scan of chest	1.16	6.14	0.44	7.74	XXX	N
71250	26	A	Cat scan of chest	1.16	0.51	0.08	1.75	XXX	N
71250	TC	A	Cat scan of chest	0.00	5.63	0.36	5.99	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
71260	.....	A	Contrast CAT scan of chest	1.24	7.29	0.51	9.04	XXX	N
71260	26	A	Contrast CAT scan of chest	1.24	0.55	0.08	1.87	XXX	N
71260	TC	A	Contrast CAT scan of chest	0.00	6.74	0.43	7.17	XXX	N
71270	.....	A	Contrast CAT scans of chest	1.38	9.04	0.61	11.03	XXX	N
71270	26	A	Contrast CAT scans of chest	1.38	0.61	0.09	2.08	XXX	N
71270	TC	A	Contrast CAT scans of chest	0.00	8.43	0.52	8.95	XXX	N
71550	.....	A	Magnetic image, chest	1.60	11.40	0.78	13.78	XXX	N
71550	26	A	Magnetic image, chest	1.60	0.72	0.11	2.43	XXX	N
71550	TC	A	Magnetic image, chest	0.00	10.68	0.67	11.35	XXX	N
71555	.....	N	Magnetic imaging/chest (MRA)	+1.81	11.40	0.78	13.99	XXX	0
71555	26	N	Magnetic imaging/chest (MRA)	+1.81	0.72	0.11	2.64	XXX	0
71555	TC	N	Magnetic imaging/chest (MRA)	+0.00	10.68	0.67	11.35	XXX	0
72010	.....	A	X-ray exam of spine	0.45	1.18	0.09	1.72	XXX	N
72010	26	A	X-ray exam of spine	0.45	0.20	0.03	0.68	XXX	N
72010	TC	A	X-ray exam of spine	0.00	0.98	0.06	1.04	XXX	N
72020	.....	A	X-ray exam of spine	0.15	0.47	0.04	0.66	XXX	N
72020	26	A	X-ray exam of spine	0.15	0.07	0.01	0.23	XXX	N
72020	TC	A	X-ray exam of spine	0.00	0.40	0.03	0.43	XXX	N
72040	.....	A	X-ray exam of neck spine	0.22	0.67	0.05	0.94	XXX	N
72040	26	A	X-ray exam of neck spine	0.22	0.10	0.01	0.33	XXX	N
72040	TC	A	X-ray exam of neck spine	0.00	0.57	0.04	0.61	XXX	N
72050	.....	A	X-ray exam of neck spine	0.31	0.99	0.08	1.38	XXX	N
72050	26	A	X-ray exam of neck spine	0.31	0.14	0.02	0.47	XXX	N
72050	TC	A	X-ray exam of neck spine	0.00	0.85	0.06	0.91	XXX	N
72052	.....	A	X-ray exam of neck spine	0.36	1.25	0.09	1.70	XXX	N
72052	26	A	X-ray exam of neck spine	0.36	0.17	0.02	0.55	XXX	N
72052	TC	A	X-ray exam of neck spine	0.00	1.08	0.07	1.15	XXX	N
72069	.....	A	X-ray exam of trunk spine	0.22	0.57	0.04	0.83	XXX	N
72069	26	A	X-ray exam of trunk spine	0.22	0.10	0.01	0.33	XXX	N
72069	TC	A	X-ray exam of trunk spine	0.00	0.47	0.03	0.50	XXX	N
72070	.....	A	X-ray exam of thorax spine	0.22	0.72	0.05	0.99	XXX	N
72070	26	A	X-ray exam of thorax spine	0.22	0.10	0.01	0.33	XXX	N
72070	TC	A	X-ray exam of thorax spine	0.00	0.62	0.04	0.66	XXX	N
72072	.....	A	X-ray exam of thoracic spine	0.22	0.80	0.06	1.08	XXX	N
72072	26	A	X-ray exam of thoracic spine	0.22	0.10	0.01	0.33	XXX	N
72072	TC	A	X-ray exam of thoracic spine	0.00	0.70	0.05	0.75	XXX	N
72074	.....	A	X-ray exam of thoracic spine	0.22	0.97	0.07	1.26	XXX	N
72074	26	A	X-ray exam of thoracic spine	0.22	0.10	0.01	0.33	XXX	N
72074	TC	A	X-ray exam of thoracic spine	0.00	0.87	0.06	0.93	XXX	N
72080	.....	A	X-ray exam of trunk spine	0.22	0.74	0.05	1.01	XXX	N
72080	26	A	X-ray exam of trunk spine	0.22	0.10	0.01	0.33	XXX	N
72080	TC	A	X-ray exam of trunk spine	0.00	0.64	0.04	0.68	XXX	N
72090	.....	A	X-ray exam of trunk spine	0.28	0.77	0.06	1.11	XXX	N
72090	26	A	X-ray exam of trunk spine	0.28	0.13	0.02	0.43	XXX	N
72090	TC	A	X-ray exam of trunk spine	0.00	0.64	0.04	0.68	XXX	N
72100	.....	A	X-ray exam of lower spine	0.22	0.74	0.05	1.01	XXX	N
72100	26	A	X-ray exam of lower spine	0.22	0.10	0.01	0.33	XXX	N
72100	TC	A	X-ray exam of lower spine	0.00	0.64	0.04	0.68	XXX	N
72110	.....	A	X-ray exam of lower spine	0.31	1.01	0.08	1.40	XXX	N
72110	26	A	X-ray exam of lower spine	0.31	0.14	0.02	0.47	XXX	N
72110	TC	A	X-ray exam of lower spine	0.00	0.87	0.06	0.93	XXX	N
72114	.....	A	X-ray exam of lower spine	0.36	1.30	0.09	1.75	XXX	N
72114	26	A	X-ray exam of lower spine	0.36	0.17	0.02	0.55	XXX	N
72114	TC	A	X-ray exam of lower spine	0.00	1.13	0.07	1.20	XXX	N
72120	.....	A	X-ray exam of lower spine	0.22	0.95	0.07	1.24	XXX	N
72120	26	A	X-ray exam of lower spine	0.22	0.10	0.01	0.33	XXX	N
72120	TC	A	X-ray exam of lower spine	0.00	0.85	0.06	0.91	XXX	N
72125	.....	A	CAT scan of neck spine	1.16	6.14	0.44	7.74	XXX	N
72125	26	A	CAT scan of neck spine	1.16	0.51	0.08	1.75	XXX	N
72125	TC	A	CAT scan of neck spine	0.00	5.63	0.36	5.99	XXX	N
72126	.....	A	Contrast CAT scan of neck	1.22	7.27	0.51	9.00	XXX	N
72126	26	A	Contrast CAT scan of neck	1.22	0.53	0.08	1.83	XXX	N
72126	TC	A	Contrast CAT scan of neck	0.00	6.74	0.43	7.17	XXX	N
72127	.....	A	Contrast CAT scans of neck	1.27	8.99	0.61	10.87	XXX	N
72127	26	A	Contrast CAT scans of neck	1.27	0.56	0.09	1.92	XXX	N
72127	TC	A	Contrast CAT scans of neck	0.00	8.43	0.52	8.95	XXX	N
72128	.....	A	CAT scan of thorax spine	1.16	6.14	0.44	7.74	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
72128	26	A	CAT scan of thorax spine	1.16	0.51	0.08	1.75	XXX	N
72128	TC	A	CAT scan of thorax spine	0.00	5.63	0.36	5.99	XXX	N
72129		A	Contrast CAT scan of thorax	1.22	7.27	0.51	9.00	XXX	N
72129	26	A	Contrast CAT scan of thorax	1.22	0.53	0.08	1.83	XXX	N
72129	TC	A	Contrast CAT scan of thorax	0.00	6.74	0.43	7.17	XXX	N
72130		A	Contrast CAT scans of thorax	1.27	8.99	0.61	10.87	XXX	N
72130	26	A	Contrast CAT scans of thorax	1.27	0.56	0.09	1.92	XXX	N
72130	TC	A	Contrast CAT scans of thorax	0.00	8.43	0.52	8.95	XXX	N
72131		A	CAT scan of lower spine	1.16	6.14	0.44	7.74	XXX	N
72131	26	A	CAT scan of lower spine	1.16	0.51	0.08	1.75	XXX	N
72131	TC	A	CAT scan of lower spine	0.00	5.63	0.36	5.99	XXX	N
72132		A	Contrast CAT of lower spine	1.22	7.27	0.51	9.00	XXX	N
72132	26	A	Contrast CAT of lower spine	1.22	0.53	0.08	1.83	XXX	N
72132	TC	A	Contrast CAT of lower spine	0.00	6.74	0.43	7.17	XXX	N
72133		A	Contrast CAT scans, low spine	1.27	8.99	0.61	10.87	XXX	N
72133	26	A	Contrast CAT scans, low spine	1.27	0.56	0.09	1.92	XXX	N
72133	TC	A	Contrast CAT scans, low spine	0.00	8.43	0.52	8.95	XXX	N
72141		A	Magnetic image, neck spine	1.60	11.40	0.78	13.78	XXX	N
72141	26	A	Magnetic image, neck spine	1.60	0.72	0.11	2.43	XXX	N
72141	TC	A	Magnetic image, neck spine	0.00	10.68	0.67	11.35	XXX	N
72142		A	Magnetic image, neck spine	1.92	13.67	0.94	16.53	XXX	N
72142	26	A	Magnetic image, neck spine	1.92	0.86	0.13	2.91	XXX	N
72142	TC	A	Magnetic image, neck spine	0.00	12.81	0.81	13.62	XXX	N
72146		A	Magnetic image, chest spine	1.60	12.58	0.85	15.03	XXX	N
72146	26	A	Magnetic image, chest spine	1.60	0.72	0.11	2.43	XXX	N
72146	TC	A	Magnetic image, chest spine	0.00	11.86	0.74	12.60	XXX	N
72147		A	Magnetic image, chest spine	1.92	13.67	0.94	16.53	XXX	N
72147	26	A	Magnetic image, chest spine	1.92	0.86	0.13	2.91	XXX	N
72147	TC	A	Magnetic image, chest spine	0.00	12.81	0.81	13.62	XXX	N
72148		A	Magnetic image, lumbar spine	1.48	12.52	0.84	14.84	XXX	N
72148	26	A	Magnetic image, lumbar spine	1.48	0.66	0.10	2.24	XXX	N
72148	TC	A	Magnetic image, lumbar spine	0.00	11.86	0.74	12.60	XXX	N
72149		A	Magnetic image, lumbar spine	1.78	13.61	0.93	16.32	XXX	N
72149	26	A	Magnetic image, lumbar spine	1.78	0.80	0.12	2.70	XXX	N
72149	TC	A	Magnetic image, lumbar spine	0.00	12.81	0.81	13.62	XXX	N
72156		A	Magnetic image, neck spine	2.57	24.87	1.66	29.10	XXX	N
72156	26	A	Magnetic image, neck spine	2.57	1.15	0.17	3.89	XXX	N
72156	TC	A	Magnetic image, neck spine	0.00	23.72	1.49	25.21	XXX	N
72157		A	Magnetic image, chest spine	2.57	24.87	1.66	29.10	XXX	N
72157	26	A	Magnetic image, chest spine	2.57	1.15	0.17	3.89	XXX	N
72157	TC	A	Magnetic image, chest spine	0.00	23.72	1.49	25.21	XXX	N
72158		A	Magnetic image, lumbar spine	2.36	24.79	1.65	28.80	XXX	N
72158	26	A	Magnetic image, lumbar spine	2.36	1.07	0.16	3.59	XXX	N
72158	TC	A	Magnetic image, lumbar spine	0.00	23.72	1.49	25.21	XXX	N
72159		N	Magnetic imaging/spine (MRA)	+1.80	12.52	0.84	15.16	XXX	0
72159	26	N	Magnetic imaging/spine (MRA)	+1.80	0.66	0.10	2.56	XXX	0
72159	TC	N	Magnetic imaging/spine (MRA)	+0.00	11.86	0.74	12.60	XXX	0
72170		A	X-ray exam of pelvis	0.17	0.57	0.04	0.78	XXX	N
72170	26	A	X-ray exam of pelvis	0.17	0.07	0.01	0.25	XXX	N
72170	TC	A	X-ray exam of pelvis	0.00	0.50	0.03	0.53	XXX	N
72190		A	X-ray exam of pelvis	0.21	0.74	0.05	1.00	XXX	N
72190	26	A	X-ray exam of pelvis	0.21	0.10	0.01	0.32	XXX	N
72190	TC	A	X-ray exam of pelvis	0.00	0.64	0.04	0.68	XXX	N
72192		A	CAT scan of pelvis	1.09	6.11	0.43	7.63	XXX	N
72192	26	A	CAT scan of pelvis	1.09	0.48	0.07	1.64	XXX	N
72192	TC	A	CAT scan of pelvis	0.00	5.63	0.36	5.99	XXX	N
72193		A	Contrast CAT scan of pelvis	1.16	7.03	0.49	8.68	XXX	N
72193	26	A	Contrast CAT scan of pelvis	1.16	0.51	0.08	1.75	XXX	N
72193	TC	A	Contrast CAT scan of pelvis	0.00	6.52	0.41	6.93	XXX	N
72194		A	Contrast CAT scans of pelvis	1.22	8.62	0.58	10.42	XXX	N
72194	26	A	Contrast CAT scans of pelvis	1.22	0.53	0.08	1.83	XXX	N
72194	TC	A	Contrast CAT scans of pelvis	0.00	8.09	0.50	8.59	XXX	N
72196		A	Magnetic image, pelvis	1.60	11.40	0.78	13.78	XXX	N
72196	26	A	Magnetic image, pelvis	1.60	0.72	0.11	2.43	XXX	N
72196	TC	A	Magnetic image, pelvis	0.00	10.68	0.67	11.35	XXX	N
72198		N	Magnetic imaging/pelvis (MRA)	+1.80	11.40	0.78	13.98	XXX	0
72198	26	N	Magnetic imaging/pelvis (MRA)	+1.80	0.72	0.11	2.63	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
72198	TC	N	Magnetic imaging/pelvis (MRA)	+0.00	10.68	0.67	11.35	XXX	0
72200		A	X-ray exam sacroiliac joints	0.17	0.58	0.04	0.79	XXX	N
72200	26	A	X-ray exam sacroiliac joints	0.17	0.08	0.01	0.26	XXX	N
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.50	0.03	0.53	XXX	N
72202		A	X-ray exam sacroiliac joints	0.19	0.68	0.05	0.92	XXX	N
72202	26	A	X-ray exam sacroiliac joints	0.19	0.09	0.01	0.29	XXX	N
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.59	0.04	0.63	XXX	N
72220		A	X-ray exam of tailbone	0.17	0.62	0.05	0.84	XXX	N
72220	26	A	X-ray exam of tailbone	0.17	0.08	0.01	0.26	XXX	N
72220	TC	A	X-ray exam of tailbone	0.00	0.54	0.04	0.58	XXX	N
72240		A	Contrast x-ray of neck spine	0.91	4.93	0.35	6.19	XXX	N
72240	26	A	Contrast x-ray of neck spine	0.91	0.41	0.06	1.38	XXX	N
72240	TC	A	Contrast x-ray of neck spine	0.00	4.52	0.29	4.81	XXX	N
72255		A	Contrast x-ray thorax spine	0.91	4.54	0.32	5.77	XXX	N
72255	26	A	Contrast x-ray thorax spine	0.91	0.41	0.06	1.38	XXX	N
72255	TC	A	Contrast x-ray thorax spine	0.00	4.13	0.26	4.39	XXX	N
72265		A	Contrast x-ray lower spine	0.83	4.26	0.31	5.40	XXX	N
72265	26	A	Contrast x-ray lower spine	0.83	0.38	0.06	1.27	XXX	N
72265	TC	A	Contrast x-ray lower spine	0.00	3.88	0.25	4.13	XXX	N
72270		A	Contrast x-ray of spine	1.33	6.40	0.46	8.19	XXX	N
72270	26	A	Contrast x-ray of spine	1.33	0.59	0.09	2.01	XXX	N
72270	TC	A	Contrast x-ray of spine	0.00	5.81	0.37	6.18	XXX	N
72285		A	X-ray of neck spine disk	0.83	8.37	0.56	9.76	XXX	N
72285	26	A	X-ray of neck spine disk	0.83	0.38	0.06	1.27	XXX	N
72285	TC	A	X-ray of neck spine disk	0.00	7.99	0.50	8.49	XXX	N
72295		A	X-ray of lower spine disk	0.83	7.87	0.52	9.22	XXX	N
72295	26	A	X-ray of lower spine disk	0.83	0.38	0.06	1.27	XXX	N
72295	TC	A	X-ray of lower spine disk	0.00	7.49	0.46	7.95	XXX	N
73000		A	X-ray exam of collarbone	0.16	0.57	0.04	0.77	XXX	N
73000	26	A	X-ray exam of collarbone	0.16	0.07	0.01	0.24	XXX	N
73000	TC	A	X-ray exam of collarbone	0.00	0.50	0.03	0.53	XXX	N
73010		A	X-ray exam of shoulder blade	0.17	0.58	0.04	0.79	XXX	N
73010	26	A	X-ray exam of shoulder blade	0.17	0.08	0.01	0.26	XXX	N
73010	TC	A	X-ray exam of shoulder blade	0.00	0.50	0.03	0.53	XXX	N
73020		A	X-ray exam of shoulder	0.15	0.52	0.04	0.71	XXX	N
73020	26	A	X-ray exam of shoulder	0.15	0.07	0.01	0.23	XXX	N
73020	TC	A	X-ray exam of shoulder	0.00	0.45	0.03	0.48	XXX	N
73030		A	X-ray exam of shoulder	0.18	0.62	0.05	0.85	XXX	N
73030	26	A	X-ray exam of shoulder	0.18	0.08	0.01	0.27	XXX	N
73030	TC	A	X-ray exam of shoulder	0.00	0.54	0.04	0.58	XXX	N
73040		A	Contrast x-ray of shoulder	0.54	2.25	0.17	2.96	XXX	N
73040	26	A	Contrast x-ray of shoulder	0.54	0.25	0.04	0.83	XXX	N
73040	TC	A	Contrast x-ray of shoulder	0.00	2.00	0.13	2.13	XXX	N
73050		A	X-ray exam of shoulders	0.20	0.73	0.05	0.98	XXX	N
73050	26	A	X-ray exam of shoulders	0.20	0.09	0.01	0.30	XXX	N
73050	TC	A	X-ray exam of shoulders	0.00	0.64	0.04	0.68	XXX	N
73060		A	X-ray exam of humerus	0.17	0.62	0.05	0.84	XXX	N
73060	26	A	X-ray exam of humerus	0.17	0.08	0.01	0.26	XXX	N
73060	TC	A	X-ray exam of humerus	0.00	0.54	0.04	0.58	XXX	N
73070		A	X-ray exam of elbow	0.15	0.57	0.04	0.76	XXX	N
73070	26	A	X-ray exam of elbow	0.15	0.07	0.01	0.23	XXX	N
73070	TC	A	X-ray exam of elbow	0.00	0.50	0.03	0.53	XXX	N
73080		A	X-ray exam of elbow	0.17	0.62	0.05	0.84	XXX	N
73080	26	A	X-ray exam of elbow	0.17	0.08	0.01	0.26	XXX	N
73080	TC	A	X-ray exam of elbow	0.00	0.54	0.04	0.58	XXX	N
73085		A	Contrast x-ray of elbow	0.54	2.25	0.17	2.96	XXX	N
73085	26	A	Contrast x-ray of elbow	0.54	0.25	0.04	0.83	XXX	N
73085	TC	A	Contrast x-ray of elbow	0.00	2.00	0.13	2.13	XXX	N
73090		A	X-ray exam of forearm	0.16	0.57	0.04	0.77	XXX	N
73090	26	A	X-ray exam of forearm	0.16	0.07	0.01	0.24	XXX	N
73090	TC	A	X-ray exam of forearm	0.00	0.50	0.03	0.53	XXX	N
73092		A	X-ray exam of arm, infant	0.16	0.54	0.04	0.74	XXX	N
73092	26	A	X-ray exam of arm, infant	0.16	0.07	0.01	0.24	XXX	N
73092	TC	A	X-ray exam of arm, infant	0.00	0.47	0.03	0.50	XXX	N
73100		A	X-ray exam of wrist	0.16	0.54	0.04	0.74	XXX	N
73100	26	A	X-ray exam of wrist	0.16	0.07	0.01	0.24	XXX	N
73100	TC	A	X-ray exam of wrist	0.00	0.47	0.03	0.50	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
73110	.....	A	X-ray exam of wrist	0.17	0.59	0.04	0.80	XXX	N
73110	26	A	X-ray exam of wrist	0.17	0.08	0.01	0.26	XXX	N
73110	TC	A	X-ray exam of wrist	0.00	0.51	0.03	0.54	XXX	N
73115	.....	A	Contrast x-ray of wrist	0.54	1.75	0.14	2.43	XXX	N
73115	26	A	Contrast x-ray of wrist	0.54	0.25	0.04	0.83	XXX	N
73115	TC	A	Contrast x-ray of wrist	0.00	1.50	0.10	1.60	XXX	N
73120	.....	A	X-ray exam of hand	0.16	0.54	0.04	0.74	XXX	N
73120	26	A	X-ray exam of hand	0.16	0.07	0.01	0.24	XXX	N
73120	TC	A	X-ray exam of hand	0.00	0.47	0.03	0.50	XXX	N
73130	.....	A	X-ray exam of hand	0.17	0.59	0.04	0.80	XXX	N
73130	26	A	X-ray exam of hand	0.17	0.08	0.01	0.26	XXX	N
73130	TC	A	X-ray exam of hand	0.00	0.51	0.03	0.54	XXX	N
73140	.....	A	X-ray exam of finger(s)	0.13	0.46	0.04	0.63	XXX	N
73140	26	A	X-ray exam of finger(s)	0.13	0.06	0.01	0.20	XXX	N
73140	TC	A	X-ray exam of finger(s)	0.00	0.40	0.03	0.43	XXX	N
73200	.....	A	CAT scan of arm	1.09	5.21	0.37	6.67	XXX	N
73200	26	A	CAT scan of arm	1.09	0.48	0.07	1.64	XXX	N
73200	TC	A	CAT scan of arm	0.00	4.73	0.30	5.03	XXX	N
73201	.....	A	Contrast CAT scan of arm	1.16	6.14	0.44	7.74	XXX	N
73201	26	A	Contrast CAT scan of arm	1.16	0.51	0.08	1.75	XXX	N
73201	TC	A	Contrast CAT scan of arm	0.00	5.63	0.36	5.99	XXX	N
73202	.....	A	Contrast CAT scans of arm	1.22	7.61	0.53	9.36	XXX	N
73202	26	A	Contrast CAT scans of arm	1.22	0.53	0.08	1.83	XXX	N
73202	TC	A	Contrast CAT scans of arm	0.00	7.08	0.45	7.53	XXX	N
73220	.....	A	Magnetic image, arm, hand	1.48	11.34	0.77	13.59	XXX	N
73220	26	A	Magnetic image, arm, hand	1.48	0.66	0.10	2.24	XXX	N
73220	TC	A	Magnetic image, arm, hand	0.00	10.68	0.67	11.35	XXX	N
73221	.....	A	Magnetic image, joint of arm	1.48	11.11	0.73	13.32	XXX	N
73221	26	A	Magnetic image, joint of arm	1.48	0.43	0.06	1.97	XXX	N
73221	TC	A	Magnetic image, joint of arm	0.00	10.68	0.67	11.35	XXX	N
73225	.....	N	Magnetic imaging/upper (MRA)	+1.73	11.34	0.77	13.84	XXX	0
73225	26	N	Magnetic imaging/upper (MRA)	+1.73	0.66	0.10	2.49	XXX	0
73225	TC	N	Magnetic imaging/upper (MRA)	+0.00	10.68	0.67	11.35	XXX	0
73500	.....	A	X-ray exam of hip	0.17	0.53	0.04	0.74	XXX	N
73500	26	A	X-ray exam of hip	0.17	0.08	0.01	0.26	XXX	N
73500	TC	A	X-ray exam of hip	0.00	0.45	0.03	0.48	XXX	N
73510	.....	A	X-ray exam of hip	0.21	0.64	0.05	0.90	XXX	N
73510	26	A	X-ray exam of hip	0.21	0.10	0.01	0.32	XXX	N
73510	TC	A	X-ray exam of hip	0.00	0.54	0.04	0.58	XXX	N
73520	.....	A	X-ray exam of hips	0.26	0.76	0.06	1.08	XXX	N
73520	26	A	X-ray exam of hips	0.26	0.12	0.02	0.40	XXX	N
73520	TC	A	X-ray exam of hips	0.00	0.64	0.04	0.68	XXX	N
73525	.....	A	Contrast x-ray of hip	0.54	2.25	0.17	2.96	XXX	N
73525	26	A	Contrast x-ray of hip	0.54	0.25	0.04	0.83	XXX	N
73525	TC	A	Contrast x-ray of hip	0.00	2.00	0.13	2.13	XXX	N
73530	.....	A	X-ray exam of hip	0.29	0.63	0.05	0.97	XXX	N
73530	26	A	X-ray exam of hip	0.29	0.13	0.02	0.44	XXX	N
73530	TC	A	X-ray exam of hip	0.00	0.50	0.03	0.53	XXX	N
73540	.....	A	X-ray exam of pelvis & hips	0.20	0.64	0.05	0.89	XXX	N
73540	26	A	X-ray exam of pelvis & hips	0.20	0.10	0.01	0.31	XXX	N
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.54	0.04	0.58	XXX	N
73550	.....	A	X-ray exam of thigh	0.17	0.62	0.05	0.84	XXX	N
73550	26	A	X-ray exam of thigh	0.17	0.08	0.01	0.26	XXX	N
73550	TC	A	X-ray exam of thigh	0.00	0.54	0.04	0.58	XXX	N
73560	.....	A	X-ray exam of knee	0.17	0.57	0.04	0.78	XXX	N
73560	26	A	X-ray exam of knee	0.17	0.07	0.01	0.25	XXX	N
73560	TC	A	X-ray exam of knee	0.00	0.50	0.03	0.53	XXX	N
73562	.....	A	X-ray exam of knee	0.18	0.63	0.05	0.86	XXX	N
73562	26	A	X-ray exam of knee	0.18	0.09	0.01	0.28	XXX	N
73562	TC	A	X-ray exam of knee	0.00	0.54	0.04	0.58	XXX	N
73564	.....	A	X-ray exam of knee	0.22	0.69	0.06	0.97	XXX	N
73564	26	A	X-ray exam of knee	0.22	0.10	0.02	0.34	XXX	N
73564	TC	A	X-ray exam of knee	0.00	0.59	0.04	0.63	XXX	N
73565	.....	A	X-ray exam of knee	0.17	0.54	0.04	0.75	XXX	N
73565	26	A	X-ray exam of knee	0.17	0.07	0.01	0.25	XXX	N
73565	TC	A	X-ray exam of knee	0.00	0.47	0.03	0.50	XXX	N
73580	.....	A	Contrast x-ray of knee joint	0.54	2.75	0.21	3.50	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
73580	26	A	Contrast x-ray of knee joint	0.54	0.25	0.04	0.83	XXX	N
73580	TC	A	Contrast x-ray of knee joint	0.00	2.50	0.17	2.67	XXX	N
73590		A	X-ray exam of lower leg	0.17	0.57	0.04	0.78	XXX	N
73590	26	A	X-ray exam of lower leg	0.17	0.07	0.01	0.25	XXX	N
73590	TC	A	X-ray exam of lower leg	0.00	0.50	0.03	0.53	XXX	N
73592		A	X-ray exam of leg, infant	0.16	0.54	0.04	0.74	XXX	N
73592	26	A	X-ray exam of leg, infant	0.16	0.07	0.01	0.24	XXX	N
73592	TC	A	X-ray exam of leg, infant	0.00	0.47	0.03	0.50	XXX	N
73600		A	X-ray exam of ankle	0.16	0.54	0.04	0.74	XXX	N
73600	26	A	X-ray exam of ankle	0.16	0.07	0.01	0.24	XXX	N
73600	TC	A	X-ray exam of ankle	0.00	0.47	0.03	0.50	XXX	N
73610		A	X-ray exam of ankle	0.17	0.59	0.04	0.80	XXX	N
73610	26	A	X-ray exam of ankle	0.17	0.08	0.01	0.26	XXX	N
73610	TC	A	X-ray exam of ankle	0.00	0.51	0.03	0.54	XXX	N
73615		A	Contrast x-ray of ankle	0.54	2.25	0.17	2.96	XXX	N
73615	26	A	Contrast x-ray of ankle	0.54	0.25	0.04	0.83	XXX	N
73615	TC	A	Contrast x-ray of ankle	0.00	2.00	0.13	2.13	XXX	N
73620		A	X-ray exam of foot	0.16	0.54	0.04	0.74	XXX	N
73620	26	A	X-ray exam of foot	0.16	0.07	0.01	0.24	XXX	N
73620	TC	A	X-ray exam of foot	0.00	0.47	0.03	0.50	XXX	N
73630		A	X-ray exam of foot	0.17	0.59	0.04	0.80	XXX	N
73630	26	A	X-ray exam of foot	0.17	0.08	0.01	0.26	XXX	N
73630	TC	A	X-ray exam of foot	0.00	0.51	0.03	0.54	XXX	N
73650		A	X-ray exam of heel	0.16	0.52	0.04	0.72	XXX	N
73650	26	A	X-ray exam of heel	0.16	0.07	0.01	0.24	XXX	N
73650	TC	A	X-ray exam of heel	0.00	0.45	0.03	0.48	XXX	N
73660		A	X-ray exam of toe(s)	0.13	0.46	0.04	0.63	XXX	N
73660	26	A	X-ray exam of toe(s)	0.13	0.06	0.01	0.20	XXX	N
73660	TC	A	X-ray exam of toe(s)	0.00	0.40	0.03	0.43	XXX	N
73700		A	CAT scan of leg	1.09	5.21	0.37	6.67	XXX	N
73700	26	A	CAT scan of leg	1.09	0.48	0.07	1.64	XXX	N
73700	TC	A	CAT scan of leg	0.00	4.73	0.30	5.03	XXX	N
73701		A	Contrast CAT scan of leg	1.16	6.14	0.44	7.74	XXX	N
73701	26	A	Contrast CAT scan of leg	1.16	0.51	0.08	1.75	XXX	N
73701	TC	A	Contrast CAT scan of leg	0.00	5.63	0.36	5.99	XXX	N
73702		A	Contrast CAT scans of leg	1.22	7.61	0.53	9.36	XXX	N
73702	26	A	Contrast CAT scans of leg	1.22	0.53	0.08	1.83	XXX	N
73702	TC	A	Contrast CAT scans of leg	0.00	7.08	0.45	7.53	XXX	N
73720		A	Magnetic image, leg, foot	1.48	11.34	0.77	13.59	XXX	N
73720	26	A	Magnetic image, leg, foot	1.48	0.66	0.10	2.24	XXX	N
73720	TC	A	Magnetic image, leg, foot	0.00	10.68	0.67	11.35	XXX	N
73721		A	Magnetic image, joint of leg	1.48	11.11	0.73	13.32	XXX	N
73721	26	A	Magnetic image, joint of leg	1.48	0.43	0.06	1.97	XXX	N
73721	TC	A	Magnetic image, joint of leg	0.00	10.68	0.67	11.35	XXX	N
73725		N	Magnetic imaging/lower (MRA)	+1.82	11.34	0.77	13.93	XXX	0
73725	26	N	Magnetic imaging/lower (MRA)	+1.82	0.66	0.10	2.58	XXX	0
73725	TC	N	Magnetic imaging/lower (MRA)	+0.00	10.68	0.67	11.35	XXX	0
74000		A	X-ray exam of abdomen	0.18	0.58	0.04	0.80	XXX	N
74000	26	A	X-ray exam of abdomen	0.18	0.08	0.01	0.27	XXX	N
74000	TC	A	X-ray exam of abdomen	0.00	0.50	0.03	0.53	XXX	N
74010		A	X-ray exam of abdomen	0.23	0.65	0.06	0.94	XXX	N
74010	26	A	X-ray exam of abdomen	0.23	0.11	0.02	0.36	XXX	N
74010	TC	A	X-ray exam of abdomen	0.00	0.54	0.04	0.58	XXX	N
74020		A	X-ray exam of abdomen	0.27	0.72	0.06	1.05	XXX	N
74020	26	A	X-ray exam of abdomen	0.27	0.13	0.02	0.42	XXX	N
74020	TC	A	X-ray exam of abdomen	0.00	0.59	0.04	0.63	XXX	N
74022		A	X-ray exam series, abdomen	0.32	0.85	0.07	1.24	XXX	N
74022	26	A	X-ray exam series, abdomen	0.32	0.15	0.02	0.49	XXX	N
74022	TC	A	X-ray exam series, abdomen	0.00	0.70	0.05	0.75	XXX	N
74150		A	CAT scan of abdomen	1.19	5.91	0.43	7.53	XXX	N
74150	26	A	CAT scan of abdomen	1.19	0.52	0.08	1.79	XXX	N
74150	TC	A	CAT scan of abdomen	0.00	5.39	0.35	5.74	XXX	N
74160		A	Contrast CAT scan of abdomen	1.27	7.08	0.50	8.85	XXX	N
74160	26	A	Contrast CAT scan of abdomen	1.27	0.56	0.09	1.92	XXX	N
74160	TC	A	Contrast CAT scan of abdomen	0.00	6.52	0.41	6.93	XXX	N
74170		A	Contrast CAT scans, abdomen	1.40	8.71	0.60	10.71	XXX	N
74170	26	A	Contrast CAT scans, abdomen	1.40	0.62	0.10	2.12	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
74170	TC	A	Contrast CAT scans, abdomen	0.00	8.09	0.50	8.59	XXX	N
74181	.....	A	Magnetic image, abdomen (MRI)	1.60	11.40	0.78	13.78	XXX	N
74181	26	A	Magnetic image, abdomen (MRI)	1.60	0.72	0.11	2.43	XXX	N
74181	TC	A	Magnetic image, abdomen (MRI)	0.00	10.68	0.67	11.35	XXX	N
74185	.....	N	Magnetic image/abdomen (MRA)	+1.80	11.40	0.78	13.98	XXX	0
74185	26	N	Magnetic image/abdomen (MRA)	+1.80	0.72	0.11	2.63	XXX	0
74185	TC	N	Magnetic image/abdomen (MRA)	+0.00	10.68	0.67	11.35	XXX	0
74190	.....	A	X-ray exam of peritoneum	0.48	1.37	0.10	1.95	XXX	N
74190	26	A	X-ray exam of peritoneum	0.48	0.13	0.02	0.63	XXX	N
74190	TC	A	X-ray exam of peritoneum	0.00	1.24	0.08	1.32	XXX	N
74210	.....	A	Contrast x-ray exam of throat	0.36	1.29	0.09	1.74	XXX	N
74210	26	A	Contrast x-ray exam of throat	0.36	0.16	0.02	0.54	XXX	N
74210	TC	A	Contrast x-ray exam of throat	0.00	1.13	0.07	1.20	XXX	N
74220	.....	A	Contrast x-ray exam, esophagus	0.46	1.34	0.10	1.90	XXX	N
74220	26	A	Contrast x-ray exam, esophagus	0.46	0.21	0.03	0.70	XXX	N
74220	TC	A	Contrast x-ray exam, esophagus	0.00	1.13	0.07	1.20	XXX	N
74230	.....	A	Cinema x-ray throat/esophagus	0.53	1.49	0.12	2.14	XXX	N
74230	26	A	Cinema x-ray throat/esophagus	0.53	0.25	0.04	0.82	XXX	N
74230	TC	A	Cinema x-ray throat/esophagus	0.00	1.24	0.08	1.32	XXX	N
74235	.....	A	Remove esophagus obstruction	1.19	3.02	0.25	4.46	XXX	N
74235	26	A	Remove esophagus obstruction	1.19	0.52	0.08	1.79	XXX	N
74235	TC	A	Remove esophagus obstruction	0.00	2.50	0.17	2.67	XXX	N
74240	.....	A	X-ray exam upper GI tract	0.69	1.71	0.14	2.54	XXX	N
74240	26	A	X-ray exam upper GI tract	0.69	0.32	0.05	1.06	XXX	N
74240	TC	A	X-ray exam upper GI tract	0.00	1.39	0.09	1.48	XXX	N
74241	.....	A	X-ray exam upper GI tract	0.69	1.74	0.14	2.57	XXX	N
74241	26	A	X-ray exam upper GI tract	0.69	0.32	0.05	1.06	XXX	N
74241	TC	A	X-ray exam upper GI tract	0.00	1.42	0.09	1.51	XXX	N
74245	.....	A	X-ray exam upper GI tract	0.91	2.68	0.21	3.80	XXX	N
74245	26	A	X-ray exam upper GI tract	0.91	0.41	0.06	1.38	XXX	N
74245	TC	A	X-ray exam upper GI tract	0.00	2.27	0.15	2.42	XXX	N
74246	.....	A	Contrast x-ray upper GI tract	0.69	1.89	0.15	2.73	XXX	N
74246	26	A	Contrast x-ray upper GI tract	0.69	0.32	0.05	1.06	XXX	N
74246	TC	A	Contrast x-ray upper GI tract	0.00	1.57	0.10	1.67	XXX	N
74247	.....	A	Contrast x-ray upper GI tract	0.69	1.92	0.16	2.77	XXX	N
74247	26	A	Contrast x-ray upper GI tract	0.69	0.32	0.05	1.06	XXX	N
74247	TC	A	Contrast x-ray upper GI tract	0.00	1.60	0.11	1.71	XXX	N
74249	.....	A	Contrast x-ray upper GI tract	0.91	2.86	0.22	3.99	XXX	N
74249	26	A	Contrast x-ray upper GI tract	0.91	0.41	0.06	1.38	XXX	N
74249	TC	A	Contrast x-ray upper GI tract	0.00	2.45	0.16	2.61	XXX	N
74250	.....	A	X-ray exam of small bowel	0.47	1.45	0.11	2.03	XXX	N
74250	26	A	X-ray exam of small bowel	0.47	0.21	0.03	0.71	XXX	N
74250	TC	A	X-ray exam of small bowel	0.00	1.24	0.08	1.32	XXX	N
74251	.....	A	X-ray exam of small bowel	0.69	1.45	0.11	2.25	XXX	N
74251	26	A	X-ray exam of small bowel	0.69	0.21	0.03	0.93	XXX	N
74251	TC	A	X-ray exam of small bowel	0.00	1.24	0.08	1.32	XXX	N
74260	.....	A	X-ray exam of small bowel	0.50	1.65	0.12	2.27	XXX	N
74260	26	A	X-ray exam of small bowel	0.50	0.23	0.03	0.76	XXX	N
74260	TC	A	X-ray exam of small bowel	0.00	1.42	0.09	1.51	XXX	N
74270	.....	A	Contrast x-ray exam of colon	0.69	1.94	0.16	2.79	XXX	N
74270	26	A	Contrast x-ray exam of colon	0.69	0.32	0.05	1.06	XXX	N
74270	TC	A	Contrast x-ray exam of colon	0.00	1.62	0.11	1.73	XXX	N
74280	.....	A	Contrast x-ray exam of colon	0.99	2.58	0.21	3.78	XXX	N
74280	26	A	Contrast x-ray exam of colon	0.99	0.45	0.07	1.51	XXX	N
74280	TC	A	Contrast x-ray exam of colon	0.00	2.13	0.14	2.27	XXX	N
74283	.....	A	Contrast x-ray exam of colon	2.02	3.34	0.30	5.66	XXX	N
74283	26	A	Contrast x-ray exam of colon	2.02	0.90	0.14	3.06	XXX	N
74283	TC	A	Contrast x-ray exam of colon	0.00	2.44	0.16	2.60	XXX	N
74290	.....	A	Contrast x-ray, gallbladder	0.32	0.85	0.07	1.24	XXX	N
74290	26	A	Contrast x-ray, gallbladder	0.32	0.15	0.02	0.49	XXX	N
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.70	0.05	0.75	XXX	N
74291	.....	A	Contrast x-rays, gallbladder	0.20	0.49	0.04	0.73	XXX	N
74291	26	A	Contrast x-rays, gallbladder	0.20	0.09	0.01	0.30	XXX	N
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.40	0.03	0.43	XXX	N
74300	.....	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	XXX	N
74300	26	A	X-ray bile ducts, pancreas	0.36	0.17	0.02	0.55	XXX	N
74300	TC	C	X-ray bile ducts, pancreas	0.00	0.00	0.00	0.00	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
74301	.....	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	XXX	N
74301	26	A	Additional x-rays at surgery	0.21	0.10	0.01	0.32	XXX	N
74301	TC	C	Additional x-rays at surgery	0.00	0.00	0.00	0.00	XXX	N
74305	.....	A	X-ray bile ducts, pancreas	0.42	0.94	0.08	1.44	XXX	N
74305	26	A	X-ray bile ducts, pancreas	0.42	0.19	0.03	0.64	XXX	N
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.75	0.05	0.80	XXX	N
74320	.....	A	Contrast x-ray of bile ducts	0.54	3.25	0.23	4.02	XXX	N
74320	26	A	Contrast x-ray of bile ducts	0.54	0.25	0.04	0.83	XXX	N
74320	TC	A	Contrast x-ray of bile ducts	0.00	3.00	0.19	3.19	XXX	N
74327	.....	A	X-ray for bile stone removal	0.70	2.00	0.16	2.86	XXX	N
74327	26	A	X-ray for bile stone removal	0.70	0.32	0.05	1.07	XXX	N
74327	TC	A	X-ray for bile stone removal	0.00	1.68	0.11	1.79	XXX	N
74328	.....	A	X-ray for bile duct endoscopy	0.70	3.32	0.24	4.26	XXX	N
74328	26	A	X-ray for bile duct endoscopy	0.70	0.32	0.05	1.07	XXX	N
74328	TC	A	X-ray for bile duct endoscopy	0.00	3.00	0.19	3.19	XXX	N
74329	.....	A	X-ray for pancreas endoscopy	0.70	3.32	0.24	4.26	XXX	N
74329	26	A	X-ray for pancreas endoscopy	0.70	0.32	0.05	1.07	XXX	N
74329	TC	A	X-ray for pancreas endoscopy	0.00	3.00	0.19	3.19	XXX	N
74330	.....	A	X-ray, bile/pancreas endoscopy	0.90	3.32	0.24	4.46	XXX	N
74330	26	A	X-ray, bile/pancreas endoscopy	0.90	0.32	0.05	1.27	XXX	N
74330	TC	A	X-ray, bile/pancreas endoscopy	0.00	3.00	0.19	3.19	XXX	N
74340	.....	A	X-ray guide for GI tube	0.54	2.75	0.21	3.50	XXX	N
74340	26	A	X-ray guide for GI tube	0.54	0.25	0.04	0.83	XXX	N
74340	TC	A	X-ray guide for GI tube	0.00	2.50	0.17	2.67	XXX	N
74350	.....	A	X-ray guide, stomach tube	0.76	3.35	0.24	4.35	XXX	N
74350	26	A	X-ray guide, stomach tube	0.76	0.35	0.05	1.16	XXX	N
74350	TC	A	X-ray guide, stomach tube	0.00	3.00	0.19	3.19	XXX	N
74355	.....	A	X-ray guide, intestinal tube	0.76	2.85	0.22	3.83	XXX	N
74355	26	A	X-ray guide, intestinal tube	0.76	0.35	0.05	1.16	XXX	N
74355	TC	A	X-ray guide, intestinal tube	0.00	2.50	0.17	2.67	XXX	N
74360	.....	A	X-ray guide, GI dilation	0.54	3.25	0.23	4.02	XXX	N
74360	26	A	X-ray guide, GI dilation	0.54	0.25	0.04	0.83	XXX	N
74360	TC	A	X-ray guide, GI dilation	0.00	3.00	0.19	3.19	XXX	N
74363	.....	A	X-ray, bile duct dilation	0.88	6.21	0.43	7.52	XXX	N
74363	26	A	X-ray, bile duct dilation	0.88	0.40	0.06	1.34	XXX	N
74363	TC	A	X-ray, bile duct dilation	0.00	5.81	0.37	6.18	XXX	N
74400	.....	A	Contrast x-ray urinary tract	0.49	1.82	0.14	2.45	XXX	N
74400	26	A	Contrast x-ray urinary tract	0.49	0.22	0.03	0.74	XXX	N
74400	TC	A	Contrast x-ray urinary tract	0.00	1.60	0.11	1.71	XXX	N
74405	.....	A	Contrast x-ray urinary tract	0.49	2.11	0.16	2.76	XXX	N
74405	26	A	Contrast x-ray urinary tract	0.49	0.22	0.03	0.74	XXX	N
74405	TC	A	Contrast x-ray urinary tract	0.00	1.89	0.13	2.02	XXX	N
74410	.....	A	Contrast x-ray urinary tract	0.49	2.08	0.15	2.72	XXX	N
74410	26	A	Contrast x-ray urinary tract	0.49	0.22	0.03	0.74	XXX	N
74410	TC	A	Contrast x-ray urinary tract	0.00	1.86	0.12	1.98	XXX	N
74415	.....	A	Contrast x-ray urinary tract	0.49	2.24	0.16	2.89	XXX	N
74415	26	A	Contrast x-ray urinary tract	0.49	0.22	0.03	0.74	XXX	N
74415	TC	A	Contrast x-ray urinary tract	0.00	2.02	0.13	2.15	XXX	N
74420	.....	A	Contrast x-ray urinary tract	0.36	2.66	0.19	3.21	XXX	N
74420	26	A	Contrast x-ray urinary tract	0.36	0.16	0.02	0.54	XXX	N
74420	TC	A	Contrast x-ray urinary tract	0.00	2.50	0.17	2.67	XXX	N
74425	.....	A	Contrast x-ray urinary tract	0.36	1.40	0.10	1.86	XXX	N
74425	26	A	Contrast x-ray urinary tract	0.36	0.16	0.02	0.54	XXX	N
74425	TC	A	Contrast x-ray urinary tract	0.00	1.24	0.08	1.32	XXX	N
74430	.....	A	Contrast x-ray of bladder	0.32	1.15	0.09	1.56	XXX	N
74430	26	A	Contrast x-ray of bladder	0.32	0.15	0.02	0.49	XXX	N
74430	TC	A	Contrast x-ray of bladder	0.00	1.00	0.07	1.07	XXX	N
74440	.....	A	X-ray exam male genital tract	0.38	1.25	0.10	1.73	XXX	N
74440	26	A	X-ray exam male genital tract	0.38	0.17	0.03	0.58	XXX	N
74440	TC	A	X-ray exam male genital tract	0.00	1.08	0.07	1.15	XXX	N
74445	.....	A	X-ray exam of penis	1.14	1.58	0.15	2.87	XXX	N
74445	26	A	X-ray exam of penis	1.14	0.50	0.08	1.72	XXX	N
74445	TC	A	X-ray exam of penis	0.00	1.08	0.07	1.15	XXX	N
74450	.....	A	X-ray exam urethra/bladder	0.33	1.54	0.11	1.98	XXX	N
74450	26	A	X-ray exam urethra/bladder	0.33	0.15	0.02	0.50	XXX	N
74450	TC	A	X-ray exam urethra/bladder	0.00	1.39	0.09	1.48	XXX	N
74455	.....	A	X-ray exam urethra/bladder	0.33	1.65	0.12	2.10	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
74455	26	A	X-ray exam urethra/bladder	0.33	0.15	0.02	0.50	XXX	N
74455	TC	A	X-ray exam urethra/bladder	0.00	1.50	0.10	1.60	XXX	N
74470		A	X-ray exam of kidney lesion	0.54	1.44	0.12	2.10	XXX	N
74470	26	A	X-ray exam of kidney lesion	0.54	0.25	0.04	0.83	XXX	N
74470	TC	A	X-ray exam of kidney lesion	0.00	1.19	0.08	1.27	XXX	N
74475		A	X-ray control catheter insert	0.54	4.13	0.29	4.96	XXX	N
74475	26	A	X-ray control catheter insert	0.54	0.25	0.04	0.83	XXX	N
74475	TC	A	X-ray control catheter insert	0.00	3.88	0.25	4.13	XXX	N
74480		A	X-ray control catheter insert	0.54	4.13	0.29	4.96	XXX	N
74480	26	A	X-ray control catheter insert	0.54	0.25	0.04	0.83	XXX	N
74480	TC	A	X-ray control catheter insert	0.00	3.88	0.25	4.13	XXX	N
74485		A	X-ray guide, GU dilation	0.54	3.25	0.23	4.02	XXX	N
74485	26	A	X-ray guide, GU dilation	0.54	0.25	0.04	0.83	XXX	N
74485	TC	A	X-ray guide, GU dilation	0.00	3.00	0.19	3.19	XXX	N
74710		A	X-ray measurement of pelvis	0.34	1.16	0.09	1.59	XXX	N
74710	26	A	X-ray measurement of pelvis	0.34	0.16	0.02	0.52	XXX	N
74710	TC	A	X-ray measurement of pelvis	0.00	1.00	0.07	1.07	XXX	N
74740		A	X-ray female genital tract	0.38	1.41	0.11	1.90	XXX	N
74740	26	A	X-ray female genital tract	0.38	0.17	0.03	0.58	XXX	N
74740	TC	A	X-ray female genital tract	0.00	1.24	0.08	1.32	XXX	N
74742		A	X-ray fallopian tube	0.61	3.25	0.23	4.09	XXX	N
74742	26	A	X-ray fallopian tube	0.61	0.25	0.04	0.90	XXX	N
74742	TC	A	X-ray fallopian tube	0.00	3.00	0.19	3.19	XXX	N
74775		A	X-ray exam of perineum	0.62	1.68	0.13	2.43	XXX	N
74775	26	A	X-ray exam of perineum	0.62	0.29	0.04	0.95	XXX	N
74775	TC	A	X-ray exam of perineum	0.00	1.39	0.09	1.48	XXX	N
75552		A	Magnetic image, myocardium	1.60	11.40	0.78	13.78	XXX	N
75552	26	A	Magnetic image, myocardium	1.60	0.72	0.11	2.43	XXX	N
75552	TC	A	Magnetic image, myocardium	0.00	10.68	0.67	11.35	XXX	N
75553		A	Magnetic image, myocardium	2.00	11.40	0.78	14.18	XXX	N
75553	26	A	Magnetic image, myocardium	2.00	0.72	0.11	2.83	XXX	N
75553	TC	A	Magnetic image, myocardium	0.00	10.68	0.67	11.35	XXX	N
75554		A	Cardiac MRI/function	1.83	11.40	0.78	14.01	XXX	N
75554	26	A	Cardiac MRI/function	1.83	0.72	0.11	2.66	XXX	N
75554	TC	A	Cardiac MRI/function	0.00	10.68	0.67	11.35	XXX	N
75555		A	Cardiac MRI/limited study	1.74	11.40	0.78	13.92	XXX	N
75555	26	A	Cardiac MRI/limited study	1.74	0.72	0.11	2.57	XXX	N
75555	TC	A	Cardiac MRI/limited study	0.00	10.68	0.67	11.35	XXX	N
75556		N	Cardiac MRI/flow mapping	0.00	0.00	0.00	0.00	XXX	0
75600		A	Contrast x-ray exam of aorta	0.49	12.23	0.78	13.50	XXX	N
75600	26	A	Contrast x-ray exam of aorta	0.49	0.22	0.03	0.74	XXX	N
75600	TC	A	Contrast x-ray exam of aorta	0.00	12.01	0.75	12.76	XXX	N
75605		A	Contrast x-ray exam of aorta	1.14	12.51	0.83	14.48	XXX	N
75605	26	A	Contrast x-ray exam of aorta	1.14	0.50	0.08	1.72	XXX	N
75605	TC	A	Contrast x-ray exam of aorta	0.00	12.01	0.75	12.76	XXX	N
75625		A	Contrast x-ray exam of aorta	1.14	12.51	0.83	14.48	XXX	N
75625	26	A	Contrast x-ray exam of aorta	1.14	0.50	0.08	1.72	XXX	N
75625	TC	A	Contrast x-ray exam of aorta	0.00	12.01	0.75	12.76	XXX	N
75630		A	X-ray aorta, leg arteries	1.79	13.09	0.88	15.76	XXX	N
75630	26	A	X-ray aorta, leg arteries	1.79	0.58	0.09	2.46	XXX	N
75630	TC	A	X-ray aorta, leg arteries	0.00	12.51	0.79	13.30	XXX	N
75650		A	Artery x-rays, head & neck	1.49	12.67	0.85	15.01	XXX	N
75650	26	A	Artery x-rays, head & neck	1.49	0.66	0.10	2.25	XXX	N
75650	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75658		A	X-ray exam of arm arteries	1.31	12.59	0.84	14.74	XXX	N
75658	26	A	X-ray exam of arm arteries	1.31	0.58	0.09	1.98	XXX	N
75658	TC	A	X-ray exam of arm arteries	0.00	12.01	0.75	12.76	XXX	N
75660		A	Artery x-rays, head & neck	1.31	12.59	0.84	14.74	XXX	N
75660	26	A	Artery x-rays, head & neck	1.31	0.58	0.09	1.98	XXX	N
75660	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75662		A	Artery x-rays, head & neck	1.66	12.75	0.86	15.27	XXX	N
75662	26	A	Artery x-rays, head & neck	1.66	0.74	0.11	2.51	XXX	N
75662	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75665		A	Artery x-rays, head & neck	1.31	12.59	0.84	14.74	XXX	N
75665	26	A	Artery x-rays, head & neck	1.31	0.58	0.09	1.98	XXX	N
75665	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75671		A	Artery x-rays, head & neck	1.66	12.75	0.86	15.27	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
75671	26	A	Artery x-rays, head & neck	1.66	0.74	0.11	2.51	XXX	N
75671	TC	A	Artery x-rays, head & neck	0.00	12.01	0.75	12.76	XXX	N
75676		A	Artery x-rays, neck	1.31	12.59	0.84	14.74	XXX	N
75676	26	A	Artery x-rays, neck	1.31	0.58	0.09	1.98	XXX	N
75676	TC	A	Artery x-rays, neck	0.00	12.01	0.75	12.76	XXX	N
75680		A	Artery x-rays, neck	1.66	12.75	0.86	15.27	XXX	N
75680	26	A	Artery x-rays, neck	1.66	0.74	0.11	2.51	XXX	N
75680	TC	A	Artery x-rays, neck	0.00	12.01	0.75	12.76	XXX	N
75685		A	Artery x-rays, spine	1.31	12.59	0.84	14.74	XXX	N
75685	26	A	Artery x-rays, spine	1.31	0.58	0.09	1.98	XXX	N
75685	TC	A	Artery x-rays, spine	0.00	12.01	0.75	12.76	XXX	N
75705		A	Artery x-rays, spine	2.18	12.99	0.90	16.07	XXX	N
75705	26	A	Artery x-rays, spine	2.18	0.98	0.15	3.31	XXX	N
75705	TC	A	Artery x-rays, spine	0.00	12.01	0.75	12.76	XXX	N
75710		A	Artery x-rays, arm/leg	1.14	12.51	0.83	14.48	XXX	N
75710	26	A	Artery x-rays, arm/leg	1.14	0.50	0.08	1.72	XXX	N
75710	TC	A	Artery x-rays, arm/leg	0.00	12.01	0.75	12.76	XXX	N
75716		A	Artery x-rays, arms/legs	1.31	12.59	0.84	14.74	XXX	N
75716	26	A	Artery x-rays, arms/legs	1.31	0.58	0.09	1.98	XXX	N
75716	TC	A	Artery x-rays, arms/legs	0.00	12.01	0.75	12.76	XXX	N
75722		A	Artery x-rays, kidney	1.14	12.51	0.83	14.48	XXX	N
75722	26	A	Artery x-rays, kidney	1.14	0.50	0.08	1.72	XXX	N
75722	TC	A	Artery x-rays, kidney	0.00	12.01	0.75	12.76	XXX	N
75724		A	Artery x-rays, kidneys	1.49	12.67	0.85	15.01	XXX	N
75724	26	A	Artery x-rays, kidneys	1.49	0.66	0.10	2.25	XXX	N
75724	TC	A	Artery x-rays, kidneys	0.00	12.01	0.75	12.76	XXX	N
75726		A	Artery x-rays, abdomen	1.14	12.51	0.83	14.48	XXX	N
75726	26	A	Artery x-rays, abdomen	1.14	0.50	0.08	1.72	XXX	N
75726	TC	A	Artery x-rays, abdomen	0.00	12.01	0.75	12.76	XXX	N
75731		A	Artery x-rays, adrenal gland	1.14	12.51	0.83	14.48	XXX	N
75731	26	A	Artery x-rays, adrenal gland	1.14	0.50	0.08	1.72	XXX	N
75731	TC	A	Artery x-rays, adrenal gland	0.00	12.01	0.75	12.76	XXX	N
75733		A	Artery x-rays, adrenal glands	1.31	12.59	0.84	14.74	XXX	N
75733	26	A	Artery x-rays, adrenal glands	1.31	0.58	0.09	1.98	XXX	N
75733	TC	A	Artery x-rays, adrenal glands	0.00	12.01	0.75	12.76	XXX	N
75736		A	Artery x-rays, pelvis	1.14	12.51	0.83	14.48	XXX	N
75736	26	A	Artery x-rays, pelvis	1.14	0.50	0.08	1.72	XXX	N
75736	TC	A	Artery x-rays, pelvis	0.00	12.01	0.75	12.76	XXX	N
75741		A	Artery x-rays, lung	1.31	12.59	0.84	14.74	XXX	N
75741	26	A	Artery x-rays, lung	1.31	0.58	0.09	1.98	XXX	N
75741	TC	A	Artery x-rays, lung	0.00	12.01	0.75	12.76	XXX	N
75743		A	Artery x-rays, lungs	1.66	12.75	0.86	15.27	XXX	N
75743	26	A	Artery x-rays, lungs	1.66	0.74	0.11	2.51	XXX	N
75743	TC	A	Artery x-rays, lungs	0.00	12.01	0.75	12.76	XXX	N
75746		A	Artery x-rays, lung	1.14	12.51	0.83	14.48	XXX	N
75746	26	A	Artery x-rays, lung	1.14	0.50	0.08	1.72	XXX	N
75746	TC	A	Artery x-rays, lung	0.00	12.01	0.75	12.76	XXX	N
75756		A	Artery x-rays, chest	1.14	12.51	0.83	14.48	XXX	N
75756	26	A	Artery x-rays, chest	1.14	0.50	0.08	1.72	XXX	N
75756	TC	A	Artery x-rays, chest	0.00	12.01	0.75	12.76	XXX	N
75774		A	Artery x-ray, each vessel	0.36	12.17	0.77	13.30	XXX	N
75774	26	A	Artery x-ray, each vessel	0.36	0.16	0.02	0.54	XXX	N
75774	TC	A	Artery x-ray, each vessel	0.00	12.01	0.75	12.76	XXX	N
75790		A	Visualize A-V shunt	1.84	2.12	0.21	4.17	XXX	N
75790	26	A	Visualize A-V shunt	1.84	0.83	0.12	2.79	XXX	N
75790	TC	A	Visualize A-V shunt	0.00	1.29	0.09	1.38	XXX	N
75801		A	Lymph vessel x-ray, arm/leg	0.81	5.53	0.38	6.72	XXX	N
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.37	0.05	1.23	XXX	N
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	5.16	0.33	5.49	XXX	N
75803		A	Lymph vessel x-ray, arms/legs	1.17	5.67	0.41	7.25	XXX	N
75803	26	A	Lymph vessel x-ray, arms/legs	1.17	0.51	0.08	1.76	XXX	N
75803	TC	A	Lymph vessel x-ray, arms/legs	0.00	5.16	0.33	5.49	XXX	N
75805		A	Lymph vessel x-ray, trunk	0.81	6.18	0.42	7.41	XXX	N
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.37	0.05	1.23	XXX	N
75805	TC	A	Lymph vessel x-ray, trunk	0.00	5.81	0.37	6.18	XXX	N
75807		A	Lymph vessel x-ray, trunk	1.17	6.32	0.45	7.94	XXX	N
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.51	0.08	1.76	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
75807	TC	A	Lymph vessel x-ray, trunk	0.00	5.81	0.37	6.18	XXX	N
75809		A	Nonvascular shunt, x-ray	0.47	0.94	0.08	1.49	XXX	N
75809	26	A	Nonvascular shunt, x-ray	0.47	0.19	0.03	0.69	XXX	N
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.75	0.05	0.80	XXX	N
75810		A	Vein x-ray, spleen/liver	1.14	12.51	0.83	14.48	XXX	N
75810	26	A	Vein x-ray, spleen/liver	1.14	0.50	0.08	1.72	XXX	N
75810	TC	A	Vein x-ray, spleen/liver	0.00	12.01	0.75	12.76	XXX	N
75820		A	Vein x-ray, arm/leg	0.70	1.22	0.11	2.03	XXX	N
75820	26	A	Vein x-ray, arm/leg	0.70	0.32	0.05	1.07	XXX	N
75820	TC	A	Vein x-ray, arm/leg	0.00	0.90	0.06	0.96	XXX	N
75822		A	Vein x-ray, arms/legs	1.06	1.88	0.16	3.10	XXX	N
75822	26	A	Vein x-ray, arms/legs	1.06	0.47	0.07	1.60	XXX	N
75822	TC	A	Vein x-ray, arms/legs	0.00	1.41	0.09	1.50	XXX	N
75825		A	Vein x-ray, trunk	1.14	12.51	0.83	14.48	XXX	N
75825	26	A	Vein x-ray, trunk	1.14	0.50	0.08	1.72	XXX	N
75825	TC	A	Vein x-ray, trunk	0.00	12.01	0.75	12.76	XXX	N
75827		A	Vein x-ray, chest	1.14	12.51	0.83	14.48	XXX	N
75827	26	A	Vein x-ray, chest	1.14	0.50	0.08	1.72	XXX	N
75827	TC	A	Vein x-ray, chest	0.00	12.01	0.75	12.76	XXX	N
75831		A	Vein x-ray, kidney	1.14	12.51	0.83	14.48	XXX	N
75831	26	A	Vein x-ray, kidney	1.14	0.50	0.08	1.72	XXX	N
75831	TC	A	Vein x-ray, kidney	0.00	12.01	0.75	12.76	XXX	N
75833		A	Vein x-ray, kidneys	1.49	12.67	0.85	15.01	XXX	N
75833	26	A	Vein x-ray, kidneys	1.49	0.66	0.10	2.25	XXX	N
75833	TC	A	Vein x-ray, kidneys	0.00	12.01	0.75	12.76	XXX	N
75840		A	Vein x-ray, adrenal gland	1.14	12.51	0.83	14.48	XXX	N
75840	26	A	Vein x-ray, adrenal gland	1.14	0.50	0.08	1.72	XXX	N
75840	TC	A	Vein x-ray, adrenal gland	0.00	12.01	0.75	12.76	XXX	N
75842		A	Vein x-ray, adrenal glands	1.49	12.67	0.85	15.01	XXX	N
75842	26	A	Vein x-ray, adrenal glands	1.49	0.66	0.10	2.25	XXX	N
75842	TC	A	Vein x-ray, adrenal glands	0.00	12.01	0.75	12.76	XXX	N
75860		A	Vein x-ray, neck	1.14	12.51	0.83	14.48	XXX	N
75860	26	A	Vein x-ray, neck	1.14	0.50	0.08	1.72	XXX	N
75860	TC	A	Vein x-ray, neck	0.00	12.01	0.75	12.76	XXX	N
75870		A	Vein x-ray, skull	1.14	12.51	0.83	14.48	XXX	N
75870	26	A	Vein x-ray, skull	1.14	0.50	0.08	1.72	XXX	N
75870	TC	A	Vein x-ray, skull	0.00	12.01	0.75	12.76	XXX	N
75872		A	Vein x-ray, skull	1.14	12.51	0.83	14.48	XXX	N
75872	26	A	Vein x-ray, skull	1.14	0.50	0.08	1.72	XXX	N
75872	TC	A	Vein x-ray, skull	0.00	12.01	0.75	12.76	XXX	N
75880		A	Vein x-ray, eye socket	0.70	1.22	0.11	2.03	XXX	N
75880	26	A	Vein x-ray, eye socket	0.70	0.32	0.05	1.07	XXX	N
75880	TC	A	Vein x-ray, eye socket	0.00	0.90	0.06	0.96	XXX	N
75885		A	Vein x-ray, liver	1.44	12.65	0.85	14.94	XXX	N
75885	26	A	Vein x-ray, liver	1.44	0.64	0.10	2.18	XXX	N
75885	TC	A	Vein x-ray, liver	0.00	12.01	0.75	12.76	XXX	N
75887		A	Vein x-ray, liver	1.44	12.65	0.85	14.94	XXX	N
75887	26	A	Vein x-ray, liver	1.44	0.64	0.10	2.18	XXX	N
75887	TC	A	Vein x-ray, liver	0.00	12.01	0.75	12.76	XXX	N
75889		A	Vein x-ray, liver	1.14	12.51	0.83	14.48	XXX	N
75889	26	A	Vein x-ray, liver	1.14	0.50	0.08	1.72	XXX	N
75889	TC	A	Vein x-ray, liver	0.00	12.01	0.75	12.76	XXX	N
75891		A	Vein x-ray, liver	1.14	12.51	0.83	14.48	XXX	N
75891	26	A	Vein x-ray, liver	1.14	0.50	0.08	1.72	XXX	N
75891	TC	A	Vein x-ray, liver	0.00	12.01	0.75	12.76	XXX	N
75893		A	Venous sampling by catheter	0.54	12.26	0.79	13.59	XXX	N
75893	26	A	Venous sampling by catheter	0.54	0.25	0.04	0.83	XXX	N
75893	TC	A	Venous sampling by catheter	0.00	12.01	0.75	12.76	XXX	N
75894		A	X-rays, transcatheter therapy	1.31	23.58	1.53	26.42	XXX	N
75894	26	A	X-rays, transcatheter therapy	1.31	0.58	0.09	1.98	XXX	N
75894	TC	A	X-rays, transcatheter therapy	0.00	23.00	1.44	24.44	XXX	N
75896		A	X-rays, transcatheter therapy	1.31	20.58	1.34	23.23	XXX	N
75896	26	A	X-rays, transcatheter therapy	1.31	0.58	0.09	1.98	XXX	N
75896	TC	A	X-rays, transcatheter therapy	0.00	20.00	1.25	21.25	XXX	N
75898		A	Follow-up angiogram	1.65	1.74	0.18	3.57	XXX	N
75898	26	A	Follow-up angiogram	1.65	0.74	0.11	2.50	XXX	N
75898	TC	A	Follow-up angiogram	0.00	1.00	0.07	1.07	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
75900	.....	A	Arterial catheter exchange	0.49	20.22	1.29	22.00	XXX	N
75900	26	A	Arterial catheter exchange	0.49	0.23	0.03	0.75	XXX	N
75900	TC	A	Arterial catheter exchange	0.00	19.99	1.26	21.25	XXX	N
75940	.....	A	X-ray placement, vein filter	0.54	12.26	0.79	13.59	XXX	N
75940	26	A	X-ray placement, vein filter	0.54	0.25	0.04	0.83	XXX	N
75940	TC	A	X-ray placement, vein filter	0.00	12.01	0.75	12.76	XXX	N
75945	.....	A	Intravascular us	0.29	4.57	0.31	5.17	XXX	N
75945	26	A	Intravascular us	0.29	0.22	0.03	0.54	XXX	N
75945	TC	A	Intravascular us	0.00	4.35	0.28	4.63	XXX	N
75946	.....	A	Intravascular us	0.29	2.40	0.17	2.86	XXX	N
75946	26	A	Intravascular us	0.29	0.22	0.03	0.54	XXX	N
75946	TC	A	Intravascular us	0.00	2.18	0.14	2.32	XXX	N
75960	.....	A	Transcatheter intro, stent	0.82	14.57	0.94	16.33	XXX	N
75960	26	A	Transcatheter intro, stent	0.82	0.37	0.06	1.25	XXX	N
75960	TC	A	Transcatheter intro, stent	0.00	14.20	0.88	15.08	XXX	N
75961	.....	A	Retrieval, broken catheter	4.25	11.91	0.90	17.06	XXX	N
75961	26	A	Retrieval, broken catheter	4.25	1.90	0.28	6.43	XXX	N
75961	TC	A	Retrieval, broken catheter	0.00	10.01	0.62	10.63	XXX	N
75962	.....	A	Repair arterial blockage	0.54	15.25	0.98	16.77	XXX	N
75962	26	A	Repair arterial blockage	0.54	0.25	0.04	0.83	XXX	N
75962	TC	A	Repair arterial blockage	0.00	15.00	0.94	15.94	XXX	N
75964	.....	A	Repair artery blockage, each	0.36	8.16	0.52	9.04	XXX	N
75964	26	A	Repair artery blockage, each	0.36	0.16	0.02	0.54	XXX	N
75964	TC	A	Repair artery blockage, each	0.00	8.00	0.50	8.50	XXX	N
75966	.....	A	Repair arterial blockage	1.31	15.58	1.03	17.92	XXX	N
75966	26	A	Repair arterial blockage	1.31	0.58	0.09	1.98	XXX	N
75966	TC	A	Repair arterial blockage	0.00	15.00	0.94	15.94	XXX	N
75968	.....	A	Repair artery blockage, each	0.36	8.16	0.52	9.04	XXX	N
75968	26	A	Repair artery blockage, each	0.36	0.16	0.02	0.54	XXX	N
75968	TC	A	Repair artery blockage, each	0.00	8.00	0.50	8.50	XXX	N
75970	.....	A	Vascular biopsy	0.83	11.38	0.75	12.96	XXX	N
75970	26	A	Vascular biopsy	0.83	0.38	0.06	1.27	XXX	N
75970	TC	A	Vascular biopsy	0.00	11.00	0.69	11.69	XXX	N
75978	.....	A	Repair venous blockage	0.54	15.48	0.98	17.00	XXX	N
75978	26	A	Repair venous blockage	0.54	0.48	0.04	1.06	XXX	N
75978	TC	A	Repair venous blockage	0.00	15.00	0.94	15.94	XXX	N
75980	.....	A	Contrast xray exam bile duct	1.44	5.80	0.43	7.67	XXX	N
75980	26	A	Contrast xray exam bile duct	1.44	0.64	0.10	2.18	XXX	N
75980	TC	A	Contrast xray exam bile duct	0.00	5.16	0.33	5.49	XXX	N
75982	.....	A	Contrast xray exam bile duct	1.44	6.45	0.47	8.36	XXX	N
75982	26	A	Contrast xray exam bile duct	1.44	0.64	0.10	2.18	XXX	N
75982	TC	A	Contrast xray exam bile duct	0.00	5.81	0.37	6.18	XXX	N
75984	.....	A	Xray control catheter change	0.72	2.19	0.17	3.08	XXX	N
75984	26	A	Xray control catheter change	0.72	0.33	0.05	1.10	XXX	N
75984	TC	A	Xray control catheter change	0.00	1.86	0.12	1.98	XXX	N
75989	.....	A	Abscess drainage under x-ray	1.19	3.52	0.27	4.98	XXX	N
75989	26	A	Abscess drainage under x-ray	1.19	0.52	0.08	1.79	XXX	N
75989	TC	A	Abscess drainage under x-ray	0.00	3.00	0.19	3.19	XXX	N
75992	.....	A	Atherectomy, x-ray exam	0.54	15.25	0.98	16.77	XXX	N
75992	26	A	Atherectomy, x-ray exam	0.54	0.25	0.04	0.83	XXX	N
75992	TC	A	Atherectomy, x-ray exam	0.00	15.00	0.94	15.94	XXX	N
75993	.....	A	Atherectomy, x-ray exam	0.36	8.16	0.52	9.04	XXX	N
75993	26	A	Atherectomy, x-ray exam	0.36	0.16	0.02	0.54	XXX	N
75993	TC	A	Atherectomy, x-ray exam	0.00	8.00	0.50	8.50	XXX	N
75994	.....	A	Atherectomy, x-ray exam	1.31	15.58	1.03	17.92	XXX	N
75994	26	A	Atherectomy, x-ray exam	1.31	0.58	0.09	1.98	XXX	N
75994	TC	A	Atherectomy, x-ray exam	0.00	15.00	0.94	15.94	XXX	N
75995	.....	A	Atherectomy, x-ray exam	1.31	15.58	1.03	17.92	XXX	N
75995	26	A	Atherectomy, x-ray exam	1.31	0.58	0.09	1.98	XXX	N
75995	TC	A	Atherectomy, x-ray exam	0.00	15.00	0.94	15.94	XXX	N
75996	.....	A	Atherectomy, x-ray exam	0.36	8.16	0.52	9.04	XXX	N
75996	26	A	Atherectomy, x-ray exam	0.36	0.16	0.02	0.54	XXX	N
75996	TC	A	Atherectomy, x-ray exam	0.00	8.00	0.50	8.50	XXX	N
76000	.....	A	Fluoroscope examination	0.17	1.31	0.09	1.57	XXX	N
76000	26	A	Fluoroscope examination	0.17	0.07	0.01	0.25	XXX	N
76000	TC	A	Fluoroscope examination	0.00	1.24	0.08	1.32	XXX	N
76001	.....	A	Fluoroscope exam, extensive	0.67	2.81	0.22	3.70	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
76001	26	A	Fluoroscope exam, extensive	0.67	0.31	0.05	1.03	XXX	N
76001	TC	A	Fluoroscope exam, extensive	0.00	2.50	0.17	2.67	XXX	N
76003		A	Needle localization by x-ray	0.54	1.49	0.12	2.15	XXX	N
76003	26	A	Needle localization by x-ray	0.54	0.25	0.04	0.83	XXX	N
76003	TC	A	Needle localization by x-ray	0.00	1.24	0.08	1.32	XXX	N
76010		A	X-ray, nose to rectum	0.18	0.58	0.04	0.80	XXX	N
76010	26	A	X-ray, nose to rectum	0.18	0.08	0.01	0.27	XXX	N
76010	TC	A	X-ray, nose to rectum	0.00	0.50	0.03	0.53	XXX	N
76020		A	X-rays for bone age	0.19	0.59	0.04	0.82	XXX	N
76020	26	A	X-rays for bone age	0.19	0.09	0.01	0.29	XXX	N
76020	TC	A	X-rays for bone age	0.00	0.50	0.03	0.53	XXX	N
76040		A	X-rays, bone evaluation	0.27	0.88	0.07	1.22	XXX	N
76040	26	A	X-rays, bone evaluation	0.27	0.13	0.02	0.42	XXX	N
76040	TC	A	X-rays, bone evaluation	0.00	0.75	0.05	0.80	XXX	N
76061		A	X-rays, bone survey	0.45	1.15	0.09	1.69	XXX	N
76061	26	A	X-rays, bone survey	0.45	0.20	0.03	0.68	XXX	N
76061	TC	A	X-rays, bone survey	0.00	0.95	0.06	1.01	XXX	N
76062		A	X-rays, bone survey	0.54	1.62	0.13	2.29	XXX	N
76062	26	A	X-rays, bone survey	0.54	0.25	0.04	0.83	XXX	N
76062	TC	A	X-rays, bone survey	0.00	1.37	0.09	1.46	XXX	N
76065		A	X-rays, bone evaluation	0.28	0.83	0.07	1.18	XXX	N
76065	26	A	X-rays, bone evaluation	0.28	0.13	0.02	0.43	XXX	N
76065	TC	A	X-rays, bone evaluation	0.00	0.70	0.05	0.75	XXX	N
76066		A	Joint(s) survey, single film	0.31	1.20	0.09	1.60	XXX	N
76066	26	A	Joint(s) survey, single film	0.31	0.14	0.02	0.47	XXX	N
76066	TC	A	Joint(s) survey, single film	0.00	1.06	0.07	1.13	XXX	N
76070		G	CT scan, bone density study	+0.25	2.93	0.20	3.38	XXX	N
76070	26	G	CT scan, bone density study	+0.25	0.12	0.02	0.39	XXX	N
76070	TC	G	CT scan, bone density study	+0.00	2.81	0.18	2.99	XXX	N
76075		G	Dual energy x-ray study	+0.30	3.07	0.21	3.58	XXX	N
76075	26	G	Dual energy x-ray study	+0.30	0.12	0.02	0.44	XXX	N
76075	TC	G	Dual energy x-ray study	+0.00	2.95	0.19	3.14	XXX	N
76080		A	X-ray exam of fistula	0.54	1.25	0.11	1.90	XXX	N
76080	26	A	X-ray exam of fistula	0.54	0.25	0.04	0.83	XXX	N
76080	TC	A	X-ray exam of fistula	0.00	1.00	0.07	1.07	XXX	N
76086		A	X-ray of mammary duct	0.36	2.67	0.19	3.22	XXX	N
76086	26	A	X-ray of mammary duct	0.36	0.17	0.02	0.55	XXX	N
76086	TC	A	X-ray of mammary duct	0.00	2.50	0.17	2.67	XXX	N
76088		A	X-ray of mammary ducts	0.45	3.69	0.25	4.39	XXX	N
76088	26	A	X-ray of mammary ducts	0.45	0.20	0.03	0.68	XXX	N
76088	TC	A	X-ray of mammary ducts	0.00	3.49	0.22	3.71	XXX	N
76090		A	Mammogram, one breast	0.58	1.12	0.09	1.79	XXX	N
76090	26	A	Mammogram, one breast	0.58	0.12	0.02	0.72	XXX	N
76090	TC	A	Mammogram, one breast	0.00	1.00	0.07	1.07	XXX	N
76091		A	Mammogram, both breasts	0.69	1.42	0.11	2.22	XXX	N
76091	26	A	Mammogram, both breasts	0.69	0.18	0.03	0.90	XXX	N
76091	TC	A	Mammogram, both breasts	0.00	1.24	0.08	1.32	XXX	N
76092		X	Mammogram, screening	0.00	0.00	0.00	0.00	XXX	0
76093		A	Magnetic image, breast	1.63	17.52	1.16	20.31	XXX	N
76093	26	A	Magnetic image, breast	1.63	0.72	0.11	2.46	XXX	N
76093	TC	A	Magnetic image, breast	0.00	16.80	1.05	17.85	XXX	N
76094		A	Magnetic image, both breasts	1.63	23.51	1.53	26.67	XXX	N
76094	26	A	Magnetic image, both breasts	1.63	0.72	0.11	2.46	XXX	N
76094	TC	A	Magnetic image, both breasts	0.00	22.79	1.42	24.21	XXX	N
76095		A	Stereotactic breast biopsy	1.59	7.54	0.54	9.67	XXX	N
76095	26	A	Stereotactic breast biopsy	1.59	0.71	0.11	2.41	XXX	N
76095	TC	A	Stereotactic breast biopsy	0.00	6.83	0.43	7.26	XXX	N
76096		A	X-ray of needle wire, breast	0.56	1.50	0.12	2.18	XXX	N
76096	26	A	X-ray of needle wire, breast	0.56	0.26	0.04	0.86	XXX	N
76096	TC	A	X-ray of needle wire, breast	0.00	1.24	0.08	1.32	XXX	N
76098		A	X-ray exam, breast specimen	0.16	0.47	0.04	0.67	XXX	N
76098	26	A	X-ray exam, breast specimen	0.16	0.07	0.01	0.24	XXX	N
76098	TC	A	X-ray exam, breast specimen	0.00	0.40	0.03	0.43	XXX	N
76100		A	X-ray exam of body section	0.58	1.46	0.12	2.16	XXX	N
76100	26	A	X-ray exam of body section	0.58	0.27	0.04	0.89	XXX	N
76100	TC	A	X-ray exam of body section	0.00	1.19	0.08	1.27	XXX	N
76101		A	Complex body section x-ray	0.58	1.62	0.13	2.33	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
76101	26	A	Complex body section x-ray	0.58	0.27	0.04	0.89	XXX	N
76101	TC	A	Complex body section x-ray	0.00	1.35	0.09	1.44	XXX	N
76102	.....	A	Complex body section x-rays	0.58	1.92	0.15	2.65	XXX	N
76102	26	A	Complex body section x-rays	0.58	0.27	0.04	0.89	XXX	N
76102	TC	A	Complex body section x-rays	0.00	1.65	0.11	1.76	XXX	N
76120	.....	A	Cinematic x-rays	0.38	1.17	0.10	1.65	XXX	N
76120	26	A	Cinematic x-rays	0.38	0.17	0.03	0.58	XXX	N
76120	TC	A	Cinematic x-rays	0.00	1.00	0.07	1.07	XXX	N
76125	.....	A	Cinematic x-rays	0.27	0.87	0.07	1.21	XXX	N
76125	26	A	Cinematic x-rays	0.27	0.12	0.02	0.41	XXX	N
76125	TC	A	Cinematic x-rays	0.00	0.75	0.05	0.80	XXX	N
76140	.....	G	X-ray consultation	0.00	0.00	0.00	0.00	XXX	0
76150	.....	A	X-ray exam, dry process	0.00	0.40	0.03	0.43	XXX	N
76350	.....	C	Special x-ray contrast study	0.00	0.00	0.00	0.00	XXX	N
76355	.....	A	CAT scan for localization	1.21	8.40	0.57	10.18	XXX	N
76355	26	A	CAT scan for localization	1.21	0.53	0.08	1.82	XXX	N
76355	TC	A	CAT scan for localization	0.00	7.87	0.49	8.36	XXX	N
76360	.....	A	CAT scan for needle biopsy	1.16	8.37	0.57	10.10	XXX	N
76360	26	A	CAT scan for needle biopsy	1.16	0.50	0.08	1.74	XXX	N
76360	TC	A	CAT scan for needle biopsy	0.00	7.87	0.49	8.36	XXX	N
76365	.....	A	CAT scan for cyst aspiration	1.16	8.37	0.57	10.10	XXX	N
76365	26	A	CAT scan for cyst aspiration	1.16	0.50	0.08	1.74	XXX	N
76365	TC	A	CAT scan for cyst aspiration	0.00	7.87	0.49	8.36	XXX	N
76370	.....	A	CAT scan for therapy guide	0.85	3.19	0.24	4.28	XXX	N
76370	26	A	CAT scan for therapy guide	0.85	0.38	0.06	1.29	XXX	N
76370	TC	A	CAT scan for therapy guide	0.00	2.81	0.18	2.99	XXX	N
76375	.....	A	CAT scans, other planes	0.16	3.44	0.22	3.82	XXX	N
76375	26	A	CAT scans, other planes	0.16	0.07	0.01	0.24	XXX	N
76375	TC	A	CAT scans, other planes	0.00	3.37	0.21	3.58	XXX	N
76380	.....	A	CAT scan follow-up study	0.98	3.78	0.28	5.04	XXX	N
76380	26	A	CAT scan follow-up study	0.98	0.44	0.07	1.49	XXX	N
76380	TC	A	CAT scan follow-up study	0.00	3.34	0.21	3.55	XXX	N
76400	.....	A	Magnetic image, bone marrow	1.60	11.40	0.78	13.78	XXX	N
76400	26	A	Magnetic image, bone marrow	1.60	0.72	0.11	2.43	XXX	N
76400	TC	A	Magnetic image, bone marrow	0.00	10.68	0.67	11.35	XXX	N
76499	.....	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76499	26	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76499	TC	C	Radiographic procedure	0.00	0.00	0.00	0.00	XXX	N
76506	.....	A	Echo exam of head	0.63	1.64	0.13	2.40	XXX	N
76506	26	A	Echo exam of head	0.63	0.29	0.04	0.96	XXX	N
76506	TC	A	Echo exam of head	0.00	1.35	0.09	1.44	XXX	N
76511	.....	A	Echo exam of eye	0.94	1.44	0.12	2.50	XXX	N
76511	26	A	Echo exam of eye	0.94	0.25	0.04	1.23	XXX	N
76511	TC	A	Echo exam of eye	0.00	1.19	0.08	1.27	XXX	N
76512	.....	A	Echo exam of eye	0.66	1.75	0.15	2.56	XXX	N
76512	26	A	Echo exam of eye	0.66	0.30	0.05	1.01	XXX	N
76512	TC	A	Echo exam of eye	0.00	1.45	0.10	1.55	XXX	N
76513	.....	A	Echo exam of eye, water bath	0.66	1.75	0.15	2.56	XXX	N
76513	26	A	Echo exam of eye, water bath	0.66	0.30	0.05	1.01	XXX	N
76513	TC	A	Echo exam of eye, water bath	0.00	1.45	0.10	1.55	XXX	N
76516	.....	A	Echo exam of eye	0.54	1.44	0.12	2.10	XXX	N
76516	26	A	Echo exam of eye	0.54	0.25	0.04	0.83	XXX	N
76516	TC	A	Echo exam of eye	0.00	1.19	0.08	1.27	XXX	N
76519	.....	A	Echo exam of eye	0.54	1.44	0.12	2.10	XXX	N
76519	26	A	Echo exam of eye	0.54	0.25	0.04	0.83	XXX	N
76519	TC	A	Echo exam of eye	0.00	1.19	0.08	1.27	XXX	N
76529	.....	A	Echo exam of eye	0.57	1.56	0.13	2.26	XXX	N
76529	26	A	Echo exam of eye	0.57	0.26	0.04	0.87	XXX	N
76529	TC	A	Echo exam of eye	0.00	1.30	0.09	1.39	XXX	N
76536	.....	A	Echo exam of head and neck	0.56	1.61	0.13	2.30	XXX	N
76536	26	A	Echo exam of head and neck	0.56	0.26	0.04	0.86	XXX	N
76536	TC	A	Echo exam of head and neck	0.00	1.35	0.09	1.44	XXX	N
76604	.....	A	Echo exam of chest	0.55	1.50	0.12	2.17	XXX	N
76604	26	A	Echo exam of chest	0.55	0.26	0.04	0.85	XXX	N
76604	TC	A	Echo exam of chest	0.00	1.24	0.08	1.32	XXX	N
76645	.....	A	Echo exam of breast	0.54	1.25	0.11	1.90	XXX	N
76645	26	A	Echo exam of breast	0.54	0.25	0.04	0.83	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
76645	TC	A	Echo exam of breast	0.00	1.00	0.07	1.07	XXX	N
76700		A	Echo exam of abdomen	0.81	2.25	0.17	3.23	XXX	N
76700	26	A	Echo exam of abdomen	0.81	0.37	0.05	1.23	XXX	N
76700	TC	A	Echo exam of abdomen	0.00	1.88	0.12	2.00	XXX	N
76705		A	Echo exam of abdomen	0.59	1.62	0.13	2.34	XXX	N
76705	26	A	Echo exam of abdomen	0.59	0.27	0.04	0.90	XXX	N
76705	TC	A	Echo exam of abdomen	0.00	1.35	0.09	1.44	XXX	N
76770		A	Echo exam abdomen back wall	0.74	2.22	0.17	3.13	XXX	N
76770	26	A	Echo exam abdomen back wall	0.74	0.34	0.05	1.13	XXX	N
76770	TC	A	Echo exam abdomen back wall	0.00	1.88	0.12	2.00	XXX	N
76775		A	Echo exam abdomen back wall	0.58	1.62	0.13	2.33	XXX	N
76775	26	A	Echo exam abdomen back wall	0.58	0.27	0.04	0.89	XXX	N
76775	TC	A	Echo exam abdomen back wall	0.00	1.35	0.09	1.44	XXX	N
76778		A	Echo exam kidney transplant	0.74	2.22	0.17	3.13	XXX	N
76778	26	A	Echo exam kidney transplant	0.74	0.34	0.05	1.13	XXX	N
76778	TC	A	Echo exam kidney transplant	0.00	1.88	0.12	2.00	XXX	N
76800		A	Echo exam spinal canal	1.13	1.85	0.17	3.15	XXX	N
76800	26	A	Echo exam spinal canal	1.13	0.50	0.08	1.71	XXX	N
76800	TC	A	Echo exam spinal canal	0.00	1.35	0.09	1.44	XXX	N
76805		A	Echo exam of pregnant uterus	0.99	2.45	0.20	3.64	XXX	N
76805	26	A	Echo exam of pregnant uterus	0.99	0.45	0.07	1.51	XXX	N
76805	TC	A	Echo exam of pregnant uterus	0.00	2.00	0.13	2.13	XXX	N
76810		A	Echo exam of pregnant uterus	1.97	4.88	0.38	7.23	XXX	N
76810	26	A	Echo exam of pregnant uterus	1.97	0.88	0.13	2.98	XXX	N
76810	TC	A	Echo exam of pregnant uterus	0.00	4.00	0.25	4.25	XXX	N
76815		A	Echo exam of pregnant uterus	0.65	1.65	0.13	2.43	XXX	N
76815	26	A	Echo exam of pregnant uterus	0.65	0.30	0.04	0.99	XXX	N
76815	TC	A	Echo exam of pregnant uterus	0.00	1.35	0.09	1.44	XXX	N
76816		A	Echo exam followup or repeat	0.57	1.32	0.11	2.00	XXX	N
76816	26	A	Echo exam followup or repeat	0.57	0.26	0.04	0.87	XXX	N
76816	TC	A	Echo exam followup or repeat	0.00	1.06	0.07	1.13	XXX	N
76818		A	Fetal biophysical profile	0.77	1.89	0.15	2.81	XXX	N
76818	26	A	Fetal biophysical profile	0.77	0.35	0.05	1.17	XXX	N
76818	TC	A	Fetal biophysical profile	0.00	1.54	0.10	1.64	XXX	N
76825		A	Echo exam of fetal heart	1.67	2.23	0.17	4.07	XXX	N
76825	26	A	Echo exam of fetal heart	1.67	0.35	0.05	2.07	XXX	N
76825	TC	A	Echo exam of fetal heart	0.00	1.88	0.12	2.00	XXX	N
76826		A	Echo exam of fetal heart	0.83	1.35	0.10	2.28	XXX	N
76826	26	A	Echo exam of fetal heart	0.83	0.68	0.05	1.56	XXX	N
76826	TC	A	Echo exam of fetal heart	0.00	0.67	0.05	0.72	XXX	N
76827		A	Echo exam of fetal heart	0.58	2.33	0.18	3.09	XXX	N
76827	26	A	Echo exam of fetal heart	0.58	0.69	0.05	1.32	XXX	N
76827	TC	A	Echo exam of fetal heart	0.00	1.64	0.13	1.77	XXX	N
76828		A	Echo exam of fetal heart	0.56	1.34	0.11	2.01	XXX	N
76828	26	A	Echo exam of fetal heart	0.56	0.28	0.02	0.86	XXX	N
76828	TC	A	Echo exam of fetal heart	0.00	1.06	0.09	1.15	XXX	N
76830		A	Echo exam, transvaginal	0.69	1.77	0.15	2.61	XXX	N
76830	26	A	Echo exam, transvaginal	0.69	0.32	0.05	1.06	XXX	N
76830	TC	A	Echo exam, transvaginal	0.00	1.45	0.10	1.55	XXX	N
76856		A	Echo exam of pelvis	0.69	1.77	0.15	2.61	XXX	N
76856	26	A	Echo exam of pelvis	0.69	0.32	0.05	1.06	XXX	N
76856	TC	A	Echo exam of pelvis	0.00	1.45	0.10	1.55	XXX	N
76857		A	Echo exam of pelvis	0.38	1.17	0.10	1.65	XXX	N
76857	26	A	Echo exam of pelvis	0.38	0.17	0.03	0.58	XXX	N
76857	TC	A	Echo exam of pelvis	0.00	1.00	0.07	1.07	XXX	N
76870		A	Echo exam of scrotum	0.64	1.74	0.14	2.52	XXX	N
76870	26	A	Echo exam of scrotum	0.64	0.29	0.04	0.97	XXX	N
76870	TC	A	Echo exam of scrotum	0.00	1.45	0.10	1.55	XXX	N
76872		A	Echo exam, transrectal	0.69	1.77	0.15	2.61	XXX	N
76872	26	A	Echo exam, transrectal	0.69	0.32	0.05	1.06	XXX	N
76872	TC	A	Echo exam, transrectal	0.00	1.45	0.10	1.55	XXX	N
76880		A	Echo exam of extremity	0.59	1.62	0.13	2.34	XXX	N
76880	26	A	Echo exam of extremity	0.59	0.27	0.04	0.90	XXX	N
76880	TC	A	Echo exam of extremity	0.00	1.35	0.09	1.44	XXX	N
76930		A	Echo guide for heart sac tap	0.67	1.76	0.15	2.58	XXX	N
76930	26	A	Echo guide for heart sac tap	0.67	0.31	0.05	1.03	XXX	N
76930	TC	A	Echo guide for heart sac tap	0.00	1.45	0.10	1.55	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
76932	.....	A	Echo guide for heart biopsy	0.67	1.76	0.15	2.58	XXX	N
76932	26	A	Echo guide for heart biopsy	0.67	0.31	0.05	1.03	XXX	N
76932	TC	A	Echo guide for heart biopsy	0.00	1.45	0.10	1.55	XXX	N
76934	.....	A	Echo guide for chest tap	0.67	1.76	0.15	2.58	XXX	N
76934	26	A	Echo guide for chest tap	0.67	0.31	0.05	1.03	XXX	N
76934	TC	A	Echo guide for chest tap	0.00	1.45	0.10	1.55	XXX	N
76936	.....	A	Echo guide for artery repair	1.99	7.24	0.48	9.71	XXX	N
76936	26	A	Echo guide for artery repair	1.99	1.24	0.10	3.33	XXX	N
76936	TC	A	Echo guide for artery repair	0.00	6.00	0.38	6.38	XXX	N
76938	.....	A	Echo exam for drainage	0.67	1.76	0.15	2.58	XXX	N
76938	26	A	Echo exam for drainage	0.67	0.31	0.05	1.03	XXX	N
76938	TC	A	Echo exam for drainage	0.00	1.45	0.10	1.55	XXX	N
76941	.....	A	Echo guide for transfusion	1.34	2.07	0.19	3.60	XXX	N
76941	26	A	Echo guide for transfusion	1.34	0.61	0.10	2.05	XXX	N
76941	TC	A	Echo guide for transfusion	0.00	1.46	0.09	1.55	XXX	N
76942	.....	A	Echo guide for biopsy	0.67	1.76	0.15	2.58	XXX	N
76942	26	A	Echo guide for biopsy	0.67	0.31	0.05	1.03	XXX	N
76942	TC	A	Echo guide for biopsy	0.00	1.45	0.10	1.55	XXX	N
76945	.....	A	Echo guide, villus sampling	0.67	2.07	0.19	2.93	XXX	N
76945	26	A	Echo guide, villus sampling	0.67	0.61	0.10	1.38	XXX	N
76945	TC	A	Echo guide, villus sampling	0.00	1.46	0.09	1.55	XXX	N
76946	.....	A	Echo guide for amniocentesis	0.38	1.62	0.13	2.13	XXX	N
76946	26	A	Echo guide for amniocentesis	0.38	0.17	0.03	0.58	XXX	N
76946	TC	A	Echo guide for amniocentesis	0.00	1.45	0.10	1.55	XXX	N
76948	.....	A	Echo guide, ova aspiration	0.38	1.62	0.13	2.13	XXX	N
76948	26	A	Echo guide, ova aspiration	0.38	0.17	0.03	0.58	XXX	N
76948	TC	A	Echo guide, ova aspiration	0.00	1.45	0.10	1.55	XXX	N
76950	.....	A	Echo guidance radiotherapy	0.58	1.51	0.12	2.21	XXX	N
76950	26	A	Echo guidance radiotherapy	0.58	0.27	0.04	0.89	XXX	N
76950	TC	A	Echo guidance radiotherapy	0.00	1.24	0.08	1.32	XXX	N
76960	.....	A	Echo guidance radiotherapy	0.58	1.51	0.12	2.21	XXX	N
76960	26	A	Echo guidance radiotherapy	0.58	0.27	0.04	0.89	XXX	N
76960	TC	A	Echo guidance radiotherapy	0.00	1.24	0.08	1.32	XXX	N
76965	.....	A	Echo guidance radiotherapy	1.34	7.38	0.52	9.24	XXX	N
76965	26	A	Echo guidance radiotherapy	1.34	2.07	0.19	3.60	XXX	N
76965	TC	A	Echo guidance radiotherapy	0.00	5.31	0.33	5.64	XXX	N
76970	.....	A	Ultrasound exam follow-up	0.40	1.18	0.10	1.68	XXX	N
76970	26	A	Ultrasound exam follow-up	0.40	0.18	0.03	0.61	XXX	N
76970	TC	A	Ultrasound exam follow-up	0.00	1.00	0.07	1.07	XXX	N
76975	.....	A	GI endoscopic ultrasound	0.81	1.79	0.15	2.75	XXX	N
76975	26	A	GI endoscopic ultrasound	0.81	0.34	0.05	1.20	XXX	N
76975	TC	A	GI endoscopic ultrasound	0.00	1.45	0.10	1.55	XXX	N
76986	.....	A	Echo exam at surgery	1.20	3.03	0.25	4.48	XXX	N
76986	26	A	Echo exam at surgery	1.20	0.53	0.08	1.81	XXX	N
76986	TC	A	Echo exam at surgery	0.00	2.50	0.17	2.67	XXX	N
76999	.....	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
76999	26	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
76999	TC	C	Echo examination procedure	0.00	0.00	0.00	0.00	XXX	N
77261	.....	A	Radiation therapy planning	1.39	0.62	0.09	2.10	XXX	N
77262	.....	A	Radiation therapy planning	2.11	0.94	0.14	3.19	XXX	N
77263	.....	A	Radiation therapy planning	3.14	1.40	0.20	4.74	XXX	N
77280	.....	A	Set radiation therapy field	0.70	3.63	0.26	4.59	XXX	N
77280	26	A	Set radiation therapy field	0.70	0.32	0.05	1.07	XXX	N
77280	TC	A	Set radiation therapy field	0.00	3.31	0.21	3.52	XXX	N
77285	.....	A	Set radiation therapy field	1.05	5.77	0.41	7.23	XXX	N
77285	26	A	Set radiation therapy field	1.05	0.46	0.07	1.58	XXX	N
77285	TC	A	Set radiation therapy field	0.00	5.31	0.34	5.65	XXX	N
77290	.....	A	Set radiation therapy field	1.56	6.90	0.50	8.96	XXX	N
77290	26	A	Set radiation therapy field	1.56	0.70	0.11	2.37	XXX	N
77290	TC	A	Set radiation therapy field	0.00	6.20	0.39	6.59	XXX	N
77295	.....	A	Set radiation therapy field	4.57	28.68	1.93	35.18	XXX	N
77295	26	A	Set radiation therapy field	4.57	2.06	0.23	6.86	XXX	N
77295	TC	A	Set radiation therapy field	0.00	26.62	1.70	28.32	XXX	N
77299	.....	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77299	26	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77299	TC	C	Radiation therapy planning	0.00	0.00	0.00	0.00	XXX	N
77300	.....	A	Radiation therapy dose plan	0.62	1.56	0.12	2.30	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
77300	26	A	Radiation therapy dose plan	0.62	0.28	0.04	0.94	XXX	N
77300	TC	A	Radiation therapy dose plan	0.00	1.28	0.08	1.36	XXX	N
77305		A	Radiation therapy dose plan	0.70	2.09	0.17	2.96	XXX	N
77305	26	A	Radiation therapy dose plan	0.70	0.32	0.05	1.07	XXX	N
77305	TC	A	Radiation therapy dose plan	0.00	1.77	0.12	1.89	XXX	N
77310		A	Radiation therapy dose plan	1.05	2.68	0.22	3.95	XXX	N
77310	26	A	Radiation therapy dose plan	1.05	0.46	0.07	1.58	XXX	N
77310	TC	A	Radiation therapy dose plan	0.00	2.22	0.15	2.37	XXX	N
77315		A	Radiation therapy dose plan	1.56	3.23	0.28	5.07	XXX	N
77315	26	A	Radiation therapy dose plan	1.56	0.70	0.11	2.37	XXX	N
77315	TC	A	Radiation therapy dose plan	0.00	2.53	0.17	2.70	XXX	N
77321		A	Radiation therapy port plan	0.95	4.28	0.30	5.53	XXX	N
77321	26	A	Radiation therapy port plan	0.95	0.43	0.06	1.44	XXX	N
77321	TC	A	Radiation therapy port plan	0.00	3.85	0.24	4.09	XXX	N
77326		A	Radiation therapy dose plan	0.93	2.67	0.21	3.81	XXX	N
77326	26	A	Radiation therapy dose plan	0.93	0.42	0.06	1.41	XXX	N
77326	TC	A	Radiation therapy dose plan	0.00	2.25	0.15	2.40	XXX	N
77327		A	Radiation therapy dose plan	1.39	3.93	0.30	5.62	XXX	N
77327	26	A	Radiation therapy dose plan	1.39	0.62	0.09	2.10	XXX	N
77327	TC	A	Radiation therapy dose plan	0.00	3.31	0.21	3.52	XXX	N
77328		A	Radiation therapy dose plan	2.09	5.66	0.44	8.19	XXX	N
77328	26	A	Radiation therapy dose plan	2.09	0.93	0.14	3.16	XXX	N
77328	TC	A	Radiation therapy dose plan	0.00	4.73	0.30	5.03	XXX	N
77331		A	Special radiation dosimetry	0.87	0.87	0.09	1.83	XXX	N
77331	26	A	Special radiation dosimetry	0.87	0.39	0.06	1.32	XXX	N
77331	TC	A	Special radiation dosimetry	0.00	0.48	0.03	0.51	XXX	N
77332		A	Radiation treatment aid(s)	0.54	1.53	0.12	2.19	XXX	N
77332	26	A	Radiation treatment aid(s)	0.54	0.25	0.04	0.83	XXX	N
77332	TC	A	Radiation treatment aid(s)	0.00	1.28	0.08	1.36	XXX	N
77333		A	Radiation treatment aid(s)	0.84	2.19	0.18	3.21	XXX	N
77333	26	A	Radiation treatment aid(s)	0.84	0.38	0.06	1.28	XXX	N
77333	TC	A	Radiation treatment aid(s)	0.00	1.81	0.12	1.93	XXX	N
77334		A	Radiation treatment aid(s)	1.24	3.64	0.27	5.15	XXX	N
77334	26	A	Radiation treatment aid(s)	1.24	0.54	0.08	1.86	XXX	N
77334	TC	A	Radiation treatment aid(s)	0.00	3.10	0.19	3.29	XXX	N
77336		A	Radiation physics consult	0.00	2.84	0.18	3.02	XXX	N
77370		A	Radiation physics consult	0.00	3.33	0.21	3.54	XXX	N
77399		C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77399	26	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77399	TC	C	External radiation dosimetry	0.00	0.00	0.00	0.00	XXX	N
77401		A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77402		A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77403		A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77404		A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77406		A	Radiation treatment delivery	0.00	1.69	0.11	1.80	XXX	N
77407		A	Radiation treatment delivery	0.00	1.99	0.13	2.12	XXX	N
77408		A	Radiation treatment delivery	0.00	1.99	0.13	2.12	XXX	N
77409		A	Radiation treatment delivery	0.00	1.99	0.13	2.12	XXX	N
77411		A	Radiation treatment delivery	0.00	1.99	0.13	2.12	XXX	N
77412		A	Radiation treatment delivery	0.00	2.22	0.15	2.37	XXX	N
77413		A	Radiation treatment delivery	0.00	2.22	0.15	2.37	XXX	N
77414		A	Radiation treatment delivery	0.00	2.22	0.15	2.37	XXX	N
77416		A	Radiation treatment delivery	0.00	2.22	0.15	2.37	XXX	N
77417		A	Radiology port film(s)	0.00	0.56	0.04	0.60	XXX	N
77419		A	Weekly radiation therapy	3.60	1.61	0.23	5.44	XXX	N
77420		A	Weekly radiation therapy	1.61	0.72	0.11	2.44	XXX	N
77425		A	Weekly radiation therapy	2.44	1.10	0.17	3.71	XXX	N
77430		A	Weekly radiation therapy	3.60	1.61	0.23	5.44	XXX	N
77431		A	Radiation therapy management	1.81	0.81	0.12	2.74	XXX	N
77432		A	Stereotactic radiation trmt	7.93	4.94	0.40	13.27	XXX	N
77470		A	Special radiation treatment	2.09	11.55	0.80	14.44	XXX	N
77470	26	A	Special radiation treatment	2.09	0.93	0.14	3.16	XXX	N
77470	TC	A	Special radiation treatment	0.00	10.62	0.66	11.28	XXX	N
77499		C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77499	26	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77499	TC	C	Radiation therapy management	0.00	0.00	0.00	0.00	XXX	N
77600		A	Hyperthermia treatment	1.56	3.60	0.29	5.45	ZZZ	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
77600	26	A	Hyperthermia treatment	1.56	0.70	0.11	2.37	ZZZ	N
77600	TC	A	Hyperthermia treatment	0.00	2.90	0.18	3.08	ZZZ	N
77605		A	Hyperthermia treatment	2.09	4.80	0.39	7.28	ZZZ	N
77605	26	A	Hyperthermia treatment	2.09	0.93	0.14	3.16	ZZZ	N
77605	TC	A	Hyperthermia treatment	0.00	3.87	0.25	4.12	ZZZ	N
77610		A	Hyperthermia treatment	1.56	3.60	0.29	5.45	ZZZ	N
77610	26	A	Hyperthermia treatment	1.56	0.70	0.11	2.37	ZZZ	N
77610	TC	A	Hyperthermia treatment	0.00	2.90	0.18	3.08	ZZZ	N
77615		A	Hyperthermia treatment	2.09	4.80	0.39	7.28	ZZZ	N
77615	26	A	Hyperthermia treatment	2.09	0.93	0.14	3.16	ZZZ	N
77615	TC	A	Hyperthermia treatment	0.00	3.87	0.25	4.12	ZZZ	N
77620		A	Hyperthermia treatment	1.56	3.60	0.29	5.45	ZZZ	N
77620	26	A	Hyperthermia treatment	1.56	0.70	0.11	2.37	ZZZ	N
77620	TC	A	Hyperthermia treatment	0.00	2.90	0.18	3.08	ZZZ	N
77750		A	Infuse radioactive materials	4.59	3.32	0.38	8.29	090	N
77750	26	A	Infuse radioactive materials	4.59	2.05	0.30	6.94	090	N
77750	TC	A	Infuse radioactive materials	0.00	1.27	0.08	1.35	090	N
77761		A	Radioelement application	3.56	3.98	0.39	7.93	090	N
77761	26	A	Radioelement application	3.56	1.59	0.23	5.38	090	N
77761	TC	A	Radioelement application	0.00	2.39	0.16	2.55	090	N
77762		A	Radioelement application	5.35	5.83	0.57	11.75	090	N
77762	26	A	Radioelement application	5.35	2.39	0.35	8.09	090	N
77762	TC	A	Radioelement application	0.00	3.44	0.22	3.66	090	N
77763		A	Radioelement application	8.01	7.86	0.77	16.64	090	N
77763	26	A	Radioelement application	8.01	3.58	0.50	12.09	090	N
77763	TC	A	Radioelement application	0.00	4.28	0.27	4.55	090	N
77776		A	Radioelement application	4.66	4.16	0.45	9.27	XXX	N
77776	26	A	Radioelement application	4.66	2.09	0.31	7.06	XXX	N
77776	TC	A	Radioelement application	0.00	2.07	0.14	2.21	XXX	N
77777		A	Radioelement application	6.99	7.17	0.71	14.87	090	N
77777	26	A	Radioelement application	6.99	3.13	0.45	10.57	090	N
77777	TC	A	Radioelement application	0.00	4.04	0.26	4.30	090	N
77778		A	Radioelement application	10.46	9.58	0.98	21.02	090	N
77778	26	A	Radioelement application	10.46	4.69	0.67	15.82	090	N
77778	TC	A	Radioelement application	0.00	4.89	0.31	5.20	090	N
77781		A	High intensity brachytherapy	1.55	20.04	1.32	22.91	090	N
77781	26	A	High intensity brachytherapy	1.55	0.69	0.11	2.35	090	N
77781	TC	A	High intensity brachytherapy	0.00	19.35	1.21	20.56	090	N
77782		A	High intensity brachytherapy	2.33	20.40	1.37	24.10	090	N
77782	26	A	High intensity brachytherapy	2.33	1.05	0.16	3.54	090	N
77782	TC	A	High intensity brachytherapy	0.00	19.35	1.21	20.56	090	N
77783		A	High intensity brachytherapy	3.49	20.90	1.44	25.83	090	N
77783	26	A	High intensity brachytherapy	3.49	1.55	0.23	5.27	090	N
77783	TC	A	High intensity brachytherapy	0.00	19.35	1.21	20.56	090	N
77784		A	High intensity brachytherapy	5.24	21.69	1.56	28.49	090	N
77784	26	A	High intensity brachytherapy	5.24	2.34	0.35	7.93	090	N
77784	TC	A	High intensity brachytherapy	0.00	19.35	1.21	20.56	090	N
77789		A	Radioelement application	1.05	0.89	0.10	2.04	090	N
77789	26	A	Radioelement application	1.05	0.46	0.07	1.58	090	N
77789	TC	A	Radioelement application	0.00	0.43	0.03	0.46	090	N
77790		A	Radioelement handling	1.05	0.94	0.10	2.09	XXX	N
77790	26	A	Radioelement handling	1.05	0.46	0.07	1.58	XXX	N
77790	TC	A	Radioelement handling	0.00	0.48	0.03	0.51	XXX	N
77799		C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
77799	26	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
77799	TC	C	Radium/radioisotope therapy	0.00	0.00	0.00	0.00	XXX	N
78000		A	Thyroid, single uptake	0.19	1.01	0.07	1.27	XXX	N
78000	26	A	Thyroid, single uptake	0.19	0.09	0.01	0.29	XXX	N
78000	TC	A	Thyroid, single uptake	0.00	0.92	0.06	0.98	XXX	N
78001		A	Thyroid, multiple uptakes	0.26	1.36	0.10	1.72	XXX	N
78001	26	A	Thyroid, multiple uptakes	0.26	0.12	0.02	0.40	XXX	N
78001	TC	A	Thyroid, multiple uptakes	0.00	1.24	0.08	1.32	XXX	N
78003		A	Thyroid suppress/stimul	0.33	1.07	0.08	1.48	XXX	N
78003	26	A	Thyroid suppress/stimul	0.33	0.15	0.02	0.50	XXX	N
78003	TC	A	Thyroid suppress/stimul	0.00	0.92	0.06	0.98	XXX	N
78006		A	Thyroid, imaging with uptake	0.49	2.49	0.18	3.16	XXX	N
78006	26	A	Thyroid, imaging with uptake	0.49	0.22	0.03	0.74	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
78006	TC	A	Thyroid, imaging with uptake	0.00	2.27	0.15	2.42	XXX	N
78007		A	Thyroid, image, mult uptakes	0.50	2.68	0.19	3.37	XXX	N
78007	26	A	Thyroid, image, mult uptakes	0.50	0.23	0.03	0.76	XXX	N
78007	TC	A	Thyroid, image, mult uptakes	0.00	2.45	0.16	2.61	XXX	N
78010		A	Thyroid imaging	0.39	1.90	0.14	2.43	XXX	N
78010	26	A	Thyroid imaging	0.39	0.17	0.03	0.59	XXX	N
78010	TC	A	Thyroid imaging	0.00	1.73	0.11	1.84	XXX	N
78011		A	Thyroid imaging with flow	0.45	2.50	0.18	3.13	XXX	N
78011	26	A	Thyroid imaging with flow	0.45	0.21	0.03	0.69	XXX	N
78011	TC	A	Thyroid imaging with flow	0.00	2.29	0.15	2.44	XXX	N
78015		A	Thyroid met imaging	0.67	2.76	0.21	3.64	XXX	N
78015	26	A	Thyroid met imaging	0.67	0.31	0.05	1.03	XXX	N
78015	TC	A	Thyroid met imaging	0.00	2.45	0.16	2.61	XXX	N
78016		A	Thyroid met imaging/studies	0.82	3.70	0.27	4.79	XXX	N
78016	26	A	Thyroid met imaging/studies	0.82	0.38	0.06	1.26	XXX	N
78016	TC	A	Thyroid met imaging/studies	0.00	3.32	0.21	3.53	XXX	N
78017		A	Thyroid met imaging, mult	0.87	3.94	0.28	5.09	XXX	N
78017	26	A	Thyroid met imaging, mult	0.87	0.39	0.06	1.32	XXX	N
78017	TC	A	Thyroid met imaging, mult	0.00	3.55	0.22	3.77	XXX	N
78018		A	Thyroid, met imaging, body	0.95	5.60	0.39	6.94	XXX	N
78018	26	A	Thyroid, met imaging, body	0.95	0.43	0.06	1.44	XXX	N
78018	TC	A	Thyroid, met imaging, body	0.00	5.17	0.33	5.50	XXX	N
78070		A	Parathyroid nuclear imaging	0.82	1.96	0.15	2.93	XXX	N
78070	26	A	Parathyroid nuclear imaging	0.82	0.23	0.04	1.09	XXX	N
78070	TC	A	Parathyroid nuclear imaging	0.00	1.73	0.11	1.84	XXX	N
78075		A	Adrenal nuclear imaging	0.74	5.51	0.38	6.63	XXX	N
78075	26	A	Adrenal nuclear imaging	0.74	0.34	0.05	1.13	XXX	N
78075	TC	A	Adrenal nuclear imaging	0.00	5.17	0.33	5.50	XXX	N
78099		C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78099	26	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78099	TC	C	Endocrine nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78102		A	Bone marrow imaging, ltd	0.55	2.19	0.17	2.91	XXX	N
78102	26	A	Bone marrow imaging, ltd	0.55	0.25	0.04	0.84	XXX	N
78102	TC	A	Bone marrow imaging, ltd	0.00	1.94	0.13	2.07	XXX	N
78103		A	Bone marrow imaging, mult	0.75	3.36	0.24	4.35	XXX	N
78103	26	A	Bone marrow imaging, mult	0.75	0.34	0.05	1.14	XXX	N
78103	TC	A	Bone marrow imaging, mult	0.00	3.02	0.19	3.21	XXX	N
78104		A	Bone marrow imaging, body	0.80	4.25	0.30	5.35	XXX	N
78104	26	A	Bone marrow imaging, body	0.80	0.37	0.05	1.22	XXX	N
78104	TC	A	Bone marrow imaging, body	0.00	3.88	0.25	4.13	XXX	N
78110		A	Plasma volume, single	0.19	0.99	0.07	1.25	XXX	N
78110	26	A	Plasma volume, single	0.19	0.09	0.01	0.29	XXX	N
78110	TC	A	Plasma volume, single	0.00	0.90	0.06	0.96	XXX	N
78111		A	Plasma volume, multiple	0.22	2.55	0.18	2.95	XXX	N
78111	26	A	Plasma volume, multiple	0.22	0.10	0.02	0.34	XXX	N
78111	TC	A	Plasma volume, multiple	0.00	2.45	0.16	2.61	XXX	N
78120		A	Red cell mass, single	0.23	1.76	0.13	2.12	XXX	N
78120	26	A	Red cell mass, single	0.23	0.11	0.02	0.36	XXX	N
78120	TC	A	Red cell mass, single	0.00	1.65	0.11	1.76	XXX	N
78121		A	Red cell mass, multiple	0.32	2.92	0.19	3.43	XXX	N
78121	26	A	Red cell mass, multiple	0.32	0.15	0.02	0.49	XXX	N
78121	TC	A	Red cell mass, multiple	0.00	2.77	0.17	2.94	XXX	N
78122		A	Blood volume	0.45	4.59	0.31	5.35	XXX	N
78122	26	A	Blood volume	0.45	0.20	0.03	0.68	XXX	N
78122	TC	A	Blood volume	0.00	4.39	0.28	4.67	XXX	N
78130		A	Red cell survival study	0.61	3.00	0.21	3.82	XXX	N
78130	26	A	Red cell survival study	0.61	0.28	0.04	0.93	XXX	N
78130	TC	A	Red cell survival study	0.00	2.72	0.17	2.89	XXX	N
78135		A	Red cell survival kinetics	0.64	4.93	0.34	5.91	XXX	N
78135	26	A	Red cell survival kinetics	0.64	0.29	0.04	0.97	XXX	N
78135	TC	A	Red cell survival kinetics	0.00	4.64	0.30	4.94	XXX	N
78140		A	Red cell sequestration	0.61	4.03	0.28	4.92	XXX	N
78140	26	A	Red cell sequestration	0.61	0.28	0.04	0.93	XXX	N
78140	TC	A	Red cell sequestration	0.00	3.75	0.24	3.99	XXX	N
78160		A	Plasma iron turnover	0.33	3.64	0.24	4.21	XXX	N
78160	26	A	Plasma iron turnover	0.33	0.15	0.02	0.50	XXX	N
78160	TC	A	Plasma iron turnover	0.00	3.49	0.22	3.71	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
78162	.....	A	Iron absorption exam	0.45	3.25	0.22	3.92	XXX	N
78162	26	A	Iron absorption exam	0.45	0.20	0.03	0.68	XXX	N
78162	TC	A	Iron absorption exam	0.00	3.05	0.19	3.24	XXX	N
78170	.....	A	Red cell iron utilization	0.41	5.24	0.35	6.00	XXX	N
78170	26	A	Red cell iron utilization	0.41	0.18	0.03	0.62	XXX	N
78170	TC	A	Red cell iron utilization	0.00	5.06	0.32	5.38	XXX	N
78172	.....	C	Total body iron estimation	0.00	0.00	0.00	0.00	XXX	N
78172	26	A	Total body iron estimation	0.53	0.25	0.04	0.82	XXX	N
78172	TC	C	Total body iron estimation	0.00	0.00	0.00	0.00	XXX	N
78185	.....	A	Spleen imaging	0.40	2.43	0.18	3.01	XXX	N
78185	26	A	Spleen imaging	0.40	0.18	0.03	0.61	XXX	N
78185	TC	A	Spleen imaging	0.00	2.25	0.15	2.40	XXX	N
78190	.....	A	Platelet survival, kinetics	1.09	5.93	0.42	7.44	XXX	N
78190	26	A	Platelet survival, kinetics	1.09	0.48	0.07	1.64	XXX	N
78190	TC	A	Platelet survival, kinetics	0.00	5.45	0.35	5.80	XXX	N
78191	.....	A	Platelet survival	0.61	7.27	0.48	8.36	XXX	N
78191	26	A	Platelet survival	0.61	0.28	0.04	0.93	XXX	N
78191	TC	A	Platelet survival	0.00	6.99	0.44	7.43	XXX	N
78195	.....	A	Lymph system imaging	1.20	4.20	0.30	5.70	XXX	N
78195	26	A	Lymph system imaging	1.20	0.32	0.05	1.57	XXX	N
78195	TC	A	Lymph system imaging	0.00	3.88	0.25	4.13	XXX	N
78199	.....	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78199	26	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78199	TC	C	Blood/lymph nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78201	.....	A	Liver imaging	0.44	2.44	0.18	3.06	XXX	N
78201	26	A	Liver imaging	0.44	0.19	0.03	0.66	XXX	N
78201	TC	A	Liver imaging	0.00	2.25	0.15	2.40	XXX	N
78202	.....	A	Liver imaging with flow	0.51	2.98	0.21	3.70	XXX	N
78202	26	A	Liver imaging with flow	0.51	0.23	0.04	0.78	XXX	N
78202	TC	A	Liver imaging with flow	0.00	2.75	0.17	2.92	XXX	N
78205	.....	A	Liver imaging (3D)	0.71	5.96	0.41	7.08	XXX	N
78205	26	A	Liver imaging (3D)	0.71	0.33	0.05	1.09	XXX	N
78205	TC	A	Liver imaging (3D)	0.00	5.63	0.36	5.99	XXX	N
78215	.....	A	Liver and spleen imaging	0.49	3.02	0.20	3.71	XXX	N
78215	26	A	Liver and spleen imaging	0.49	0.22	0.03	0.74	XXX	N
78215	TC	A	Liver and spleen imaging	0.00	2.80	0.17	2.97	XXX	N
78216	.....	A	Liver & spleen image, flow	0.57	3.58	0.25	4.40	XXX	N
78216	26	A	Liver & spleen image, flow	0.57	0.26	0.04	0.87	XXX	N
78216	TC	A	Liver & spleen image, flow	0.00	3.32	0.21	3.53	XXX	N
78220	.....	A	Liver function study	0.49	3.77	0.25	4.51	XXX	N
78220	26	A	Liver function study	0.49	0.22	0.03	0.74	XXX	N
78220	TC	A	Liver function study	0.00	3.55	0.22	3.77	XXX	N
78223	.....	A	Hepatobiliary imaging	0.84	3.87	0.28	4.99	XXX	N
78223	26	A	Hepatobiliary imaging	0.84	0.38	0.06	1.28	XXX	N
78223	TC	A	Hepatobiliary imaging	0.00	3.49	0.22	3.71	XXX	N
78230	.....	A	Salivary gland imaging	0.45	2.28	0.17	2.90	XXX	N
78230	26	A	Salivary gland imaging	0.45	0.21	0.03	0.69	XXX	N
78230	TC	A	Salivary gland imaging	0.00	2.07	0.14	2.21	XXX	N
78231	.....	A	Serial salivary imaging	0.52	3.26	0.23	4.01	XXX	N
78231	26	A	Serial salivary imaging	0.52	0.24	0.04	0.80	XXX	N
78231	TC	A	Serial salivary imaging	0.00	3.02	0.19	3.21	XXX	N
78232	.....	A	Salivary gland function exam	0.47	3.59	0.24	4.30	XXX	N
78232	26	A	Salivary gland function exam	0.47	0.22	0.03	0.72	XXX	N
78232	TC	A	Salivary gland function exam	0.00	3.37	0.21	3.58	XXX	N
78258	.....	A	Esophageal motility study	0.74	3.09	0.22	4.05	XXX	N
78258	26	A	Esophageal motility study	0.74	0.34	0.05	1.13	XXX	N
78258	TC	A	Esophageal motility study	0.00	2.75	0.17	2.92	XXX	N
78261	.....	A	Gastric mucosa imaging	0.69	4.23	0.30	5.22	XXX	N
78261	26	A	Gastric mucosa imaging	0.69	0.32	0.05	1.06	XXX	N
78261	TC	A	Gastric mucosa imaging	0.00	3.91	0.25	4.16	XXX	N
78262	.....	A	Gastroesophageal reflux exam	0.68	4.36	0.31	5.35	XXX	N
78262	26	A	Gastroesophageal reflux exam	0.68	0.31	0.05	1.04	XXX	N
78262	TC	A	Gastroesophageal reflux exam	0.00	4.05	0.26	4.31	XXX	N
78264	.....	A	Gastric emptying study	0.78	4.29	0.30	5.37	XXX	N
78264	26	A	Gastric emptying study	0.78	0.36	0.05	1.19	XXX	N
78264	TC	A	Gastric emptying study	0.00	3.93	0.25	4.18	XXX	N
78270	.....	A	Vit B-12 absorption exam	0.20	1.57	0.11	1.88	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
78270	26	A	Vit B-12 absorption exam	0.20	0.10	0.01	0.31	XXX	N
78270	TC	A	Vit B-12 absorption exam	0.00	1.47	0.10	1.57	XXX	N
78271		A	Vit B-12 absorp exam, IF	0.20	1.67	0.11	1.98	XXX	N
78271	26	A	Vit B-12 absorp exam, IF	0.20	0.10	0.01	0.31	XXX	N
78271	TC	A	Vit B-12 absorp exam, IF	0.00	1.57	0.10	1.67	XXX	N
78272		A	Vit B-12 absorp, combined	0.27	2.34	0.17	2.78	XXX	N
78272	26	A	Vit B-12 absorp, combined	0.27	0.13	0.02	0.42	XXX	N
78272	TC	A	Vit B-12 absorp, combined	0.00	2.21	0.15	2.36	XXX	N
78278		A	Acute GI blood loss imaging	0.99	5.09	0.37	6.45	XXX	N
78278	26	A	Acute GI blood loss imaging	0.99	0.45	0.07	1.51	XXX	N
78278	TC	A	Acute GI blood loss imaging	0.00	4.64	0.30	4.94	XXX	N
78282		C	GI protein loss exam	0.00	0.00	0.00	0.00	XXX	N
78282	26	A	GI protein loss exam	0.38	0.17	0.03	0.58	XXX	N
78282	TC	C	GI protein loss exam	0.00	0.00	0.00	0.00	XXX	N
78290		A	Meckel's divert exam	0.68	3.21	0.23	4.12	XXX	N
78290	26	A	Meckel's divert exam	0.68	0.31	0.05	1.04	XXX	N
78290	TC	A	Meckel's divert exam	0.00	2.90	0.18	3.08	XXX	N
78291		A	Leveen/shunt patency exam	0.88	3.31	0.24	4.43	XXX	N
78291	26	A	Leveen/shunt patency exam	0.88	0.39	0.06	1.33	XXX	N
78291	TC	A	Leveen/shunt patency exam	0.00	2.92	0.18	3.10	XXX	N
78299		C	GI nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78299	26	C	GI nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78299	TC	C	GI nuclear procedure	0.00	0.00	0.00	0.00	XXX	N
78300		A	Bone imaging, limited area	0.62	2.66	0.20	3.48	XXX	N
78300	26	A	Bone imaging, limited area	0.62	0.29	0.04	0.95	XXX	N
78300	TC	A	Bone imaging, limited area	0.00	2.37	0.16	2.53	XXX	N
78305		A	Bone imaging, multiple areas	0.83	3.87	0.28	4.98	XXX	N
78305	26	A	Bone imaging, multiple areas	0.83	0.38	0.06	1.27	XXX	N
78305	TC	A	Bone imaging, multiple areas	0.00	3.49	0.22	3.71	XXX	N
78306		A	Bone imaging, whole body	0.86	4.46	0.32	5.64	XXX	N
78306	26	A	Bone imaging, whole body	0.86	0.39	0.06	1.31	XXX	N
78306	TC	A	Bone imaging, whole body	0.00	4.07	0.26	4.33	XXX	N
78315		A	Bone imaging, 3 phase	1.02	5.00	0.36	6.38	XXX	N
78315	26	A	Bone imaging, 3 phase	1.02	0.45	0.07	1.54	XXX	N
78315	TC	A	Bone imaging, 3 phase	0.00	4.55	0.29	4.84	XXX	N
78320		A	Bone imaging (3D)	1.04	6.09	0.43	7.56	XXX	N
78320	26	A	Bone imaging (3D)	1.04	0.46	0.07	1.57	XXX	N
78320	TC	A	Bone imaging (3D)	0.00	5.63	0.36	5.99	XXX	N
78350		G	Bone mineral, single photon	+0.22	0.82	0.07	1.11	XXX	N
78350	26	G	Bone mineral, single photon	+0.22	0.10	0.02	0.34	XXX	N
78350	TC	G	Bone mineral, single photon	+0.00	0.72	0.05	0.77	XXX	N
78351		N	Bone mineral, dual photon	+0.30	0.19	0.02	0.51	XXX	0
78399		C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78399	26	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78399	TC	C	Musculoskeletal nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78414		C	Non-imaging heart function	0.00	0.00	0.00	0.00	XXX	N
78414	26	A	Non-imaging heart function	0.45	0.20	0.03	0.68	XXX	N
78414	TC	C	Non-imaging heart function	0.00	0.00	0.00	0.00	XXX	N
78428		A	Cardiac shunt imaging	0.78	2.51	0.19	3.48	XXX	N
78428	26	A	Cardiac shunt imaging	0.78	0.36	0.05	1.19	XXX	N
78428	TC	A	Cardiac shunt imaging	0.00	2.15	0.14	2.29	XXX	N
78445		A	Vascular flow imaging	0.49	2.01	0.15	2.65	XXX	N
78445	26	A	Vascular flow imaging	0.49	0.24	0.04	0.77	XXX	N
78445	TC	A	Vascular flow imaging	0.00	1.77	0.11	1.88	XXX	N
78455		A	Venous thrombosis study	0.73	4.13	0.29	5.15	XXX	N
78455	26	A	Venous thrombosis study	0.73	0.33	0.05	1.11	XXX	N
78455	TC	A	Venous thrombosis study	0.00	3.80	0.24	4.04	XXX	N
78457		A	Venous thrombosis imaging	0.77	2.88	0.22	3.87	XXX	N
78457	26	A	Venous thrombosis imaging	0.77	0.35	0.05	1.17	XXX	N
78457	TC	A	Venous thrombosis imaging	0.00	2.53	0.17	2.70	XXX	N
78458		A	Ven thrombosis images, bilat	0.90	4.23	0.30	5.43	XXX	N
78458	26	A	Ven thrombosis images, bilat	0.90	0.40	0.06	1.36	XXX	N
78458	TC	A	Ven thrombosis images, bilat	0.00	3.83	0.24	4.07	XXX	N
78459		G	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	XXX	0
78459	26	G	Heart muscle imaging (PET)	+1.88	1.34	0.10	3.32	XXX	0
78459	TC	G	Heart muscle imaging (PET)	0.00	0.00	0.00	0.00	XXX	0
78460		A	Heart muscle blood single	0.86	2.64	0.21	3.71	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
78460	26	A	Heart muscle blood single	0.86	0.39	0.06	1.31	XXX	N
78460	TC	A	Heart muscle blood single	0.00	2.25	0.15	2.40	XXX	N
78461		A	Heart muscle blood multiple	1.23	5.04	0.37	6.64	XXX	N
78461	26	A	Heart muscle blood multiple	1.23	0.54	0.08	1.85	XXX	N
78461	TC	A	Heart muscle blood multiple	0.00	4.50	0.29	4.79	XXX	N
78464		A	Heart image (3D) single	1.09	7.22	0.50	8.81	XXX	N
78464	26	A	Heart image (3D) single	1.09	0.48	0.07	1.64	XXX	N
78464	TC	A	Heart image (3D) single	0.00	6.74	0.43	7.17	XXX	N
78465		A	Heart image (3D) multiple	1.46	11.89	0.80	14.15	XXX	N
78465	26	A	Heart image (3D) multiple	1.46	0.65	0.10	2.21	XXX	N
78465	TC	A	Heart image (3D) multiple	0.00	11.24	0.70	11.94	XXX	N
78466		A	Heart infarct image	0.69	2.82	0.22	3.73	XXX	N
78466	26	A	Heart infarct image	0.69	0.32	0.05	1.06	XXX	N
78466	TC	A	Heart infarct image	0.00	2.50	0.17	2.67	XXX	N
78468		A	Heart infarct image, EF	0.80	3.85	0.27	4.92	XXX	N
78468	26	A	Heart infarct image, EF	0.80	0.36	0.05	1.21	XXX	N
78468	TC	A	Heart infarct image, EF	0.00	3.49	0.22	3.71	XXX	N
78469		A	Heart infarct image (3D)	0.92	5.39	0.38	6.69	XXX	N
78469	26	A	Heart infarct image (3D)	0.92	0.41	0.06	1.39	XXX	N
78469	TC	A	Heart infarct image (3D)	0.00	4.98	0.32	5.30	XXX	N
78472		A	Gated heart, resting	0.98	5.69	0.41	7.08	XXX	N
78472	26	A	Gated heart, resting	0.98	0.44	0.07	1.49	XXX	N
78472	TC	A	Gated heart, resting	0.00	5.25	0.34	5.59	XXX	N
78473		A	Gated heart, multiple	1.47	8.52	0.59	10.58	XXX	N
78473	26	A	Gated heart, multiple	1.47	0.65	0.10	2.22	XXX	N
78473	TC	A	Gated heart, multiple	0.00	7.87	0.49	8.36	XXX	N
78478		A	Heart wall motion (add-on)	0.62	1.76	0.14	2.52	XXX	N
78478	26	A	Heart wall motion (add-on)	0.62	0.28	0.04	0.94	XXX	N
78478	TC	A	Heart wall motion (add-on)	0.00	1.48	0.10	1.58	XXX	N
78480		A	Heart function, (add-on)	0.62	1.76	0.14	2.52	XXX	N
78480	26	A	Heart function, (add-on)	0.62	0.28	0.04	0.94	XXX	N
78480	TC	A	Heart function, (add-on)	0.00	1.48	0.10	1.58	XXX	N
78481		A	Heart first pass single	0.98	5.42	0.39	6.79	XXX	N
78481	26	A	Heart first pass single	0.98	0.44	0.07	1.49	XXX	N
78481	TC	A	Heart first pass single	0.00	4.98	0.32	5.30	XXX	N
78483		A	Heart first pass multiple	1.47	8.15	0.57	10.19	XXX	N
78483	26	A	Heart first pass multiple	1.47	0.65	0.10	2.22	XXX	N
78483	TC	A	Heart first pass multiple	0.00	7.50	0.47	7.97	XXX	N
78499		C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78499	26	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78499	TC	C	Cardiovascular nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78580		A	Lung perfusion imaging	0.74	3.61	0.26	4.61	XXX	N
78580	26	A	Lung perfusion imaging	0.74	0.34	0.05	1.13	XXX	N
78580	TC	A	Lung perfusion imaging	0.00	3.27	0.21	3.48	XXX	N
78584		A	Lung V/Q image single breath	0.99	3.50	0.26	4.75	XXX	N
78584	26	A	Lung V/Q image single breath	0.99	0.45	0.07	1.51	XXX	N
78584	TC	A	Lung V/Q image single breath	0.00	3.05	0.19	3.24	XXX	N
78585		A	Lung V/Q imaging	1.09	5.85	0.41	7.35	XXX	N
78585	26	A	Lung V/Q imaging	1.09	0.48	0.07	1.64	XXX	N
78585	TC	A	Lung V/Q imaging	0.00	5.37	0.34	5.71	XXX	N
78586		A	Aerosol lung image, single	0.40	2.65	0.19	3.24	XXX	N
78586	26	A	Aerosol lung image, single	0.40	0.18	0.03	0.61	XXX	N
78586	TC	A	Aerosol lung image, single	0.00	2.47	0.16	2.63	XXX	N
78587		A	Aerosol lung image, multiple	0.49	2.89	0.20	3.58	XXX	N
78587	26	A	Aerosol lung image, multiple	0.49	0.22	0.03	0.74	XXX	N
78587	TC	A	Aerosol lung image, multiple	0.00	2.67	0.17	2.84	XXX	N
78591		A	Vent image, 1 breath, 1 proj	0.40	2.90	0.20	3.50	XXX	N
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.18	0.03	0.61	XXX	N
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.72	0.17	2.89	XXX	N
78593		A	Vent image, 1 proj, gas	0.49	3.51	0.24	4.24	XXX	N
78593	26	A	Vent image, 1 proj, gas	0.49	0.22	0.03	0.74	XXX	N
78593	TC	A	Vent image, 1 proj, gas	0.00	3.29	0.21	3.50	XXX	N
78594		A	Vent image, mult proj, gas	0.53	5.00	0.34	5.87	XXX	N
78594	26	A	Vent image, mult proj, gas	0.53	0.25	0.04	0.82	XXX	N
78594	TC	A	Vent image, mult proj, gas	0.00	4.75	0.30	5.05	XXX	N
78596		A	Lung differential function	1.27	7.30	0.52	9.09	XXX	N
78596	26	A	Lung differential function	1.27	0.56	0.09	1.92	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
78596	TC	A	Lung differential function	0.00	6.74	0.43	7.17	XXX	N
78599	.....	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78599	26	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78599	TC	C	Respiratory nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78600	.....	A	Brain imaging, ltd static	0.44	2.95	0.20	3.59	XXX	N
78600	26	A	Brain imaging, ltd static	0.44	0.20	0.03	0.67	XXX	N
78600	TC	A	Brain imaging, ltd static	0.00	2.75	0.17	2.92	XXX	N
78601	.....	A	Brain ltd imaging & flow	0.51	3.48	0.24	4.23	XXX	N
78601	26	A	Brain ltd imaging & flow	0.51	0.24	0.04	0.79	XXX	N
78601	TC	A	Brain ltd imaging & flow	0.00	3.24	0.20	3.44	XXX	N
78605	.....	A	Brain imaging, complete	0.53	3.49	0.24	4.26	XXX	N
78605	26	A	Brain imaging, complete	0.53	0.25	0.04	0.82	XXX	N
78605	TC	A	Brain imaging, complete	0.00	3.24	0.20	3.44	XXX	N
78606	.....	A	Brain imaging comp & flow	0.64	3.98	0.27	4.89	XXX	N
78606	26	A	Brain imaging comp & flow	0.64	0.29	0.04	0.97	XXX	N
78606	TC	A	Brain imaging comp & flow	0.00	3.69	0.23	3.92	XXX	N
78607	.....	A	Brain imaging (3D)	1.23	6.79	0.47	8.49	XXX	N
78607	26	A	Brain imaging (3D)	1.23	0.54	0.08	1.85	XXX	N
78607	TC	A	Brain imaging (3D)	0.00	6.25	0.39	6.64	XXX	N
78608	.....	N	Brain imaging (PET)	0.00	0.00	0.00	0.00	XXX	0
78609	.....	N	Brain imaging (PET)	0.00	0.00	0.00	0.00	XXX	0
78610	.....	A	Brain flow imaging only	0.30	1.64	0.12	2.06	XXX	N
78610	26	A	Brain flow imaging only	0.30	0.14	0.02	0.46	XXX	N
78610	TC	A	Brain flow imaging only	0.00	1.50	0.10	1.60	XXX	N
78615	.....	A	Cerebral blood flow imaging	0.42	3.86	0.26	4.54	XXX	N
78615	26	A	Cerebral blood flow imaging	0.42	0.19	0.03	0.64	XXX	N
78615	TC	A	Cerebral blood flow imaging	0.00	3.67	0.23	3.90	XXX	N
78630	.....	A	Cerebrospinal fluid scan	0.68	5.11	0.36	6.15	XXX	N
78630	26	A	Cerebrospinal fluid scan	0.68	0.31	0.05	1.04	XXX	N
78630	TC	A	Cerebrospinal fluid scan	0.00	4.80	0.31	5.11	XXX	N
78635	.....	A	CSF ventriculography	0.61	2.70	0.20	3.51	XXX	N
78635	26	A	CSF ventriculography	0.61	0.28	0.04	0.93	XXX	N
78635	TC	A	CSF ventriculography	0.00	2.42	0.16	2.58	XXX	N
78645	.....	A	CSF shunt evaluation	0.57	3.53	0.25	4.35	XXX	N
78645	26	A	CSF shunt evaluation	0.57	0.26	0.04	0.87	XXX	N
78645	TC	A	CSF shunt evaluation	0.00	3.27	0.21	3.48	XXX	N
78647	.....	A	Cerebrospinal fluid scan	0.90	6.04	0.42	7.36	XXX	N
78647	26	A	Cerebrospinal fluid scan	0.90	0.41	0.06	1.37	XXX	N
78647	TC	A	Cerebrospinal fluid scan	0.00	5.63	0.36	5.99	XXX	N
78650	.....	A	CSF leakage imaging	0.61	4.70	0.32	5.63	XXX	N
78650	26	A	CSF leakage imaging	0.61	0.28	0.04	0.93	XXX	N
78650	TC	A	CSF leakage imaging	0.00	4.42	0.28	4.70	XXX	N
78660	.....	A	Nuclear exam of tear flow	0.53	2.27	0.17	2.97	XXX	N
78660	26	A	Nuclear exam of tear flow	0.53	0.25	0.04	0.82	XXX	N
78660	TC	A	Nuclear exam of tear flow	0.00	2.02	0.13	2.15	XXX	N
78699	.....	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78699	26	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78699	TC	C	Nervous system nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78700	.....	A	Kidney imaging, static	0.45	3.10	0.21	3.76	XXX	N
78700	26	A	Kidney imaging, static	0.45	0.20	0.03	0.68	XXX	N
78700	TC	A	Kidney imaging, static	0.00	2.90	0.18	3.08	XXX	N
78701	.....	A	Kidney imaging with flow	0.49	3.61	0.24	4.34	XXX	N
78701	26	A	Kidney imaging with flow	0.49	0.22	0.03	0.74	XXX	N
78701	TC	A	Kidney imaging with flow	0.00	3.39	0.21	3.60	XXX	N
78704	.....	A	Imaging renogram	0.74	4.11	0.29	5.14	XXX	N
78704	26	A	Imaging renogram	0.74	0.34	0.05	1.13	XXX	N
78704	TC	A	Imaging renogram	0.00	3.77	0.24	4.01	XXX	N
78707	.....	A	Kidney flow & function image	0.94	4.68	0.33	5.95	XXX	N
78707	26	A	Kidney flow & function image	0.94	0.42	0.06	1.42	XXX	N
78707	TC	A	Kidney flow & function image	0.00	4.26	0.27	4.53	XXX	N
78710	.....	A	Kidney imaging (3D)	0.66	5.93	0.41	7.00	XXX	N
78710	26	A	Kidney imaging (3D)	0.66	0.30	0.05	1.01	XXX	N
78710	TC	A	Kidney imaging (3D)	0.00	5.63	0.36	5.99	XXX	N
78715	.....	A	Renal vascular flow exam	0.30	1.64	0.12	2.06	XXX	N
78715	26	A	Renal vascular flow exam	0.30	0.14	0.02	0.46	XXX	N
78715	TC	A	Renal vascular flow exam	0.00	1.50	0.10	1.60	XXX	N
78725	.....	A	Kidney function study	0.38	1.87	0.14	2.39	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
78725	26	A	Kidney function study	0.38	0.17	0.03	0.58	XXX	N
78725	TC	A	Kidney function study	0.00	1.70	0.11	1.81	XXX	N
78726	.....	A	Kidney function w/intervent	0.87	3.21	0.24	4.32	XXX	N
78726	26	A	Kidney function w/intervent	0.87	0.39	0.06	1.32	XXX	N
78726	TC	A	Kidney function w/intervent	0.00	2.82	0.18	3.00	XXX	N
78727	.....	A	Kidney transplant evaluation	0.99	4.25	0.31	5.55	XXX	N
78727	26	A	Kidney transplant evaluation	0.99	0.45	0.07	1.51	XXX	N
78727	TC	A	Kidney transplant evaluation	0.00	3.80	0.24	4.04	XXX	N
78730	.....	A	Urinary bladder retention	0.36	1.55	0.11	2.02	XXX	N
78730	26	A	Urinary bladder retention	0.36	0.16	0.02	0.54	XXX	N
78730	TC	A	Urinary bladder retention	0.00	1.39	0.09	1.48	XXX	N
78740	.....	A	Ureteral reflux study	0.57	2.28	0.17	3.02	XXX	N
78740	26	A	Ureteral reflux study	0.57	0.26	0.04	0.87	XXX	N
78740	TC	A	Ureteral reflux study	0.00	2.02	0.13	2.15	XXX	N
78760	.....	A	Testicular imaging	0.66	2.85	0.21	3.72	XXX	N
78760	26	A	Testicular imaging	0.66	0.30	0.04	1.00	XXX	N
78760	TC	A	Testicular imaging	0.00	2.55	0.17	2.72	XXX	N
78761	.....	A	Testicular imaging & flow	0.71	3.38	0.24	4.33	XXX	N
78761	26	A	Testicular imaging & flow	0.71	0.33	0.05	1.09	XXX	N
78761	TC	A	Testicular imaging & flow	0.00	3.05	0.19	3.24	XXX	N
78799	.....	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78799	26	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78799	TC	C	Genitourinary nuclear exam	0.00	0.00	0.00	0.00	XXX	N
78800	.....	A	Tumor imaging, limited area	0.66	3.54	0.24	4.44	XXX	N
78800	26	A	Tumor imaging, limited area	0.66	0.30	0.04	1.00	XXX	N
78800	TC	A	Tumor imaging, limited area	0.00	3.24	0.20	3.44	XXX	N
78801	.....	A	Tumor imaging, mult areas	0.79	4.39	0.31	5.49	XXX	N
78801	26	A	Tumor imaging, mult areas	0.79	0.36	0.05	1.20	XXX	N
78801	TC	A	Tumor imaging, mult areas	0.00	4.03	0.26	4.29	XXX	N
78802	.....	A	Tumor imaging, whole body	0.86	5.66	0.40	6.92	XXX	N
78802	26	A	Tumor imaging, whole body	0.86	0.39	0.06	1.31	XXX	N
78802	TC	A	Tumor imaging, whole body	0.00	5.27	0.34	5.61	XXX	N
78803	.....	A	Tumor imaging (3D)	1.09	6.73	0.46	8.28	XXX	N
78803	26	A	Tumor imaging (3D)	1.09	0.48	0.07	1.64	XXX	N
78803	TC	A	Tumor imaging (3D)	0.00	6.25	0.39	6.64	XXX	N
78805	.....	A	Abscess imaging, ltd area	0.73	3.57	0.25	4.55	XXX	N
78805	26	A	Abscess imaging, ltd area	0.73	0.33	0.05	1.11	XXX	N
78805	TC	A	Abscess imaging, ltd area	0.00	3.24	0.20	3.44	XXX	N
78806	.....	A	Abscess imaging, whole body	0.86	6.51	0.45	7.82	XXX	N
78806	26	A	Abscess imaging, whole body	0.86	0.38	0.06	1.30	XXX	N
78806	TC	A	Abscess imaging, whole body	0.00	6.13	0.39	6.52	XXX	N
78807	.....	A	Nuclear localization/abscess	1.09	6.73	0.46	8.28	XXX	N
78807	26	A	Nuclear localization/abscess	1.09	0.48	0.07	1.64	XXX	N
78807	TC	A	Nuclear localization/abscess	0.00	6.25	0.39	6.64	XXX	N
78810	.....	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	XXX	0
78810	26	N	Tumor imaging (PET)	+1.93	1.37	0.10	3.40	XXX	0
78810	TC	N	Tumor imaging (PET)	0.00	0.00	0.00	0.00	XXX	0
78890	.....	B	Nuclear medicine data proc	+0.05	1.26	0.08	1.39	XXX	0
78890	26	B	Nuclear medicine data proc	+0.05	0.02	0.00	0.07	XXX	0
78890	TC	B	Nuclear medicine data proc	+0.00	1.24	0.08	1.32	XXX	0
78891	.....	B	Nuclear med data proc	+0.10	2.55	0.18	2.83	XXX	0
78891	26	B	Nuclear med data proc	+0.10	0.05	0.01	0.16	XXX	0
78891	TC	B	Nuclear med data proc	+0.00	2.50	0.17	2.67	XXX	0
78990	.....	G	Provide diag radionuclide(s)	0.00	0.00	0.00	0.00	XXX	0
78999	.....	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
78999	26	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
78999	TC	C	Nuclear diagnostic exam	0.00	0.00	0.00	0.00	XXX	N
79000	.....	A	Intial hyperthyroid therapy	1.80	3.31	0.29	5.40	XXX	N
79000	26	A	Intial hyperthyroid therapy	1.80	0.81	0.12	2.73	XXX	N
79000	TC	A	Intial hyperthyroid therapy	0.00	2.50	0.17	2.67	XXX	N
79001	.....	A	Repeat hyperthyroid therapy	1.05	1.70	0.15	2.90	XXX	N
79001	26	A	Repeat hyperthyroid therapy	1.05	0.46	0.07	1.58	XXX	N
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.24	0.08	1.32	XXX	N
79020	.....	A	Thyroid ablation	1.81	3.31	0.29	5.41	XXX	N
79020	26	A	Thyroid ablation	1.81	0.81	0.12	2.74	XXX	N
79020	TC	A	Thyroid ablation	0.00	2.50	0.17	2.67	XXX	N
79030	.....	A	Thyroid ablation, carcinoma	2.10	3.44	0.31	5.85	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
79030	26	A	Thyroid ablation, carcinoma	2.10	0.94	0.14	3.18	XXX	N
79030	TC	A	Thyroid ablation, carcinoma	0.00	2.50	0.17	2.67	XXX	N
79035		A	Thyroid metastatic therapy	2.52	3.63	0.34	6.49	XXX	N
79035	26	A	Thyroid metastatic therapy	2.52	1.13	0.17	3.82	XXX	N
79035	TC	A	Thyroid metastatic therapy	0.00	2.50	0.17	2.67	XXX	N
79100		A	Hematopoetic nuclear therapy	1.32	3.08	0.26	4.66	XXX	N
79100	26	A	Hematopoetic nuclear therapy	1.32	0.58	0.09	1.99	XXX	N
79100	TC	A	Hematopoetic nuclear therapy	0.00	2.50	0.17	2.67	XXX	N
79200		A	Intracavitary nuc treatment	1.99	3.39	0.31	5.69	XXX	N
79200	26	A	Intracavitary nuc treatment	1.99	0.89	0.14	3.02	XXX	N
79200	TC	A	Intracavitary nuc treatment	0.00	2.50	0.17	2.67	XXX	N
79300		C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	XXX	N
79300	26	A	Interstitial nuclear therapy	1.60	0.71	0.11	2.42	XXX	N
79300	TC	C	Interstitial nuclear therapy	0.00	0.00	0.00	0.00	XXX	N
79400		A	Nonhemato nuclear therapy	1.96	3.37	0.30	5.63	XXX	N
79400	26	A	Nonhemato nuclear therapy	1.96	0.87	0.13	2.96	XXX	N
79400	TC	A	Nonhemato nuclear therapy	0.00	2.50	0.17	2.67	XXX	N
79420		C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	XXX	N
79420	26	A	Intravascular nuc therapy	1.51	0.67	0.10	2.28	XXX	N
79420	TC	C	Intravascular nuc therapy	0.00	0.00	0.00	0.00	XXX	N
79440		A	Nuclear joint therapy	1.99	3.39	0.31	5.69	XXX	N
79440	26	A	Nuclear joint therapy	1.99	0.89	0.14	3.02	XXX	N
79440	TC	A	Nuclear joint therapy	0.00	2.50	0.17	2.67	XXX	N
79900		C	Provide ther radiopharm(s)	0.00	0.00	0.00	0.00	XXX	N
79999		C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
79999	26	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
79999	TC	C	Nuclear medicine therapy	0.00	0.00	0.00	0.00	XXX	N
80002		X	1–2 clinical chem tests	0.00	0.00	0.00	0.00	XXX	0
80003		X	3 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80004		X	4 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80005		X	5 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80006		X	6 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80007		X	7 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80008		X	8 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80009		X	9 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80010		X	10 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80011		X	11 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80012		X	12 clinical chemistry tests	0.00	0.00	0.00	0.00	XXX	0
80016		X	13–16 blood/urine tests	0.00	0.00	0.00	0.00	XXX	0
80018		X	17–18 blood/urine tests	0.00	0.00	0.00	0.00	XXX	0
80019		X	19 blood/urine tests	0.00	0.00	0.00	0.00	XXX	0
80050		X	General health panel	0.00	0.00	0.00	0.00	XXX	0
80055		G	Obstetric panel	0.00	0.00	0.00	0.00	XXX	0
80058		X	Hepatic function panel	0.00	0.00	0.00	0.00	XXX	0
80059		X	Hepatitis panel	0.00	0.00	0.00	0.00	XXX	0
80061		X	Lipid panel	0.00	0.00	0.00	0.00	XXX	0
80072		X	Arthritis panel	0.00	0.00	0.00	0.00	XXX	0
80090		X	Torch antibody panel	0.00	0.00	0.00	0.00	XXX	0
80091		X	Thyroid panel	0.00	0.00	0.00	0.00	XXX	0
80092		X	Thyroid panel w/TSH	0.00	0.00	0.00	0.00	XXX	0
80100		X	Drug screen	0.00	0.00	0.00	0.00	XXX	0
80101		X	Drug screen	0.00	0.00	0.00	0.00	XXX	0
80102		X	Drug confirmation	0.00	0.00	0.00	0.00	XXX	0
80103		X	Drug analysis, tissue prep	0.00	0.00	0.00	0.00	XXX	0
80150		X	Assay of amikacin	0.00	0.00	0.00	0.00	XXX	0
80152		X	Assay of amitriptyline	0.00	0.00	0.00	0.00	XXX	0
80154		X	Assay of benzodiazepines	0.00	0.00	0.00	0.00	XXX	0
80156		X	Assay carbamazepine	0.00	0.00	0.00	0.00	XXX	0
80158		X	Assay of cyclosporine	0.00	0.00	0.00	0.00	XXX	0
80160		X	Assay of desipramine	0.00	0.00	0.00	0.00	XXX	0
80162		X	Assay for digoxin	0.00	0.00	0.00	0.00	XXX	0
80164		X	Assay, dipropylacetic acid	0.00	0.00	0.00	0.00	XXX	0
80166		X	Assay of doxepin	0.00	0.00	0.00	0.00	XXX	0
80168		X	Assay of ethosuximide	0.00	0.00	0.00	0.00	XXX	0
80170		X	Gentamicin	0.00	0.00	0.00	0.00	XXX	0
80172		X	Assay for gold	0.00	0.00	0.00	0.00	XXX	0
80174		X	Assay of imipramine	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
80176	.....	X	Assay for lidocaine	0.00	0.00	0.00	0.00	XXX	0
80178	.....	X	Assay for lithium	0.00	0.00	0.00	0.00	XXX	0
80182	.....	X	Assay for nortriptyline	0.00	0.00	0.00	0.00	XXX	0
80184	.....	X	Assay for phenobarbital	0.00	0.00	0.00	0.00	XXX	0
80185	.....	X	Assay for phenytoin	0.00	0.00	0.00	0.00	XXX	0
80186	.....	X	Assay for phenytoin, free	0.00	0.00	0.00	0.00	XXX	0
80188	.....	X	Assay for primidone	0.00	0.00	0.00	0.00	XXX	0
80190	.....	X	Assay for procainamide	0.00	0.00	0.00	0.00	XXX	0
80192	.....	X	Assay for procainamide	0.00	0.00	0.00	0.00	XXX	0
80194	.....	X	Assay for quinidine	0.00	0.00	0.00	0.00	XXX	0
80196	.....	X	Assay for salicylate	0.00	0.00	0.00	0.00	XXX	0
80197	.....	X	Assay for tacrolimus	0.00	0.00	0.00	0.00	XXX	0
80198	.....	X	Assay for theophylline	0.00	0.00	0.00	0.00	XXX	0
80200	.....	X	Assay for tobramycin	0.00	0.00	0.00	0.00	XXX	0
80202	.....	X	Assay for vancomycin	0.00	0.00	0.00	0.00	XXX	0
80299	.....	X	Quantitative assay, drug	0.00	0.00	0.00	0.00	XXX	0
80400	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80402	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80406	.....	X	Acth stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80408	.....	X	Aldosterone suppression eval	0.00	0.00	0.00	0.00	XXX	0
80410	.....	X	Calcitonin stimul panel	0.00	0.00	0.00	0.00	XXX	0
80412	.....	X	CRH stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80414	.....	X	Testosterone response	0.00	0.00	0.00	0.00	XXX	0
80415	.....	X	Estradiol response panel	0.00	0.00	0.00	0.00	XXX	0
80416	.....	X	Renin stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80417	.....	X	Renin stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80418	.....	X	Pituitary evaluation panel	0.00	0.00	0.00	0.00	XXX	0
80420	.....	X	Dexamethasone panel	0.00	0.00	0.00	0.00	XXX	0
80422	.....	X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80424	.....	X	Glucagon tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80426	.....	X	Gonadotropin hormone panel	0.00	0.00	0.00	0.00	XXX	0
80428	.....	X	Growth hormone panel	0.00	0.00	0.00	0.00	XXX	0
80430	.....	X	Growth hormone panel	0.00	0.00	0.00	0.00	XXX	0
80432	.....	X	Insulin suppression panel	0.00	0.00	0.00	0.00	XXX	0
80434	.....	X	Insulin tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80435	.....	X	Insulin tolerance panel	0.00	0.00	0.00	0.00	XXX	0
80436	.....	X	Metyrapone panel	0.00	0.00	0.00	0.00	XXX	0
80438	.....	X	TRH stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80439	.....	X	TRH stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80440	.....	X	TRH stimulation panel	0.00	0.00	0.00	0.00	XXX	0
80500	.....	A	Lab pathology consultation	0.37	0.20	0.01	0.58	XXX	N
80502	.....	A	Lab pathology consultation	1.33	0.33	0.02	1.68	XXX	N
81000	.....	X	Urinalysis, nonauto, w/scope	0.00	0.00	0.00	0.00	XXX	0
81001	.....	X	Urinalysis, auto, w/scope	0.00	0.00	0.00	0.00	XXX	0
81002	.....	X	Urinalysis nonauto w/o scope	0.00	0.00	0.00	0.00	XXX	0
81003	.....	X	Urinalysis, auto, w/o scope	0.00	0.00	0.00	0.00	XXX	0
81005	.....	X	Urinalysis	0.00	0.00	0.00	0.00	XXX	0
81007	.....	X	Urine screen for bacteria	0.00	0.00	0.00	0.00	XXX	0
81015	.....	X	Microscopic exam of urine	0.00	0.00	0.00	0.00	XXX	0
81020	.....	X	Urinalysis, glass test	0.00	0.00	0.00	0.00	XXX	0
81025	.....	X	Urine pregnancy test	0.00	0.00	0.00	0.00	XXX	0
81050	.....	X	Urinalysis, volume measure	0.00	0.00	0.00	0.00	XXX	0
81099	.....	X	Urinalysis test procedure	0.00	0.00	0.00	0.00	XXX	0
82000	.....	X	Assay blood acetaldehyde	0.00	0.00	0.00	0.00	XXX	0
82003	.....	X	Assay acetaminophen	0.00	0.00	0.00	0.00	XXX	0
82009	.....	X	Test for acetone/ketones	0.00	0.00	0.00	0.00	XXX	0
82010	.....	X	Acetone assay	0.00	0.00	0.00	0.00	XXX	0
82013	.....	X	Acetylcholinesterase assay	0.00	0.00	0.00	0.00	XXX	0
82024	.....	X	ACTH	0.00	0.00	0.00	0.00	XXX	0
82030	.....	X	ADP & AMP	0.00	0.00	0.00	0.00	XXX	0
82040	.....	X	Assay serum albumin	0.00	0.00	0.00	0.00	XXX	0
82042	.....	X	Assay urine albumin	0.00	0.00	0.00	0.00	XXX	0
82043	.....	X	Microalbumin, quantitative	0.00	0.00	0.00	0.00	XXX	0
82044	.....	X	Microalbumin, semiquant	0.00	0.00	0.00	0.00	XXX	0
82055	.....	X	Assay ethanol	0.00	0.00	0.00	0.00	XXX	0
82075	.....	X	Assay breath ethanol	0.00	0.00	0.00	0.00	XXX	0
82085	.....	X	Assay of aldolase	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
82088	.....	X	Aldosterone	0.00	0.00	0.00	0.00	XXX	0
82101	.....	X	Assay of urine alkaloids	0.00	0.00	0.00	0.00	XXX	0
82103	.....	X	Alpha-1-antitrypsin, total	0.00	0.00	0.00	0.00	XXX	0
82104	.....	X	Alpha-1-antitrypsin, pheno	0.00	0.00	0.00	0.00	XXX	0
82105	.....	X	Alpha-fetoprotein, serum	0.00	0.00	0.00	0.00	XXX	0
82106	.....	X	Alpha-fetoprotein; amniotic	0.00	0.00	0.00	0.00	XXX	0
82108	.....	X	Assay, aluminum	0.00	0.00	0.00	0.00	XXX	0
82128	.....	X	Test for amino acids	0.00	0.00	0.00	0.00	XXX	0
82130	.....	X	Amino acids analysis	0.00	0.00	0.00	0.00	XXX	0
82131	.....	X	Amino acids	0.00	0.00	0.00	0.00	XXX	0
82135	.....	X	Assay, aminolevulinic acid	0.00	0.00	0.00	0.00	XXX	0
82140	.....	X	Assay of ammonia	0.00	0.00	0.00	0.00	XXX	0
82143	.....	X	Amniotic fluid scan	0.00	0.00	0.00	0.00	XXX	0
82145	.....	X	Assay of amphetamines	0.00	0.00	0.00	0.00	XXX	0
82150	.....	X	Assay of amylase	0.00	0.00	0.00	0.00	XXX	0
82154	.....	X	Androstanediol glucuronide	0.00	0.00	0.00	0.00	XXX	0
82157	.....	X	Assay of androstenedione	0.00	0.00	0.00	0.00	XXX	0
82160	.....	X	Androsterone assay	0.00	0.00	0.00	0.00	XXX	0
82163	.....	X	Assay of angiotensin II	0.00	0.00	0.00	0.00	XXX	0
82164	.....	X	Angiotensin I enzyme test	0.00	0.00	0.00	0.00	XXX	0
82172	.....	X	Apolipoprotein	0.00	0.00	0.00	0.00	XXX	0
82175	.....	X	Assay of arsenic	0.00	0.00	0.00	0.00	XXX	0
82180	.....	X	Assay of ascorbic acid	0.00	0.00	0.00	0.00	XXX	0
82190	.....	X	Atomic absorption	0.00	0.00	0.00	0.00	XXX	0
82205	.....	X	Assay of barbiturates	0.00	0.00	0.00	0.00	XXX	0
82232	.....	X	Beta-2 protein	0.00	0.00	0.00	0.00	XXX	0
82239	.....	X	Bile acids, total	0.00	0.00	0.00	0.00	XXX	0
82240	.....	X	Bile acids, cholylglycine	0.00	0.00	0.00	0.00	XXX	0
82250	.....	X	Assay bilirubin	0.00	0.00	0.00	0.00	XXX	0
82251	.....	X	Assay bilirubin	0.00	0.00	0.00	0.00	XXX	0
82252	.....	X	Fecal bilirubin test	0.00	0.00	0.00	0.00	XXX	0
82270	.....	X	Test feces for blood	0.00	0.00	0.00	0.00	XXX	0
82273	.....	X	Test for blood, other source	0.00	0.00	0.00	0.00	XXX	0
82286	.....	X	Assay of bradykinin	0.00	0.00	0.00	0.00	XXX	0
82300	.....	X	Assay cadmium	0.00	0.00	0.00	0.00	XXX	0
82306	.....	X	Assay of vitamin D	0.00	0.00	0.00	0.00	XXX	0
82307	.....	X	Assay of vitamin D	0.00	0.00	0.00	0.00	XXX	0
82308	.....	X	Assay of calcitonin	0.00	0.00	0.00	0.00	XXX	0
82310	.....	X	Assay calcium	0.00	0.00	0.00	0.00	XXX	0
82330	.....	X	Assay calcium	0.00	0.00	0.00	0.00	XXX	0
82331	.....	X	Calcium infusion test	0.00	0.00	0.00	0.00	XXX	0
82340	.....	X	Assay calcium in urine	0.00	0.00	0.00	0.00	XXX	0
82355	.....	X	Calculus (stone) analysis	0.00	0.00	0.00	0.00	XXX	0
82360	.....	X	Calculus (stone) assay	0.00	0.00	0.00	0.00	XXX	0
82365	.....	X	Calculus (stone) assay	0.00	0.00	0.00	0.00	XXX	0
82370	.....	X	X-ray assay, calculus (stone)	0.00	0.00	0.00	0.00	XXX	0
82374	.....	X	Assay blood carbon dioxide	0.00	0.00	0.00	0.00	XXX	0
82375	.....	X	Assay blood carbon monoxide	0.00	0.00	0.00	0.00	XXX	0
82376	.....	X	Test for carbon monoxide	0.00	0.00	0.00	0.00	XXX	0
82378	.....	X	Carcinoembryonic antigen	0.00	0.00	0.00	0.00	XXX	0
82380	.....	X	Assay carotene	0.00	0.00	0.00	0.00	XXX	0
82382	.....	X	Assay urine catecholamines	0.00	0.00	0.00	0.00	XXX	0
82383	.....	X	Assay blood catecholamines	0.00	0.00	0.00	0.00	XXX	0
82384	.....	X	Assay three catecholamines	0.00	0.00	0.00	0.00	XXX	0
82387	.....	X	Cathepsin-D	0.00	0.00	0.00	0.00	XXX	0
82390	.....	X	Assay ceruloplasmin	0.00	0.00	0.00	0.00	XXX	0
82397	.....	X	Chemiluminescent assay	0.00	0.00	0.00	0.00	XXX	0
82415	.....	X	Assay chloramphenicol	0.00	0.00	0.00	0.00	XXX	0
82435	.....	X	Assay blood chloride	0.00	0.00	0.00	0.00	XXX	0
82436	.....	X	Assay urine chloride	0.00	0.00	0.00	0.00	XXX	0
82438	.....	X	Assay other fluid chlorides	0.00	0.00	0.00	0.00	XXX	0
82441	.....	X	Test for chlorohydrocarbons	0.00	0.00	0.00	0.00	XXX	0
82465	.....	X	Assay serum cholesterol	0.00	0.00	0.00	0.00	XXX	0
82480	.....	X	Assay serum cholinesterase	0.00	0.00	0.00	0.00	XXX	0
82482	.....	X	Assay rbc cholinesterase	0.00	0.00	0.00	0.00	XXX	0
82485	.....	X	Assay chondroitin sulfate	0.00	0.00	0.00	0.00	XXX	0
82486	.....	X	Gas/liquid chromatography	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
82487	.....	X	Paper chromatography	0.00	0.00	0.00	0.00	XXX	0
82488	.....	X	Paper chromatography	0.00	0.00	0.00	0.00	XXX	0
82489	.....	X	Thin layer chromatography	0.00	0.00	0.00	0.00	XXX	0
82491	.....	X	Chromotography, quantitative	0.00	0.00	0.00	0.00	XXX	0
82495	.....	X	Assay chromium	0.00	0.00	0.00	0.00	XXX	0
82507	.....	X	Assay citrate	0.00	0.00	0.00	0.00	XXX	0
82520	.....	X	Assay for cocaine	0.00	0.00	0.00	0.00	XXX	0
82523	.....	X	Collagen crosslinks	0.00	0.00	0.00	0.00	XXX	0
82525	.....	X	Assay copper	0.00	0.00	0.00	0.00	XXX	0
82528	.....	X	Assay corticosterone	0.00	0.00	0.00	0.00	XXX	0
82530	.....	X	Cortisol, free	0.00	0.00	0.00	0.00	XXX	0
82533	.....	X	Total cortisol	0.00	0.00	0.00	0.00	XXX	0
82540	.....	X	Assay creatine	0.00	0.00	0.00	0.00	XXX	0
82550	.....	X	Assay CK (CPK)	0.00	0.00	0.00	0.00	XXX	0
82552	.....	X	Assay CPK in blood	0.00	0.00	0.00	0.00	XXX	0
82553	.....	X	Creatine, MB fraction	0.00	0.00	0.00	0.00	XXX	0
82554	.....	X	Creatine, isoforms	0.00	0.00	0.00	0.00	XXX	0
82565	.....	X	Assay creatinine	0.00	0.00	0.00	0.00	XXX	0
82570	.....	X	Assay urine creatinine	0.00	0.00	0.00	0.00	XXX	0
82575	.....	X	Creatinine clearance test	0.00	0.00	0.00	0.00	XXX	0
82585	.....	X	Assay cryofibrinogen	0.00	0.00	0.00	0.00	XXX	0
82595	.....	X	Assay cryoglobulin	0.00	0.00	0.00	0.00	XXX	0
82600	.....	X	Assay cyanide	0.00	0.00	0.00	0.00	XXX	0
82607	.....	X	Vitamin B–12	0.00	0.00	0.00	0.00	XXX	0
82608	.....	X	B–12 binding capacity	0.00	0.00	0.00	0.00	XXX	0
82615	.....	X	Test for urine cystines	0.00	0.00	0.00	0.00	XXX	0
82626	.....	X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	XXX	0
82627	.....	X	Dehydroepiandrosterone	0.00	0.00	0.00	0.00	XXX	0
82633	.....	X	Desoxycorticosterone	0.00	0.00	0.00	0.00	XXX	0
82634	.....	X	Deoxycortisol	0.00	0.00	0.00	0.00	XXX	0
82638	.....	X	Assay dibucaine number	0.00	0.00	0.00	0.00	XXX	0
82646	.....	X	Assay of dihydrocodeinone	0.00	0.00	0.00	0.00	XXX	0
82649	.....	X	Assay of dihydromorphinone	0.00	0.00	0.00	0.00	XXX	0
82651	.....	X	Dihydrotestosterone assay	0.00	0.00	0.00	0.00	XXX	0
82652	.....	X	Assay, dihydroxyvitamin D	0.00	0.00	0.00	0.00	XXX	0
82654	.....	X	Assay of dimethadione	0.00	0.00	0.00	0.00	XXX	0
82664	.....	X	Electrophoretic test	0.00	0.00	0.00	0.00	XXX	0
82666	.....	X	Epiandrosterone assay	0.00	0.00	0.00	0.00	XXX	0
82668	.....	X	Erythropoietin	0.00	0.00	0.00	0.00	XXX	0
82670	.....	X	Estradiol	0.00	0.00	0.00	0.00	XXX	0
82671	.....	X	Estrogens assay	0.00	0.00	0.00	0.00	XXX	0
82672	.....	X	Estrogen assay	0.00	0.00	0.00	0.00	XXX	0
82677	.....	X	Estriol	0.00	0.00	0.00	0.00	XXX	0
82679	.....	X	Estrone	0.00	0.00	0.00	0.00	XXX	0
82690	.....	X	Ethchlorvynol	0.00	0.00	0.00	0.00	XXX	0
82693	.....	X	Ethylene glycol	0.00	0.00	0.00	0.00	XXX	0
82696	.....	X	Etiocholanolone	0.00	0.00	0.00	0.00	XXX	0
82705	.....	X	Fats/lipids, feces, qualitative	0.00	0.00	0.00	0.00	XXX	0
82710	.....	X	Fats/lipids, feces, quantitative	0.00	0.00	0.00	0.00	XXX	0
82715	.....	X	Fecal fat assay	0.00	0.00	0.00	0.00	XXX	0
82725	.....	X	Assay blood fatty acids	0.00	0.00	0.00	0.00	XXX	0
82728	.....	X	Assay ferritin	0.00	0.00	0.00	0.00	XXX	0
82735	.....	X	Assay fluoride	0.00	0.00	0.00	0.00	XXX	0
82742	.....	X	Assay of flurazepam	0.00	0.00	0.00	0.00	XXX	0
82746	.....	X	Blood folic acid serum	0.00	0.00	0.00	0.00	XXX	0
82747	.....	X	Folic acid, RBC	0.00	0.00	0.00	0.00	XXX	0
82757	.....	X	Assay semen fructose	0.00	0.00	0.00	0.00	XXX	0
82759	.....	X	RBC galactokinase assay	0.00	0.00	0.00	0.00	XXX	0
82760	.....	X	Assay galactose	0.00	0.00	0.00	0.00	XXX	0
82775	.....	X	Assay galactose transferase	0.00	0.00	0.00	0.00	XXX	0
82776	.....	X	Galactose transferase test	0.00	0.00	0.00	0.00	XXX	0
82784	.....	X	Assay gammaglobulin IgM	0.00	0.00	0.00	0.00	XXX	0
82785	.....	X	Assay, gammaglobulin IgE	0.00	0.00	0.00	0.00	XXX	0
82787	.....	X	IgG1, 2, 3 and 4	0.00	0.00	0.00	0.00	XXX	0
82800	.....	X	Blood pH	0.00	0.00	0.00	0.00	XXX	0
82803	.....	X	Blood gases: pH, pO_2 & pCO_2	0.00	0.00	0.00	0.00	XXX	0
82805	.....	X	Blood gases WO_2 saturation	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
82810	.....	X	Blood gases, O_2 sat only	0.00	0.00	0.00	0.00	XXX	0
82820	.....	X	Hemoglobin-oxygen affinity	0.00	0.00	0.00	0.00	XXX	0
82926	.....	X	Assay gastric acid	0.00	0.00	0.00	0.00	XXX	0
82928	.....	X	Assay gastric acid	0.00	0.00	0.00	0.00	XXX	0
82938	.....	X	Gastrin test	0.00	0.00	0.00	0.00	XXX	0
82941	.....	X	Assay of gastrin	0.00	0.00	0.00	0.00	XXX	0
82943	.....	X	Assay of glucagon	0.00	0.00	0.00	0.00	XXX	0
82946	.....	X	Glucagon tolerance test	0.00	0.00	0.00	0.00	XXX	0
82947	.....	X	Assay quantitative, glucose	0.00	0.00	0.00	0.00	XXX	0
82948	.....	X	Reagent strip/blood glucose	0.00	0.00	0.00	0.00	XXX	0
82950	.....	X	Glucose test	0.00	0.00	0.00	0.00	XXX	0
82951	.....	X	Glucose tolerance test (GTT)	0.00	0.00	0.00	0.00	XXX	0
82952	.....	X	GTT-added samples	0.00	0.00	0.00	0.00	XXX	0
82953	.....	X	Glucose-tolbutamide test	0.00	0.00	0.00	0.00	XXX	0
82955	.....	X	Assay G6PD enzyme	0.00	0.00	0.00	0.00	XXX	0
82960	.....	X	Test for G6PD enzyme	0.00	0.00	0.00	0.00	XXX	0
82962	.....	X	Glucose blood test	0.00	0.00	0.00	0.00	XXX	0
82963	.....	X	Glucosidase assay	0.00	0.00	0.00	0.00	XXX	0
82965	.....	X	Assay GDH enzyme	0.00	0.00	0.00	0.00	XXX	0
82975	.....	X	Assay glutamine	0.00	0.00	0.00	0.00	XXX	0
82977	.....	X	Assay of GGT	0.00	0.00	0.00	0.00	XXX	0
82978	.....	X	Glutathione assay	0.00	0.00	0.00	0.00	XXX	0
82979	.....	X	Assay RBC glutathione enzyme	0.00	0.00	0.00	0.00	XXX	0
82980	.....	X	Assay of glutethimide	0.00	0.00	0.00	0.00	XXX	0
82985	.....	X	Glycated protein	0.00	0.00	0.00	0.00	XXX	0
83001	.....	X	Gonadotropin (FSH)	0.00	0.00	0.00	0.00	XXX	0
83002	.....	X	Gonadotropin (LH)	0.00	0.00	0.00	0.00	XXX	0
83003	.....	X	Assay growth hormone (HGH)	0.00	0.00	0.00	0.00	XXX	0
83008	.....	X	Assay guanosine	0.00	0.00	0.00	0.00	XXX	0
83010	.....	X	Quant assay haptoglobin	0.00	0.00	0.00	0.00	XXX	0
83012	.....	X	Assay haptoglobins	0.00	0.00	0.00	0.00	XXX	0
83015	.....	X	Heavy metal screen	0.00	0.00	0.00	0.00	XXX	0
83018	.....	X	Quantitative screen, metals	0.00	0.00	0.00	0.00	XXX	0
83020	.....	X	Assay hemoglobin	0.00	0.00	0.00	0.00	XXX	0
83020	26	A	Assay hemoglobin	0.37	0.20	0.01	0.58	XXX	N
83026	.....	X	Hemoglobin, copper sulfate	O.00	0.00	0.00	0.00	XXX	0
83030	.....	X	Fetal hemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83033	.....	X	Fetal fecal hemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83036	.....	X	Glycated hemoglobin test	0.00	0.00	0.00	0.00	XXX	0
83045	.....	X	Blood methemoglobin test	0.00	0.00	0.00	0.00	XXX	0
83050	.....	X	Blood methemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83051	.....	X	Assay plasma hemoglobin	0.00	0.00	0.00	0.00	XXX	0
83055	.....	X	Blood sulfhemoglobin test	0.00	0.00	0.00	0.00	XXX	0
83060	.....	X	Blood sulfhemoglobin assay	0.00	0.00	0.00	0.00	XXX	0
83065	.....	X	Hemoglobin heat assay	0.00	0.00	0.00	0.00	XXX	0
83068	.....	X	Hemoglobin stability screen	0.00	0.00	0.00	0.00	XXX	0
83069	.....	X	Assay urine hemoglobin	0.00	0.00	0.00	0.00	XXX	0
83070	.....	X	Qualt assay hemosiderin	0.00	0.00	0.00	0.00	XXX	0
83071	.....	X	Quant assay of hemosiderin	0.00	0.00	0.00	0.00	XXX	0
83088	.....	X	Assay histamine	0.00	0.00	0.00	0.00	XXX	0
83150	.....	X	Assay for HVA	0.00	0.00	0.00	0.00	XXX	0
83491	.....	X	Assay of corticosteroids	0.00	0.00	0.00	0.00	XXX	0
83497	.....	X	Assay 5–HIAA	0.00	0.00	0.00	0.00	XXX	0
83498	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	XXX	0
83499	.....	X	Assay of progesterone	0.00	0.00	0.00	0.00	XXX	0
83500	.....	X	Assay free hydroxyproline	0.00	0.00	0.00	0.00	XXX	0
83505	.....	X	Assay total hydroxyproline	0.00	0.00	0.00	0.00	XXX	0
83516	.....	X	Immunoassay, non antibody	0.00	0.00	0.00	0.00	XXX	0
83518	.....	X	Immunoassay, dipstick	0.00	0.00	0.00	0.00	XXX	0
83519	.....	X	Immunoassay nonantibody	0.00	0.00	0.00	0.00	XXX	0
83520	.....	X	Immunoassay, RIA	0.00	0.00	0.00	0.00	XXX	0
83525	.....	X	Assay of insulin	0.00	0.00	0.00	0.00	XXX	0
83527	.....	X	Assay of insulin	0.00	0.00	0.00	0.00	XXX	0
83528	.....	X	Assay intrinsic factor	0.00	0.00	0.00	0.00	XXX	0
83540	.....	X	Assay iron	0.00	0.00	0.00	0.00	XXX	0
83550	.....	X	Iron binding test	0.00	0.00	0.00	0.00	XXX	0
83570	.....	X	Assay IDH enzyme	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
83582	.....	X	Assay ketogenic steroids	0.00	0.00	0.00	0.00	XXX	0
83586	.....	X	Assay 17-(17-KS) ketosteroids	0.00	0.00	0.00	0.00	XXX	0
83593	.....	X	Fractionation ketosteroids	0.00	0.00	0.00	0.00	XXX	0
83605	.....	X	Lactic acid assay	0.00	0.00	0.00	0.00	XXX	0
83615	.....	X	Lactate (LD) (LDH) enzyme	0.00	0.00	0.00	0.00	XXX	0
83625	.....	X	Assay LDH enzymes	0.00	0.00	0.00	0.00	XXX	0
83632	.....	X	Placental lactogen	0.00	0.00	0.00	0.00	XXX	0
83633	.....	X	Test urine for lactose	0.00	0.00	0.00	0.00	XXX	0
83634	.....	X	Assay urine for lactose	0.00	0.00	0.00	0.00	XXX	0
83655	.....	X	Assay for lead	0.00	0.00	0.00	0.00	XXX	0
83661	.....	X	Assay L/S ratio	0.00	0.00	0.00	0.00	XXX	0
83662	.....	X	L/S ratio, foam stability	0.00	0.00	0.00	0.00	XXX	0
83670	.....	X	Assay LAP enzyme	0.00	0.00	0.00	0.00	XXX	0
83690	.....	X	Assay lipase	0.00	0.00	0.00	0.00	XXX	0
83715	.....	X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	XXX	0
83717	.....	X	Assay blood lipoproteins	0.00	0.00	0.00	0.00	XXX	0
83718	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	0
83719	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	0
83721	.....	X	Blood lipoprotein assay	0.00	0.00	0.00	0.00	XXX	0
83727	.....	X	LRH hormone assay	0.00	0.00	0.00	0.00	XXX	0
83735	.....	X	Assay magnesium	0.00	0.00	0.00	0.00	XXX	0
83775	.....	X	Assay of md enzyme	0.00	0.00	0.00	0.00	XXX	0
83785	.....	X	Assay of manganese	0.00	0.00	0.00	0.00	XXX	0
83805	.....	X	Assay of meprobamate	0.00	0.00	0.00	0.00	XXX	0
83825	.....	X	Assay mercury	0.00	0.00	0.00	0.00	XXX	0
83835	.....	X	Assay metanephrines	0.00	0.00	0.00	0.00	XXX	0
83840	.....	X	Assay methadone	0.00	0.00	0.00	0.00	XXX	0
83857	.....	X	Assay methemalbumin	0.00	0.00	0.00	0.00	XXX	0
83858	.....	X	Assay methsuximide	0.00	0.00	0.00	0.00	XXX	0
83864	.....	X	Mucopolysaccharides	0.00	0.00	0.00	0.00	XXX	0
83866	.....	X	Mucopolysaccharides screen	0.00	0.00	0.00	0.00	XXX	0
83872	.....	X	Assay synovial fluid mucin	0.00	0.00	0.00	0.00	XXX	0
83873	.....	X	Assay, CSF protein	0.00	0.00	0.00	0.00	XXX	0
83874	.....	X	Myoglobin	0.00	0.00	0.00	0.00	XXX	0
83883	.....	X	Nephelometry, not specified	0.00	0.00	0.00	0.00	XXX	0
83885	.....	X	Assay for nickel	0.00	0.00	0.00	0.00	XXX	0
83887	.....	X	Assay nicotine	0.00	0.00	0.00	0.00	XXX	0
83890	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83892	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83894	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83896	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83898	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83902	.....	X	Molecular diagnostics	0.00	0.00	0.00	0.00	XXX	0
83912	.....	X	Genetic examination	0.00	0.00	0.00	0.00	XXX	0
83912	26	A	Genetic examination	0.37	0.20	0.01	0.58	XXX	N
83915	.....	X	Assay nucleotidase	0.00	0.00	0.00	0.00	XXX	0
83916	.....	X	Oligoclonal bands	0.00	0.00	0.00	0.00	XXX	0
83918	.....	X	Assay organic acids	0.00	0.00	0.00	0.00	XXX	0
83925	.....	X	Opiates	0.00	0.00	0.00	0.00	XXX	0
83930	.....	X	Assay blood osmolality	0.00	0.00	0.00	0.00	XXX	0
83935	.....	X	Assay urine osmolality	0.00	0.00	0.00	0.00	XXX	0
83937	.....	X	Assay for osteocalcin	0.00	0.00	0.00	0.00	XXX	0
83945	.....	X	Assay oxalate	0.00	0.00	0.00	0.00	XXX	0
83970	.....	X	Assay of parathormone	0.00	0.00	0.00	0.00	XXX	0
83986	.....	X	Assay body fluid acidity	0.00	0.00	0.00	0.00	XXX	0
83992	.....	X	Assay for phencyclidine	0.00	0.00	0.00	0.00	XXX	0
84022	.....	X	Assay of phenothiazine	0.00	0.00	0.00	0.00	XXX	0
84030	.....	X	Assay blood PKU	0.00	0.00	0.00	0.00	XXX	0
84035	.....	X	Assay phenylketones	0.00	0.00	0.00	0.00	XXX	0
84060	.....	X	Assay acid phosphatase	0.00	0.00	0.00	0.00	XXX	0
84061	.....	X	Phosphatase, forensic exam	0.00	0.00	0.00	0.00	XXX	0
84066	.....	X	Assay prostate phosphatase	0.00	0.00	0.00	0.00	XXX	0
84075	.....	X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	0
84078	.....	X	Assay alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	0
84080	.....	X	Assay alkaline phosphatases	0.00	0.00	0.00	0.00	XXX	0
84081	.....	X	Amniotic fluid enzyme test	0.00	0.00	0.00	0.00	XXX	0
84085	.....	X	Assay RBC PG6D enzyme	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
84087	.....	X	Assay phosphohexose enzymes	0.00	0.00	0.00	0.00	XXX	0
84100	.....	X	Assay phosphorus	0.00	0.00	0.00	0.00	XXX	0
84105	.....	X	Assay urine phosphorus	0.00	0.00	0.00	0.00	XXX	0
84106	.....	X	Test for porphobilinogen	0.00	0.00	0.00	0.00	XXX	0
84110	.....	X	Assay porphobilinogen	0.00	0.00	0.00	0.00	XXX	0
84119	.....	X	Test urine for porphyrins	0.00	0.00	0.00	0.00	XXX	0
84120	.....	X	Assay urine porphyrins	0.00	0.00	0.00	0.00	XXX	0
84126	.....	X	Assay feces porphyrins	0.00	0.00	0.00	0.00	XXX	0
84127	.....	X	Porphyrins, feces	0.00	0.00	0.00	0.00	XXX	0
84132	.....	X	Assay serum potassium	0.00	0.00	0.00	0.00	XXX	0
84133	.....	X	Assay urine potassium	0.00	0.00	0.00	0.00	XXX	0
84134	.....	X	Prealbumin	0.00	0.00	0.00	0.00	XXX	0
84135	.....	X	Assay pregnanediol	0.00	0.00	0.00	0.00	XXX	0
84138	.....	X	Assay pregnanetriol	0.00	0.00	0.00	0.00	XXX	0
84140	.....	X	Assay for pregnenolone	0.00	0.00	0.00	0.00	XXX	0
84143	.....	X	Assay/17-hydroxypregnenolone	0.00	0.00	0.00	0.00	XXX	0
84144	.....	X	Assay progesterone	0.00	0.00	0.00	0.00	XXX	0
84146	.....	X	Assay for prolactin	0.00	0.00	0.00	0.00	XXX	0
84150	.....	X	Assay of prostaglandin	0.00	0.00	0.00	0.00	XXX	0
84153	.....	X	Prostate specific antigen	0.00	0.00	0.00	0.00	XXX	0
84155	.....	X	Assay protein	0.00	0.00	0.00	0.00	XXX	0
84160	.....	X	Assay serum protein	0.00	0.00	0.00	0.00	XXX	0
84165	.....	X	Assay serum proteins	0.00	0.00	0.00	0.00	XXX	0
84165	26	A	Assay serum proteins	0.37	0.20	0.01	0.58	XXX	N
84181	.....	X	Western blot test	0.00	0.00	0.00	0.00	XXX	0
84181	26	A	Western blot test	0.37	0.20	0.01	0.58	XXX	N
84182	.....	X	Protein, western blot test	0.00	0.00	0.00	0.00	XXX	0
84182	26	A	Protein, western blot test	0.37	0.20	0.01	0.58	XXX	N
84202	.....	X	Assay RBC protoporphyrin	0.00	0.00	0.00	0.00	XXX	0
84203	.....	X	Test RBC protoporphyrin	0.00	0.00	0.00	0.00	XXX	0
84206	.....	X	Assay of proinsulin	0.00	0.00	0.00	0.00	XXX	0
84207	.....	X	Assay vitamin B–6	0.00	0.00	0.00	0.00	XXX	0
84210	.....	X	Assay pyruvate	0.00	0.00	0.00	0.00	XXX	0
84220	.....	X	Assay pyruvate kinase	0.00	0.00	0.00	0.00	XXX	0
84228	.....	X	Assay quinine	0.00	0.00	0.00	0.00	XXX	0
84233	.....	X	Assay estrogen	0.00	0.00	0.00	0.00	XXX	0
84234	.....	X	Assay progesterone	0.00	0.00	0.00	0.00	XXX	0
84235	.....	X	Assay endocrine hormone	0.00	0.00	0.00	0.00	XXX	0
84238	.....	X	Assay non-endocrine receptor	0.00	0.00	0.00	0.00	XXX	0
84244	.....	X	Assay of renin	0.00	0.00	0.00	0.00	XXX	0
84252	.....	X	Assay vitamin B–2	0.00	0.00	0.00	0.00	XXX	0
84255	.....	X	Assay selenium	0.00	0.00	0.00	0.00	XXX	0
84260	.....	X	Assay serotonin	0.00	0.00	0.00	0.00	XXX	0
84270	.....	X	Sex hormone globulin (SHBG)	0.00	0.00	0.00	0.00	XXX	0
84275	.....	X	Assay sialic acid	0.00	0.00	0.00	0.00	XXX	0
84285	.....	X	Assay silica	0.00	0.00	0.00	0.00	XXX	0
84295	.....	X	Assay serum sodium	0.00	0.00	0.00	0.00	XXX	0
84300	.....	X	Assay urine sodium	0.00	0.00	0.00	0.00	XXX	0
84305	.....	X	Somatomedin	0.00	0.00	0.00	0.00	XXX	0
84307	.....	X	Somatostatin	0.00	0.00	0.00	0.00	XXX	0
84311	.....	X	Spectrophotometry	0.00	0.00	0.00	0.00	XXX	0
84315	.....	X	Body fluid specific gravity	0.00	0.00	0.00	0.00	XXX	0
84375	.....	X	Chromatogram assay, sugars	0.00	0.00	0.00	0.00	XXX	0
84392	.....	X	Assay urine sulfate	0.00	0.00	0.00	0.00	XXX	0
84402	.....	X	Testosterone	0.00	0.00	0.00	0.00	XXX	0
84403	.....	X	Assay total testosterone	0.00	0.00	0.00	0.00	XXX	0
84425	.....	X	Assay vitamin B–1	0.00	0.00	0.00	0.00	XXX	0
84430	.....	X	Assay thiocyanate	0.00	0.00	0.00	0.00	XXX	0
84432	.....	X	Thyroglobulin	0.00	0.00	0.00	0.00	XXX	0
84436	.....	X	Assay, total thyroxine	0.00	0.00	0.00	0.00	XXX	0
84437	.....	X	Assay neonatal thyroxine	0.00	0.00	0.00	0.00	XXX	0
84439	.....	X	Assay, free thyroxine	0.00	0.00	0.00	0.00	XXX	0
84442	.....	X	Thyroid activity (TBG) assay	0.00	0.00	0.00	0.00	XXX	0
84443	.....	X	Assay thyroid stim hormone	0.00	0.00	0.00	0.00	XXX	0
84445	.....	X	Thyroid immunoglobulins TSI	0.00	0.00	0.00	0.00	XXX	0
84446	.....	X	Assay vitamin E	0.00	0.00	0.00	0.00	XXX	0
84449	.....	X	Assay for transcortin	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
84450	.....	X	Transferase (AST) (SGOT)	0.00	0.00	0.00	0.00	XXX	0
84460	.....	X	Alanine amino (ALT) (SGPT)	0.00	0.00	0.00	0.00	XXX	0
84466	.....	X	Transferrin	0.00	0.00	0.00	0.00	XXX	0
84478	.....	X	Assay triglycerides	0.00	0.00	0.00	0.00	XXX	0
84479	.....	X	Assay thyroid (t-3 or t-4)	0.00	0.00	0.00	0.00	XXX	0
84480	.....	X	Assay triiodothyronine (t-3)	0.00	0.00	0.00	0.00	XXX	0
84481	.....	X	Free assay (FT–3)	0.00	0.00	0.00	0.00	XXX	0
84482	.....	X	T3 reverse	0.00	0.00	0.00	0.00	XXX	0
84484	.....	X	Troponin	0.00	0.00	0.00	0.00	XXX	0
84485	.....	X	Assay duodenal fluid trypsin	0.00	0.00	0.00	0.00	XXX	0
84488	.....	X	Test feces for trypsin	0.00	0.00	0.00	0.00	XXX	0
84490	.....	X	Assay feces for trypsin	0.00	0.00	0.00	0.00	XXX	0
84510	.....	X	Assay tyrosine	0.00	0.00	0.00	0.00	XXX	0
84520	.....	X	Assay urea nitrogen	0.00	0.00	0.00	0.00	XXX	0
84525	.....	X	Urea nitrogen semi-quant	0.00	0.00	0.00	0.00	XXX	0
84540	.....	X	Assay urine urea-N	0.00	0.00	0.00	0.00	XXX	0
84545	.....	X	Urea-N clearance test	0.00	0.00	0.00	0.00	XXX	0
84550	.....	X	Assay blood uric acid	0.00	0.00	0.00	0.00	XXX	0
84560	.....	X	Assay urine uric acid	0.00	0.00	0.00	0.00	XXX	0
84577	.....	X	Assay feces urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84578	.....	X	Test urine urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84580	.....	X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84583	.....	X	Assay urine urobilinogen	0.00	0.00	0.00	0.00	XXX	0
84585	.....	X	Assay urine VMA	0.00	0.00	0.00	0.00	XXX	0
84586	.....	X	VIP assay	0.00	0.00	0.00	0.00	XXX	0
84588	.....	X	Assay vasopressin	0.00	0.00	0.00	0.00	XXX	0
84590	.....	X	Assay vitamin-A	0.00	0.00	0.00	0.00	XXX	0
84597	.....	X	Assay vitamin-K	0.00	0.00	0.00	0.00	XXX	0
84600	.....	X	Assay for volatiles	0.00	0.00	0.00	0.00	XXX	0
84620	.....	X	Xylose tolerance test	0.00	0.00	0.00	0.00	XXX	0
84630	.....	X	Assay zinc	0.00	0.00	0.00	0.00	XXX	0
84681	.....	X	Assay C-peptide	0.00	0.00	0.00	0.00	XXX	0
84702	.....	X	Chorionic gonadotropin test	0.00	0.00	0.00	0.00	XXX	0
84703	.....	X	Chorionic gonadotropin assay	0.00	0.00	0.00	0.00	XXX	0
84830	.....	X	Ovulation tests	0.00	0.00	0.00	0.00	XXX	0
84999	.....	X	Clinical chemistry test	0.00	0.00	0.00	0.00	XXX	0
85002	.....	X	Bleeding time test	0.00	0.00	0.00	0.00	XXX	0
85007	.....	X	Differential WBC count	0.00	0.00	0.00	0.00	XXX	0
85008	.....	X	Nondifferential WBC count	0.00	0.00	0.00	0.00	XXX	0
85009	.....	X	Differential WBC count	0.00	0.00	0.00	0.00	XXX	0
85013	.....	X	Hematocrit	0.00	0.00	0.00	0.00	XXX	0
85014	.....	X	Hematocrit	0.00	0.00	0.00	0.00	XXX	0
85018	.....	X	Hemoglobin	0.00	0.00	0.00	0.00	XXX	0
85021	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85022	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85023	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85024	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85025	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85027	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85029	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85030	.....	X	Automated hemogram	0.00	0.00	0.00	0.00	XXX	0
85031	.....	X	Manual hemogram, complete cbc	0.00	0.00	0.00	0.00	XXX	0
85041	.....	X	Red blood cell (RBC) count	0.00	0.00	0.00	0.00	XXX	0
85044	.....	X	Reticulocyte count	0.00	0.00	0.00	0.00	XXX	0
85045	.....	X	Reticulocyte count	0.00	0.00	0.00	0.00	XXX	0
85048	.....	X	White blood cell (WBC) count	0.00	0.00	0.00	0.00	XXX	0
85060	.....	A	Blood smear interpretation	0.45	0.22	0.02	0.69	XXX	N
85095	.....	A	Bone marrow aspiration	1.08	0.67	0.05	1.80	XXX	N
85097	.....	A	Bone marrow interpretation	0.94	0.48	0.04	1.46	XXX	N
85102	.....	A	Bone marrow biopsy	1.37	0.80	0.05	2.22	XXX	N
85130	.....	X	Chromogenic substrate assay	0.00	0.00	0.00	0.00	XXX	0
85170	.....	X	Blood clot retraction	0.00	0.00	0.00	0.00	XXX	0
85175	.....	X	Blood clot lysis time	0.00	0.00	0.00	0.00	XXX	0
85210	.....	X	Blood clot factor II test	0.00	0.00	0.00	0.00	XXX	0
85220	.....	X	Blood clot factor V test	0.00	0.00	0.00	0.00	XXX	0
85230	.....	X	Blood clot factor VII test	0.00	0.00	0.00	0.00	XXX	0
85240	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
85244	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	0
85245	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	0
85246	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	0
85247	.....	X	Blood clot factor VIII test	0.00	0.00	0.00	0.00	XXX	0
85250	.....	X	Blood clot factor IX test	0.00	0.00	0.00	0.00	XXX	0
85260	.....	X	Blood clot factor X test	0.00	0.00	0.00	0.00	XXX	0
85270	.....	X	Blood clot factor XI test	0.00	0.00	0.00	0.00	XXX	0
85280	.....	X	Blood clot factor XII test	0.00	0.00	0.00	0.00	XXX	0
85290	.....	X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	XXX	0
85291	.....	X	Blood clot factor XIII test	0.00	0.00	0.00	0.00	XXX	0
85292	.....	X	Blood clot factor assay	0.00	0.00	0.00	0.00	XXX	0
85293	.....	X	Blood clot factor assay	0.00	0.00	0.00	0.00	XXX	0
85300	.....	X	Antithrombin III test	0.00	0.00	0.00	0.00	XXX	0
85301	.....	X	Antithrombin III test	0.00	0.00	0.00	0.00	XXX	0
85302	.....	X	Blood clot inhibitor antigen	0.00	0.00	0.00	0.00	XXX	0
85303	.....	X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	XXX	0
85305	.....	X	Blood clot inhibitor assay	0.00	0.00	0.00	0.00	XXX	0
85306	.....	X	Blood clot inhibitor test	0.00	0.00	0.00	0.00	XXX	0
85335	.....	X	Factor inhibitor test	0.00	0.00	0.00	0.00	XXX	0
85337	.....	X	Thrombomodulin	0.00	0.00	0.00	0.00	XXX	0
85345	.....	X	Coagulation time	0.00	0.00	0.00	0.00	XXX	0
85347	.....	X	Coagulation time	0.00	0.00	0.00	0.00	XXX	0
85348	.....	X	Coagulation time	0.00	0.00	0.00	0.00	XXX	0
85360	.....	X	Euglobulin lysis	0.00	0.00	0.00	0.00	XXX	0
85362	.....	X	Fibrin degradation products	0.00	0.00	0.00	0.00	XXX	0
85366	.....	X	Fibrinogen test	0.00	0.00	0.00	0.00	XXX	0
85370	.....	X	Fibrinogen test	0.00	0.00	0.00	0.00	XXX	0
85378	.....	X	Fibrin degradation	0.00	0.00	0.00	0.00	XXX	0
85379	.....	X	Fibrin degradation	0.00	0.00	0.00	0.00	XXX	0
85384	.....	X	Fibrinogen	0.00	0.00	0.00	0.00	XXX	0
85385	.....	X	Fibrinogen	0.00	0.00	0.00	0.00	XXX	0
85390	.....	X	Fibrinolysins screen	0.00	0.00	0.00	0.00	XXX	0
85390	26	A	Fibrinolysins screen	0.37	0.20	0.01	0.58	XXX	N
85400	.....	X	Fibrinolytic plasmin	0.00	0.00	0.00	0.00	XXX	0
85410	.....	X	Fibrinolytic antiplasmin	0.00	0.00	0.00	0.00	XXX	0
85415	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	0
85420	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	0
85421	.....	X	Fibrinolytic plasminogen	0.00	0.00	0.00	0.00	XXX	0
85441	.....	X	Heinz bodies; direct	0.00	0.00	0.00	0.00	XXX	0
85445	.....	X	Heinz bodies; induced	0.00	0.00	0.00	0.00	XXX	0
85460	.....	X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	XXX	0
85461	.....	X	Hemoglobin, fetal	0.00	0.00	0.00	0.00	XXX	0
85475	.....	X	Hemolysin	0.00	0.00	0.00	0.00	XXX	0
85520	.....	X	Heparin assay	0.00	0.00	0.00	0.00	XXX	0
85525	.....	X	Heparin	0.00	0.00	0.00	0.00	XXX	0
85530	.....	X	Heparin-protamine tolerance	0.00	0.00	0.00	0.00	XXX	0
85535	.....	X	Iron stain, blood cells	0.00	0.00	0.00	0.00	XXX	0
85540	.....	X	Wbc alkaline phosphatase	0.00	0.00	0.00	0.00	XXX	0
85547	.....	X	RBC mechanical fragility	0.00	0.00	0.00	0.00	XXX	0
85549	.....	X	Muramidase	0.00	0.00	0.00	0.00	XXX	0
85555	.....	X	RBC osmotic fragility	0.00	0.00	0.00	0.00	XXX	0
85557	.....	X	RBC osmotic fragility	0.00	0.00	0.00	0.00	XXX	0
85576	.....	X	Blood platelet aggregation	0.00	0.00	0.00	0.00	XXX	0
85576	26	A	Blood platelet aggregation	0.37	0.20	0.01	0.58	XXX	N
85585	.....	X	Blood platelet estimation	0.00	0.00	0.00	0.00	XXX	0
85590	.....	X	Platelet manual count	0.00	0.00	0.00	0.00	XXX	0
85595	.....	X	Platelet count, automated	0.00	0.00	0.00	0.00	XXX	0
85597	.....	X	Platelet neutralization	0.00	0.00	0.00	0.00	XXX	0
85610	.....	X	Prothrombin time	0.00	0.00	0.00	0.00	XXX	0
85611	.....	X	Prothrombin test	0.00	0.00	0.00	0.00	XXX	0
85612	.....	X	Viper venom prothrombin time	0.00	0.00	0.00	0.00	XXX	0
85613	.....	X	Russell viper venom, diluted	0.00	0.00	0.00	0.00	XXX	0
85635	.....	X	Reptilase test	0.00	0.00	0.00	0.00	XXX	0
85651	.....	X	Rbc sed rate, nonauto	0.00	0.00	0.00	0.00	XXX	0
85652	.....	X	Rbc sed rate, auto	0.00	0.00	0.00	0.00	XXX	0
85660	.....	X	RBC sickle cell test	0.00	0.00	0.00	0.00	XXX	0
85670	.....	X	Thrombin time, plasma	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
85675	.....	X	Thrombin time, titer	0.00	0.00	0.00	0.00	XXX	0
85705	.....	X	Thromboplastin inhibition	0.00	0.00	0.00	0.00	XXX	0
85730	.....	X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	XXX	0
85732	.....	X	Thromboplastin time, partial	0.00	0.00	0.00	0.00	XXX	0
85810	.....	X	Blood viscosity examination	0.00	0.00	0.00	0.00	XXX	0
85999	.....	X	Hematology procedure	0.00	0.00	0.00	0.00	XXX	0
86000	.....	X	Agglutinins; febrile	0.00	0.00	0.00	0.00	XXX	0
86003	.....	X	Allergen specific IgE	0.00	0.00	0.00	0.00	XXX	0
86005	.....	X	Allergen specific IgE	0.00	0.00	0.00	0.00	XXX	0
86021	.....	X	WBC antibody identification	0.00	0.00	0.00	0.00	XXX	0
86022	.....	X	Platelet antibodies	0.00	0.00	0.00	0.00	XXX	0
86023	.....	X	Immunoglobulin assay	0.00	0.00	0.00	0.00	XXX	0
86038	.....	X	Antinuclear antibodies	0.00	0.00	0.00	0.00	XXX	0
86039	.....	X	Antinuclear antibodies (ANA)	0.00	0.00	0.00	0.00	XXX	0
86060	.....	X	Antistreptolysin O titer	0.00	0.00	0.00	0.00	XXX	0
86063	.....	X	Antistreptolysin O screen	0.00	0.00	0.00	0.00	XXX	0
86077	.....	A	Physician blood bank service	0.94	0.30	0.02	1.26	XXX	N
86078	.....	A	Physician blood bank service	0.94	0.34	0.02	1.30	XXX	N
86079	.....	A	Physician blood bank service	0.94	0.33	0.02	1.29	XXX	N
86140	.....	X	C-reactive protein	0.00	0.00	0.00	0.00	XXX	0
86147	.....	X	Cardiolipin antibody	0.00	0.00	0.00	0.00	XXX	0
86155	.....	X	Chemotaxis assay	0.00	0.00	0.00	0.00	XXX	0
86156	.....	X	Cold agglutinin screen	0.00	0.00	0.00	0.00	XXX	0
86157	.....	X	Cold agglutinin, titer	0.00	0.00	0.00	0.00	XXX	0
86160	.....	X	Complement, antigen	0.00	0.00	0.00	0.00	XXX	0
86161	.....	X	Complement/function activity	0.00	0.00	0.00	0.00	XXX	0
86162	.....	X	Complement, total (CH50)	0.00	0.00	0.00	0.00	XXX	0
86171	.....	X	Complement fixation, each	0.00	0.00	0.00	0.00	XXX	0
86185	.....	X	Counterimmunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	0
86215	.....	X	Deoxyribonuclease, antibody	0.00	0.00	0.00	0.00	XXX	0
86225	.....	X	DNA antibody	0.00	0.00	0.00	0.00	XXX	0
86226	.....	X	DNA antibody, single strand	0.00	0.00	0.00	0.00	XXX	0
86235	.....	X	Nuclear antigen antibody	0.00	0.00	0.00	0.00	XXX	0
86243	.....	X	Fc receptor	0.00	0.00	0.00	0.00	XXX	0
86255	.....	X	Fluorescent antibody; screen	0.00	0.00	0.00	0.00	XXX	0
86255	26	A	Fluorescent antibody; screen	0.37	0.20	0.01	0.58	XXX	N
86256	.....	X	Fluorescent antibody; titer	0.00	0.00	0.00	0.00	XXX	0
86256	26	A	Fluorescent antibody; titer	0.37	0.20	0.01	0.58	XXX	N
86277	.....	X	Growth hormone antibody	0.00	0.00	0.00	0.00	XXX	0
86280	.....	X	Hemagglutination inhibition	0.00	0.00	0.00	0.00	XXX	0
86287	.....	X	Hepatitis B (HBsAg)	0.00	0.00	0.00	0.00	XXX	0
86289	.....	X	Hepatitis BC antibody test	0.00	0.00	0.00	0.00	XXX	0
86290	.....	X	Hepatitis BC antibody test	0.00	0.00	0.00	0.00	XXX	0
86291	.....	X	Hepatitis BS antibody test	0.00	0.00	0.00	0.00	XXX	0
86293	.....	X	Hepatitis Be antibody test	0.00	0.00	0.00	0.00	XXX	0
86295	.....	X	Hepatitis Be antibody test	0.00	0.00	0.00	0.00	XXX	0
86296	.....	X	Hepatitis A antibody test	0.00	0.00	0.00	0.00	XXX	0
86299	.....	X	Hepatitis A antibody test	0.00	0.00	0.00	0.00	XXX	0
86302	.....	X	Hepatitis C antibody	0.00	0.00	0.00	0.00	XXX	0
86303	.....	X	Hepatitis C antibody	0.00	0.00	0.00	0.00	XXX	0
86306	.....	X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	XXX	0
86308	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	0
86309	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	0
86310	.....	X	Heterophile antibodies	0.00	0.00	0.00	0.00	XXX	0
86311	.....	X	HIV antigen test	0.00	0.00	0.00	0.00	XXX	0
86313	.....	X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	0
86315	.....	X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	0
86316	.....	X	Immunoassay, tumor antigen	0.00	0.00	0.00	0.00	XXX	0
86317	.....	X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	0
86318	.....	X	Immunoassay, infectious agent	0.00	0.00	0.00	0.00	XXX	0
86320	.....	X	Serum immunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	0
86320	26	A	Serum immunoelectrophoresis	0.37	0.20	0.01	0.58	XXX	N
86325	.....	X	Other immunoelectrophoresis	0.00	0.00	0.00	0.00	XXX	0
86325	26	A	Other immunoelectrophoresis	0.37	0.20	0.01	0.58	XXX	N
86327	.....	X	Immunoelectrophoresis assay	0.00	0.00	0.00	0.00	XXX	0
86327	26	A	Immunoelectrophoresis assay	0.42	0.20	0.01	0.63	XXX	N
86329	.....	X	Immunodiffusion	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
86331	.....	X	Immunodiffusion ouchterlony	0.00	0.00	0.00	0.00	XXX	0
86332	.....	X	Immune complex assay	0.00	0.00	0.00	0.00	XXX	0
86334	.....	X	Immunofixation procedure	0.00	0.00	0.00	0.00	XXX	0
86334	26	A	Immunofixation procedure	0.37	0.20	0.01	0.58	XXX	N
86337	.....	X	Insulin antibodies	0.00	0.00	0.00	0.00	XXX	0
86340	.....	X	Intrinsic factor antibody	0.00	0.00	0.00	0.00	XXX	0
86341	.....	X	Islet cell antibody	0.00	0.00	0.00	0.00	XXX	0
86343	.....	X	Leukocyte histamine release	0.00	0.00	0.00	0.00	XXX	0
86344	.....	X	Leukocyte phagocytosis	0.00	0.00	0.00	0.00	XXX	0
86353	.....	X	Lymphocyte transformation	0.00	0.00	0.00	0.00	XXX	0
86359	.....	X	T cells, total count	0.00	0.00	0.00	0.00	XXX	0
86360	.....	X	T cell ratio	0.00	0.00	0.00	0.00	XXX	0
86376	.....	X	Microsomal antibody	0.00	0.00	0.00	0.00	XXX	0
86378	.....	X	Migration inhibitory factor	0.00	0.00	0.00	0.00	XXX	0
86382	.....	X	Neutralization test, viral	0.00	0.00	0.00	0.00	XXX	0
86384	.....	X	Nitroblue tetrazolium dye	0.00	0.00	0.00	0.00	XXX	0
86403	.....	X	Particle agglutination test	0.00	0.00	0.00	0.00	XXX	0
86406	.....	X	Particle agglutination test	0.00	0.00	0.00	0.00	XXX	0
86430	.....	X	Rheumatoid factor test	0.00	0.00	0.00	0.00	XXX	0
86431	.....	X	Rheumatoid factor, quant	0.00	0.00	0.00	0.00	XXX	0
86485	.....	C	Skin test, candida	0.00	0.00	0.00	0.00	XXX	N
86490	.....	A	Coccidioidomycosis skin test	0.00	0.28	0.02	0.30	XXX	N
86510	.....	A	Histoplasmosis skin test	0.00	0.30	0.02	0.32	XXX	N
86580	.....	A	TB intradermal test	0.00	0.24	0.02	0.26	XXX	N
86585	.....	A	TB tine test	0.00	0.19	0.01	0.20	XXX	N
86586	.....	C	Skin test, unlisted	0.00	0.00	0.00	0.00	XXX	N
86588	.....	X	Streptocollus, direct screen	0.00	0.00	0.00	0.00	XXX	0
86590	.....	X	Streptokinase, antibody	0.00	0.00	0.00	0.00	XXX	0
86592	.....	X	Blood serology, qualitative	0.00	0.00	0.00	0.00	XXX	0
86593	.....	X	Blood serology, quantitative	0.00	0.00	0.00	0.00	XXX	0
86602	.....	X	Antinomyces antibody	0.00	0.00	0.00	0.00	XXX	0
86603	.....	X	Adenovirus, antibody	0.00	0.00	0.00	0.00	XXX	0
86606	.....	X	Aspergillus antibody	0.00	0.00	0.00	0.00	XXX	0
86609	.....	X	Bacterium, antibody	0.00	0.00	0.00	0.00	XXX	0
86612	.....	X	Blastomyces, antibody	0.00	0.00	0.00	0.00	XXX	0
86615	.....	X	Bordetella antibody	0.00	0.00	0.00	0.00	XXX	0
86617	.....	X	Lyme disease antibody	0.00	0.00	0.00	0.00	XXX	0
86618	.....	X	Lyme disease antibody	0.00	0.00	0.00	0.00	XXX	0
86619	.....	X	Borrelia antibody	0.00	0.00	0.00	0.00	XXX	0
86622	.....	X	Brucella, antibody	0.00	0.00	0.00	0.00	XXX	0
86625	.....	X	Campylobacter, antibody	0.00	0.00	0.00	0.00	XXX	0
86628	.....	X	Candida, antibody	0.00	0.00	0.00	0.00	XXX	0
86631	.....	X	Chlamydia, antibody	0.00	0.00	0.00	0.00	XXX	0
86632	.....	X	Chlamydia, IgM, antibody	0.00	0.00	0.00	0.00	XXX	0
86635	.....	X	Coccidioides, antibody	0.00	0.00	0.00	0.00	XXX	0
86638	.....	X	Q fever antibody	0.00	0.00	0.00	0.00	XXX	0
86641	.....	X	Cryptococcus antibody	0.00	0.00	0.00	0.00	XXX	0
86644	.....	X	CMV antibody	0.00	0.00	0.00	0.00	XXX	0
86645	.....	X	CMV antibody, IgM	0.00	0.00	0.00	0.00	XXX	0
86648	.....	X	Diphtheria antibody	0.00	0.00	0.00	0.00	XXX	0
86651	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	XXX	0
86652	.....	X	Encephalitis antibody	0.00	0.00	0.00	0.00	XXX	0
86653	.....	X	Encephalitis, antibody	0.00	0.00	0.00	0.00	XXX	0
86654	.....	X	Encephalitis, antibody	0.00	0.00	0.00	0.00	XXX	0
86658	.....	X	Enterovirus, antibody	0.00	0.00	0.00	0.00	XXX	0
86663	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	XXX	0
86664	.....	X	Epstein-barr antibody	0.00	0.00	0.00	0.00	XXX	0
86665	.....	X	Epstein-barr, antibody	0.00	0.00	0.00	0.00	XXX	0
86668	.....	X	Francisella tularensis	0.00	0.00	0.00	0.00	XXX	0
86671	.....	X	Fungus, antibody	0.00	0.00	0.00	0.00	XXX	0
86674	.....	X	Giardia lamblia	0.00	0.00	0.00	0.00	XXX	0
86677	.....	X	Helicobacter pylori	0.00	0.00	0.00	0.00	XXX	0
86682	.....	X	Helminth, antibody	0.00	0.00	0.00	0.00	XXX	0
86684	.....	X	Hemophilus influenza	0.00	0.00	0.00	0.00	XXX	0
86687	.....	X	HTLV I	0.00	0.00	0.00	0.00	XXX	0
86688	.....	X	HTLV–II	0.00	0.00	0.00	0.00	XXX	0
86689	.....	X	HTLV/HIV confirmatory test	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
86692	.....	X	Hepatitis, delta agent	0.00	0.00	0.00	0.00	XXX	0
86694	.....	X	Herpes simplex test	0.00	0.00	0.00	0.00	XXX	0
86695	.....	X	Herpes simplex test	0.00	0.00	0.00	0.00	XXX	0
86698	.....	X	Histoplasma	0.00	0.00	0.00	0.00	XXX	0
86701	.....	X	HIV–1	0.00	0.00	0.00	0.00	XXX	0
86702	.....	X	HIV–2	0.00	0.00	0.00	0.00	XXX	0
86703	.....	X	HIV–1/HIV–2, single assay	0.00	0.00	0.00	0.00	XXX	0
86710	.....	X	Influenza virus	0.00	0.00	0.00	0.00	XXX	0
86713	.....	X	Legionella	0.00	0.00	0.00	0.00	XXX	0
86717	.....	X	Leishmania	0.00	0.00	0.00	0.00	XXX	0
86720	.....	X	Leptospira	0.00	0.00	0.00	0.00	XXX	0
86723	.....	X	Listeria monocytogenes	0.00	0.00	0.00	0.00	XXX	0
86727	.....	X	Lymph choriomeningitis	0.00	0.00	0.00	0.00	XXX	0
86729	.....	X	Lympho venereum	0.00	0.00	0.00	0.00	XXX	0
86732	.....	X	Mucormycosis	0.00	0.00	0.00	0.00	XXX	0
86735	.....	X	Mumps	0.00	0.00	0.00	0.00	XXX	0
86738	.....	X	Mycoplasma	0.00	0.00	0.00	0.00	XXX	0
86741	.....	X	Neisseria meningitidis	0.00	0.00	0.00	0.00	XXX	0
86744	.....	X	Nocardia	0.00	0.00	0.00	0.00	XXX	0
86747	.....	X	Parvovirus	0.00	0.00	0.00	0.00	XXX	0
86750	.....	X	Malaria	0.00	0.00	0.00	0.00	XXX	0
86753	.....	X	Protozoa, not elsewhere	0.00	0.00	0.00	0.00	XXX	0
86756	.....	X	Respiratory virus	0.00	0.00	0.00	0.00	XXX	0
86759	.....	X	Rotavirus	0.00	0.00	0.00	0.00	XXX	0
86762	.....	X	Rubella	0.00	0.00	0.00	0.00	XXX	0
86765	.....	X	Rubeola	0.00	0.00	0.00	0.00	XXX	0
86768	.....	X	Salmonella	0.00	0.00	0.00	0.00	XXX	0
86771	.....	X	Shigella	0.00	0.00	0.00	0.00	XXX	0
86774	.....	X	Tetanus	0.00	0.00	0.00	0.00	XXX	0
86777	.....	X	Toxoplasma	0.00	0.00	0.00	0.00	XXX	0
86778	.....	X	Toxoplasma, IgM	0.00	0.00	0.00	0.00	XXX	0
86781	.....	X	Treponema pallidum confirm	0.00	0.00	0.00	0.00	XXX	0
86784	.....	X	Trichinella	0.00	0.00	0.00	0.00	XXX	0
86787	.....	X	Varicella-zoster	0.00	0.00	0.00	0.00	XXX	0
86790	.....	X	Virus, not specified	0.00	0.00	0.00	0.00	XXX	0
86793	.....	X	Yersinia	0.00	0.00	0.00	0.00	XXX	0
86800	.....	X	Thyroglobulin antibody	0.00	0.00	0.00	0.00	XXX	0
86805	.....	X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	XXX	0
86806	.....	X	Lymphocytotoxicity assay	0.00	0.00	0.00	0.00	XXX	0
86807	.....	X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	XXX	0
86808	.....	X	Cytotoxic antibody screening	0.00	0.00	0.00	0.00	XXX	0
86812	.....	X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	XXX	0
86813	.....	X	HLA typing, A, B, or C	0.00	0.00	0.00	0.00	XXX	0
86816	.....	X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	XXX	0
86817	.....	X	HLA typing, DR/DQ	0.00	0.00	0.00	0.00	XXX	0
86821	.....	X	Lymphocyte culture, mixed	0.00	0.00	0.00	0.00	XXX	0
86822	.....	X	Lymphocyte culture, primed	0.00	0.00	0.00	0.00	XXX	0
86849	.....	X	Immunology procedure	0.00	0.00	0.00	0.00	XXX	0
86850	.....	X	RBC antibody screen	0.00	0.00	0.00	0.00	XXX	0
86860	.....	X	RBC antibody elution	0.00	0.00	0.00	0.00	XXX	0
86870	.....	X	RBC antibody identification	0.00	0.00	0.00	0.00	XXX	0
86880	.....	X	Coombs test	0.00	0.00	0.00	0.00	XXX	0
86885	.....	X	Coombs test	0.00	0.00	0.00	0.00	XXX	0
86886	.....	X	Coombs test	0.00	0.00	0.00	0.00	XXX	0
86890	.....	X	Autologous blood process	0.00	0.00	0.00	0.00	XXX	0
86891	.....	X	Autologous blood, op salvage	0.00	0.00	0.00	0.00	XXX	0
86900	.....	X	Blood typing, ABO	0.00	0.00	0.00	0.00	XXX	0
86901	.....	X	Blood typing, Rh (D)	0.00	0.00	0.00	0.00	XXX	0
86903	.....	X	Blood typing, antigen screen	0.00	0.00	0.00	0.00	XXX	0
86904	.....	X	Blood typing, patient serum	0.00	0.00	0.00	0.00	XXX	0
86905	.....	X	Blood typing, RBC antigens	0.00	0.00	0.00	0.00	XXX	0
86906	.....	X	Blood typing, Rh phenotype	0.00	0.00	0.00	0.00	XXX	0
86910	.....	N	Blood typing, paternity test	0.00	0.00	0.00	0.00	XXX	0
86911	.....	N	Blood typing, antigen system	0.00	0.00	0.00	0.00	XXX	0
86915	.....	X	Bone marrow	0.00	0.00	0.00	0.00	XXX	0
86920	.....	X	Compatibility test	0.00	0.00	0.00	0.00	XXX	0
86921	.....	X	Compatibility test	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
86922	.....	X	Compatibility test	0.00	0.00	0.00	0.00	XXX	0
86927	.....	X	Plasma, fresh frozen	0.00	0.00	0.00	0.00	XXX	0
86930	.....	X	Frozen blood prep	0.00	0.00	0.00	0.00	XXX	0
86931	.....	X	Frozen blood thaw	0.00	0.00	0.00	0.00	XXX	0
86932	.....	X	Frozen blood, freeze/thaw	0.00	0.00	0.00	0.00	XXX	0
86940	.....	X	Hemolysins/agglutinins auto	0.00	0.00	0.00	0.00	XXX	0
86941	.....	X	Hemolysins/agglutinins	0.00	0.00	0.00	0.00	XXX	0
86945	.....	X	Blood product/irradiation	0.00	0.00	0.00	0.00	XXX	0
86950	.....	X	Leukacyte transfusion	0.00	0.00	0.00	0.00	XXX	0
86965	.....	X	Pooling blood platelets	0.00	0.00	0.00	0.00	XXX	0
86970	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	XXX	0
86971	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	XXX	0
86972	.....	X	RBC pretreatment	0.00	0.00	0.00	0.00	XXX	0
86975	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86976	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86977	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86978	.....	X	RBC pretreatment, serum	0.00	0.00	0.00	0.00	XXX	0
86985	.....	X	Split blood or products	0.00	0.00	0.00	0.00	XXX	0
86999	.....	X	Transfusion procedure	0.00	0.00	0.00	0.00	XXX	0
87001	.....	X	Small animal inoculation	0.00	0.00	0.00	0.00	XXX	0
87003	.....	X	Small animal inoculation	0.00	0.00	0.00	0.00	XXX	0
87015	.....	X	Specimen concentration	0.00	0.00	0.00	0.00	XXX	0
87040	.....	X	Blood culture for bacteria	0.00	0.00	0.00	0.00	XXX	0
87045	.....	X	Stool culture for bacteria	0.00	0.00	0.00	0.00	XXX	0
87060	.....	X	Nose/throat culture, bacteria	0.00	0.00	0.00	0.00	XXX	0
87070	.....	X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	XXX	0
87072	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87075	.....	X	Culture specimen, bacteria	0.00	0.00	0.00	0.00	XXX	0
87076	.....	X	Bacteria identification	0.00	0.00	0.00	0.00	XXX	0
87081	.....	X	Bacteria culture screen	0.00	0.00	0.00	0.00	XXX	0
87082	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87083	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87084	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87085	.....	X	Culture of specimen by kit	0.00	0.00	0.00	0.00	XXX	0
87086	.....	X	Urine culture, colony count	0.00	0.00	0.00	0.00	XXX	0
87087	.....	X	Urine bacteria culture	0.00	0.00	0.00	0.00	XXX	0
87088	.....	X	Urine bacteria culture	0.00	0.00	0.00	0.00	XXX	0
87101	.....	X	Skin fungus culture	0.00	0.00	0.00	0.00	XXX	0
87102	.....	X	Fungus isolation culture	0.00	0.00	0.00	0.00	XXX	0
87103	.....	X	Blood fungus culture	0.00	0.00	0.00	0.00	XXX	0
87106	.....	X	Fungus identification	0.00	0.00	0.00	0.00	XXX	0
87109	.....	X	Mycoplasma culture	0.00	0.00	0.00	0.00	XXX	0
87110	.....	X	Culture, chlamydia	0.00	0.00	0.00	0.00	XXX	0
87116	.....	X	Mycobacteria culture	0.00	0.00	0.00	0.00	XXX	0
87117	.....	X	Mycobacteria culture	0.00	0.00	0.00	0.00	XXX	0
87118	.....	X	Mycobacteria identification	0.00	0.00	0.00	0.00	XXX	0
87140	.....	X	Culture typing, fluorescent	0.00	0.00	0.00	0.00	XXX	0
87143	.....	X	Culture typing, GLC method	0.00	0.00	0.00	0.00	XXX	0
87145	.....	X	Culture typing, phage method	0.00	0.00	0.00	0.00	XXX	0
87147	.....	X	Culture typing, serologic	0.00	0.00	0.00	0.00	XXX	0
87151	.....	X	Culture typing, serologic	0.00	0.00	0.00	0.00	XXX	0
87155	.....	X	Culture typing, precipitin	0.00	0.00	0.00	0.00	XXX	0
87158	.....	X	Culture typing, added method	0.00	0.00	0.00	0.00	XXX	0
87163	.....	X	Special microbiology culture	0.00	0.00	0.00	0.00	XXX	0
87164	.....	X	Dark field examination	0.00	0.00	0.00	0.00	XXX	0
87164	26	A	Dark field examination	0.37	0.20	0.01	0.58	XXX	N
87166	.....	X	Dark field examination	0.00	0.00	0.00	0.00	XXX	0
87174	.....	X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	0
87175	.....	X	Assay, endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	0
87176	.....	X	Endotoxin, bacterial	0.00	0.00	0.00	0.00	XXX	0
87177	.....	X	Ova and parasites smears	0.00	0.00	0.00	0.00	XXX	0
87178	.....	X	Microbe identification	0.00	0.00	0.00	0.00	XXX	0
87179	.....	X	Microbe identification	0.00	0.00	0.00	0.00	XXX	0
87181	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87184	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87186	.....	X	Antibiotic sensitivity, MIC	0.00	0.00	0.00	0.00	XXX	0
87187	.....	X	Antibiotic sensitivity, MBC	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
87188	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87190	.....	X	TB antibiotic sensitivity	0.00	0.00	0.00	0.00	XXX	0
87192	.....	X	Antibiotic sensitivity, each	0.00	0.00	0.00	0.00	XXX	0
87197	.....	X	Bactericidal level, serum	0.00	0.00	0.00	0.00	XXX	0
87205	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87206	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87207	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87207	26	A	Smear, stain & interpret	0.37	0.20	0.01	0.58	XXX	N
87208	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87210	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87211	.....	X	Smear, stain & interpret	0.00	0.00	0.00	0.00	XXX	0
87220	.....	X	Tissue exam for fungi	0.00	0.00	0.00	0.00	XXX	0
87230	.....	X	Assay, toxin or antitoxin	0.00	0.00	0.00	0.00	XXX	0
87250	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	0
87252	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	0
87253	.....	X	Virus inoculation for test	0.00	0.00	0.00	0.00	XXX	0
87999	.....	X	Microbiology procedure	0.00	0.00	0.00	0.00	XXX	0
88000	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88005	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88007	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88012	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88014	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88016	.....	N	Autopsy (necropsy), gross	0.00	0.00	0.00	0.00	XXX	0
88020	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88025	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88027	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88028	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88029	.....	N	Autopsy (necropsy), complete	0.00	0.00	0.00	0.00	XXX	0
88036	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	XXX	0
88037	.....	N	Limited autopsy	0.00	0.00	0.00	0.00	XXX	0
88040	.....	N	Forensic autopsy (necropsy)	0.00	0.00	0.00	0.00	XXX	0
88045	.....	N	Coroner's autopsy (necropsy)	0.00	0.00	0.00	0.00	XXX	0
88099	.....	N	Necropsy (autopsy) procedure	0.00	0.00	0.00	0.00	XXX	0
88104	.....	A	Microscopic exam of cells	0.56	0.44	0.04	1.04	XXX	N
88104	26	A	Microscopic exam of cells	0.56	0.23	0.02	0.81	XXX	N
88104	TC	A	Microscopic exam of cells	0.00	0.21	0.02	0.23	XXX	N
88106	.....	A	Microscopic exam of cells	0.56	0.37	0.03	0.96	XXX	N
88106	26	A	Microscopic exam of cells	0.56	0.20	0.01	0.77	XXX	N
88106	TC	A	Microscopic exam of cells	0.00	0.17	0.02	0.19	XXX	N
88107	.....	A	Microscopic exam of cells	0.76	0.47	0.04	1.27	XXX	N
88107	26	A	Microscopic exam of cells	0.76	0.24	0.02	1.02	XXX	N
88107	TC	A	Microscopic exam of cells	0.00	0.23	0.02	0.25	XXX	N
88108	.....	A	Cytopathology	0.56	0.47	0.04	1.07	XXX	N
88108	26	A	Cytopathology	0.56	0.24	0.02	0.82	XXX	N
88108	TC	A	Cytopathology	0.00	0.23	0.02	0.25	XXX	N
88125	.....	A	Forensic cytopathology	0.26	0.11	0.00	0.37	XXX	N
88125	26	A	Forensic cytopathology	0.26	0.07	0.00	0.33	XXX	N
88125	TC	A	Forensic cytopathology	0.00	0.04	0.00	0.04	XXX	N
88130	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	XXX	0
88140	.....	X	Sex chromatin identification	0.00	0.00	0.00	0.00	XXX	0
88150	.....	X	Cytopathology, pap smear	0.00	0.00	0.00	0.00	XXX	0
88151	.....	X	Cytopathology interpretation	0.00	0.00	0.00	0.00	XXX	0
88151	26	A	Cytopathology interpretation	0.42	0.32	0.04	0.78	XXX	N
88155	.....	X	Cytopathology, pap smear	0.00	0.00	0.00	0.00	XXX	0
88156	.....	X	TBS smear (bethesda system)	0.00	0.00	0.00	0.00	XXX	0
88157	.....	X	TBS smear (bethesda system)	0.00	0.00	0.00	0.00	XXX	0
88157	26	A	TBS smear (bethesda system)	0.42	0.32	0.04	0.78	XXX	N
88160	.....	A	Cytopathology	0.50	0.33	0.03	0.86	XXX	N
88160	26	A	Cytopathology	0.50	0.17	0.01	0.68	XXX	N
88160	TC	A	Cytopathology	0.00	0.16	0.02	0.18	XXX	N
88161	.....	A	Cytopathology	0.50	0.39	0.03	0.92	XXX	N
88161	26	A	Cytopathology	0.50	0.20	0.01	0.71	XXX	N
88161	TC	A	Cytopathology	0.00	0.19	0.02	0.21	XXX	N
88162	.....	A	Cytopathology, extensive	0.76	0.79	0.05	1.60	XXX	N
88162	26	A	Cytopathology, extensive	0.76	0.41	0.03	1.20	XXX	N
88162	TC	A	Cytopathology, extensive	0.00	0.38	0.02	0.40	XXX	N
88170	.....	A	Fine needle aspiration	1.27	0.99	0.09	2.35	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
88170	26	A	Fine needle aspiration	1.27	0.52	0.05	1.84	XXX	N
88170	TC	A	Fine needle aspiration	0.00	0.47	0.04	0.51	XXX	N
88171	.....	A	Fine needle aspiration	1.27	1.35	0.09	2.71	XXX	N
88171	26	A	Fine needle aspiration	1.27	0.71	0.05	2.03	XXX	N
88171	TC	A	Fine needle aspiration	0.00	0.64	0.04	0.68	XXX	N
88172	.....	A	Evaluation of smear	0.60	0.71	0.05	1.36	XXX	N
88172	26	A	Evaluation of smear	0.60	0.36	0.03	0.99	XXX	N
88172	TC	A	Evaluation of smear	0.00	0.35	0.02	0.37	XXX	N
88173	.....	A	Interpretation of smear	1.39	0.87	0.05	2.31	XXX	N
88173	26	A	Interpretation of smear	1.39	0.45	0.03	1.87	XXX	N
88173	TC	A	Interpretation of smear	0.00	0.42	0.02	0.44	XXX	N
88180	.....	A	Cell marker study	0.36	0.33	0.03	0.72	XXX	N
88180	26	A	Cell marker study	0.36	0.17	0.01	0.54	XXX	N
88180	TC	A	Cell marker study	0.00	0.16	0.02	0.18	XXX	N
88182	.....	A	Cell marker study	0.77	0.89	0.07	1.73	XXX	N
88182	26	A	Cell marker study	0.77	0.45	0.03	1.25	XXX	N
88182	TC	A	Cell marker study	0.00	0.44	0.04	0.48	XXX	N
88199	.....	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88199	26	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88199	TC	C	Cytopathology procedure	0.00	0.00	0.00	0.00	XXX	N
88230	.....	X	Tissue culture, lymphocyte	0.00	0.00	0.00	0.00	XXX	0
88233	.....	X	Tissue culture, skin/biopsy	0.00	0.00	0.00	0.00	XXX	0
88235	.....	X	Tissue culture, placenta	0.00	0.00	0.00	0.00	XXX	0
88237	.....	X	Tissue culture, bone marrow	0.00	0.00	0.00	0.00	XXX	0
88239	.....	X	Tissue culture, other	0.00	0.00	0.00	0.00	XXX	0
88245	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	0
88248	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	0
88250	.....	X	Chromosome analysis	0.00	0.00	0.00	0.00	XXX	0
88260	.....	X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	XXX	0
88261	.....	X	Chromosome analysis: 5 cells	0.00	0.00	0.00	0.00	XXX	0
88262	.....	X	Chromosome count: 15-20 cells	0.00	0.00	0.00	0.00	XXX	0
88263	.....	X	Chromosome analysis: 45 cells	0.00	0.00	0.00	0.00	XXX	0
88267	.....	X	Chromosome analysis: placenta	0.00	0.00	0.00	0.00	XXX	0
88269	.....	X	Chromosome analysis: amniotic	0.00	0.00	0.00	0.00	XXX	0
88280	.....	X	Chromosome karyotype study	0.00	0.00	0.00	0.00	XXX	0
88283	.....	X	Chromosome banding study	0.00	0.00	0.00	0.00	XXX	0
88285	.....	X	Chromosome count: additional	0.00	0.00	0.00	0.00	XXX	0
88289	.....	X	Chromosome study: additional	0.00	0.00	0.00	0.00	XXX	0
88299	.....	C	Cytogenetic study	0.00	0.00	0.00	0.00	XXX	N
88300	.....	A	Surg path, gross	0.08	0.20	0.01	0.29	XXX	N
88300	26	A	Surg path, gross	0.08	0.10	0.01	0.19	XXX	N
88300	TC	A	Surg path, gross	0.00	0.10	0.00	0.10	XXX	N
88302	.....	A	Tissue exam by pathologist	0.13	0.40	0.04	0.57	XXX	N
88302	26	A	Tissue exam by pathologist	0.13	0.17	0.02	0.32	XXX	N
88302	TC	A	Tissue exam by pathologist	0.00	0.23	0.02	0.25	XXX	N
88304	.....	A	Tissue exam by pathologist	0.22	0.61	0.04	0.87	XXX	N
88304	26	A	Tissue exam by pathologist	0.22	0.28	0.02	0.52	XXX	N
88304	TC	A	Tissue exam by pathologist	0.00	0.33	0.02	0.35	XXX	N
88305	.....	A	Tissue exam by pathologist	0.75	1.03	0.08	1.86	XXX	N
88305	26	A	Tissue exam by pathologist	0.75	0.53	0.04	1.32	XXX	N
88305	TC	A	Tissue exam by pathologist	0.00	0.50	0.04	0.54	XXX	N
88307	.....	A	Tissue exam by pathologist	1.59	1.52	0.12	3.23	XXX	N
88307	26	A	Tissue exam by pathologist	1.59	0.78	0.06	2.43	XXX	N
88307	TC	A	Tissue exam by pathologist	0.00	0.74	0.06	0.80	XXX	N
88309	.....	A	Tissue exam by pathologist	2.28	1.92	0.13	4.33	XXX	N
88309	26	A	Tissue exam by pathologist	2.28	0.99	0.07	3.34	XXX	N
88309	TC	A	Tissue exam by pathologist	0.00	0.93	0.06	0.99	XXX	N
88311	.....	A	Decalcify tissue	0.24	0.21	0.01	0.46	XXX	N
88311	26	A	Decalcify tissue	0.24	0.11	0.01	0.36	XXX	N
88311	TC	A	Decalcify tissue	0.00	0.10	0.00	0.10	XXX	N
88312	.....	A	Special stains	0.54	0.26	0.01	0.81	XXX	N
88312	26	A	Special stains	0.54	0.14	0.01	0.69	XXX	N
88312	TC	A	Special stains	0.00	0.12	0.00	0.12	XXX	N
88313	.....	A	Special stains	0.24	0.21	0.01	0.46	XXX	N
88313	26	A	Special stains	0.24	0.11	0.01	0.36	XXX	N
88313	TC	A	Special stains	0.00	0.10	0.00	0.10	XXX	N
88314	.....	A	Histochemical stain	0.45	0.62	0.04	1.11	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
88314	26	A	Histochemical stain	0.45	0.35	0.02	0.82	XXX	N
88314	TC	A	Histochemical stain	0.00	0.27	0.02	0.29	XXX	N
88318		A	Chemical histochemistry	0.42	0.24	0.01	0.67	XXX	N
88318	26	A	Chemical histochemistry	0.42	0.12	0.01	0.55	XXX	N
88318	TC	A	Chemical histochemistry	0.00	0.12	0.00	0.12	XXX	N
88319		A	Enzyme histochemistry	0.53	0.49	0.04	1.06	XXX	N
88319	26	A	Enzyme histochemistry	0.53	0.26	0.02	0.81	XXX	N
88319	TC	A	Enzyme histochemistry	0.00	0.23	0.02	0.25	XXX	N
88321		A	Microslide consultation	1.30	0.41	0.03	1.74	XXX	N
88323		A	Microslide consultation	1.35	0.72	0.05	2.12	XXX	N
88323	26	A	Microslide consultation	1.35	0.39	0.03	1.77	XXX	N
88323	TC	A	Microslide consultation	0.00	0.33	0.02	0.35	XXX	N
88325		A	Comprehensive review of data	2.22	0.47	0.04	2.73	XXX	N
88329		A	Pathology consult in surgery	0.67	0.37	0.03	1.07	XXX	N
88331		A	Pathology consult in surgery	1.19	1.10	0.08	2.37	XXX	N
88331	26	A	Pathology consult in surgery	1.19	0.56	0.04	1.79	XXX	N
88331	TC	A	Pathology consult in surgery	0.00	0.54	0.04	0.58	XXX	N
88332		A	Pathology consult in surgery	0.59	0.56	0.04	1.19	XXX	N
88332	26	A	Pathology consult in surgery	0.59	0.29	0.02	0.90	XXX	N
88332	TC	A	Pathology consult in surgery	0.00	0.27	0.02	0.29	XXX	N
88342		A	Immunocytochemistry	0.85	0.64	0.04	1.53	XXX	N
88342	26	A	Immunocytochemistry	0.85	0.33	0.02	1.20	XXX	N
88342	TC	A	Immunocytochemistry	0.00	0.31	0.02	0.33	XXX	N
88346		A	Immunofluorescent study	0.86	0.58	0.04	1.48	XXX	N
88346	26	A	Immunofluorescent study	0.86	0.31	0.02	1.19	XXX	N
88346	TC	A	Immunofluorescent study	0.00	0.27	0.02	0.29	XXX	N
88347		A	Immunofluorescent study	0.86	0.42	0.04	1.32	XXX	N
88347	26	A	Immunofluorescent study	0.86	0.15	0.02	1.03	XXX	N
88347	TC	A	Immunofluorescent study	0.00	0.27	0.02	0.29	XXX	N
88348		A	Electron microscopy	1.51	2.28	0.16	3.95	XXX	N
88348	26	A	Electron microscopy	1.51	1.19	0.08	2.78	XXX	N
88348	TC	A	Electron microscopy	0.00	1.09	0.08	1.17	XXX	N
88349		A	Scanning electron microscopy	0.76	1.55	0.12	2.43	XXX	N
88349	26	A	Scanning electron microscopy	0.76	0.79	0.06	1.61	XXX	N
88349	TC	A	Scanning electron microscopy	0.00	0.76	0.06	0.82	XXX	N
88355		A	Analysis, skeletal muscle	1.85	1.74	0.13	3.72	XXX	N
88355	26	A	Analysis, skeletal muscle	1.85	0.92	0.07	2.84	XXX	N
88355	TC	A	Analysis, skeletal muscle	0.00	0.82	0.06	0.88	XXX	N
88356		A	Analysis, nerve	3.02	2.66	0.18	5.86	XXX	N
88356	26	A	Analysis, nerve	3.02	1.39	0.10	4.51	XXX	N
88356	TC	A	Analysis, nerve	0.00	1.27	0.08	1.35	XXX	N
88358		A	Analysis, tumor	2.82	2.32	0.16	5.30	XXX	N
88358	26	A	Analysis, tumor	2.82	1.16	0.08	4.06	XXX	N
88358	TC	A	Analysis, tumor	0.00	1.16	0.08	1.24	XXX	N
88362		A	Nerve teasing preparations	2.17	1.97	0.13	4.27	XXX	N
88362	26	A	Nerve teasing preparations	2.17	1.00	0.07	3.24	XXX	N
88362	TC	A	Nerve teasing preparations	0.00	0.97	0.06	1.03	XXX	N
88365		A	Tissue hybridization	0.93	0.75	0.05	1.73	XXX	N
88365	26	A	Tissue hybridization	0.93	0.38	0.03	1.34	XXX	N
88365	TC	A	Tissue hybridization	0.00	0.37	0.02	0.39	XXX	N
88371		X	Protein, western blot tissue	0.00	0.00	0.00	0.00	XXX	0
88371	26	A	Protein, western blot tissue	0.37	0.20	0.01	0.58	XXX	N
88372		X	Protein analysis w/probe	0.00	0.00	0.00	0.00	XXX	0
88372	26	A	Protein analysis w/probe	0.37	0.20	0.01	0.58	XXX	N
88399		C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
88399	26	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
88399	TC	C	Surgical pathology procedure	0.00	0.00	0.00	0.00	XXX	N
89050		X	Body fluid cell count	0.00	0.00	0.00	0.00	XXX	0
89051		X	Body fluid cell count	0.00	0.00	0.00	0.00	XXX	0
89060		X	Exam, synovial fluid crystals	0.00	0.00	0.00	0.00	XXX	0
89060	26	A	Exam, synovial fluid crystals	0.37	0.20	0.01	0.58	XXX	N
89100		A	Sample intestinal contents	0.60	0.42	0.03	1.05	XXX	N
89105		A	Sample intestinal contents	0.50	0.39	0.03	0.92	XXX	N
89125		X	Specimen fat stain	0.00	0.00	0.00	0.00	XXX	0
89130		A	Sample stomach contents	0.45	0.41	0.03	0.89	XXX	N
89132		A	Sample stomach contents	0.19	0.19	0.02	0.40	XXX	N
89135		A	Sample stomach contents	0.79	0.58	0.04	1.41	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
89136	.....	A	Sample stomach contents	0.21	0.22	0.02	0.45	XXX	N
89140	.....	A	Sample stomach contents	0.94	0.81	0.07	1.82	XXX	N
89141	.....	A	Sample stomach contents	0.85	0.73	0.06	1.64	XXX	N
89160	.....	X	Exam feces for meat fibers	0.00	0.00	0.00	0.00	XXX	0
89190	.....	X	Nasal smear for eosinophils	0.00	0.00	0.00	0.00	XXX	0
89250	.....	X	Fertilization of oocyte	0.00	0.00	0.00	0.00	XXX	0
89300	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
89310	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
89320	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
89325	.....	X	Sperm antibody test	0.00	0.00	0.00	0.00	XXX	0
89329	.....	X	Sperm evaluation test	0.00	0.00	0.00	0.00	XXX	0
89330	.....	X	Evaluation, cervical mucus	0.00	0.00	0.00	0.00	XXX	0
89350	.....	A	Sputum specimen collection	0.00	0.39	0.03	0.42	XXX	N
89355	.....	X	Exam feces for starch	0.00	0.00	0.00	0.00	XXX	0
89360	.....	A	Collect sweat for test	0.00	0.43	0.03	0.46	XXX	N
89365	.....	X	Water load test	0.00	0.00	0.00	0.00	XXX	0
89399	.....	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX	N
89399	26	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX	N
89399	TC	C	Pathology lab procedure	0.00	0.00	0.00	0.00	XXX	N
90700	.....	E	DTaP immunization	0.00	0.00	0.00	0.00	XXX	0
90701	.....	E	DTP immunization	0.00	0.00	0.00	0.00	XXX	0
90702	.....	E	DT immunization	0.00	0.00	0.00	0.00	XXX	0
90703	.....	E	Tetanus immunization	0.00	0.00	0.00	0.00	XXX	0
90704	.....	E	Mumps immunization	0.00	0.00	0.00	0.00	XXX	0
90705	.....	E	Measles immunization	0.00	0.00	0.00	0.00	XXX	0
90706	.....	E	Rubella immunization	0.00	0.00	0.00	0.00	XXX	0
90707	.....	E	MMR virus immunization	0.00	0.00	0.00	0.00	XXX	0
90708	.....	E	Measles-rubella immunization	0.00	0.00	0.00	0.00	XXX	0
90709	.....	E	Rubella & mumps immunization	0.00	0.00	0.00	0.00	XXX	0
90710	.....	E	Combined vaccine	0.00	0.00	0.00	0.00	XXX	0
90711	.....	E	Combined vaccine	0.00	0.00	0.00	0.00	XXX	0
90712	.....	E	Oral poliovirus immunization	0.00	0.00	0.00	0.00	XXX	0
90713	.....	E	Poliomyelitis immunization	0.00	0.00	0.00	0.00	XXX	0
90714	.....	E	Typhoid immunization	0.00	0.00	0.00	0.00	XXX	0
90716	.....	E	Chicken pox vaccine	0.00	0.00	0.00	0.00	XXX	0
90717	.....	E	Yellow fever immunization	0.00	0.00	0.00	0.00	XXX	0
90718	.....	E	Td immunization	0.00	0.00	0.00	0.00	XXX	0
90719	.....	E	Diphtheria immunization	0.00	0.00	0.00	0.00	XXX	0
90720	.....	E	DTP/HIB vaccine	0.00	0.00	0.00	0.00	XXX	0
90721	.....	E	Dtap/hib vaccine	0.00	0.00	0.00	0.00	XXX	0
90724	.....	X	Influenza immunization	0.00	0.00	0.00	0.00	XXX	0
90725	.....	E	Cholera immunization	0.00	0.00	0.00	0.00	XXX	0
90726	.....	E	Rabies immunization	0.00	0.00	0.00	0.00	XXX	0
90727	.....	E	Plague immunization	0.00	0.00	0.00	0.00	XXX	0
90728	.....	E	BCG immunization	0.00	0.00	0.00	0.00	XXX	0
90730	.....	E	Hepatitis A vaccine	0.00	0.00	0.00	0.00	XXX	0
90732	.....	X	Pneumococcal immunization	0.00	0.00	0.00	0.00	XXX	0
90733	.....	E	Meningococcal immunization	0.00	0.00	0.00	0.00	XXX	0
90735	.....	E	Encephalitis virus vaccine	0.00	0.00	0.00	0.00	XXX	0
90737	.....	E	Influenza B immunization	0.00	0.00	0.00	0.00	XXX	0
90741	.....	E	Passive immunization, ISG	0.00	0.00	0.00	0.00	XXX	0
90742	.....	E	Special passive immunization	0.00	0.00	0.00	0.00	XXX	0
90744	.....	X	Hepatitis B vaccine, under 11	0.00	0.00	0.00	0.00	XXX	0
90745	.....	X	Hepatitis B vaccine, 11–19	0.00	0.00	0.00	0.00	XXX	0
90746	.....	X	Hepatitis B vaccine, over 20	0.00	0.00	0.00	0.00	XXX	0
90747	.....	X	Hepatitis B vaccine, ill pat	0.00	0.00	0.00	0.00	XXX	0
90749	.....	C	Immunization procedure	0.00	0.00	0.00	0.00	XXX	N
90780	.....	A	IV infusion therapy, 1 hour	0.00	1.06	0.08	1.14	XXX	N
90781	.....	A	IV infusion, additional hour	0.00	0.53	0.04	0.57	XXX	N
90782	.....	T	Injection (SC)/(IM)	0.00	0.10	0.01	0.11	XXX	N
90783	.....	T	Injection (IA)	0.00	0.39	0.03	0.42	XXX	N
90784	.....	T	Injection (IV)	0.00	0.45	0.04	0.49	XXX	N
90788	.....	T	Injection of antibiotic	0.00	0.11	0.01	0.12	XXX	N
90799	.....	C	Therapeutic/diag injection	0.00	0.00	0.00	0.00	XXX	N
90801	.....	A	Psychiatric interview	2.80	0.67	0.09	3.56	XXX	N
90820	.....	A	Diagnostic interview	3.01	0.38	0.05	3.44	XXX	N
90825	.....	B	Evaluation of tests/records	+0.97	0.31	0.04	1.32	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
90835	.....	A	Special interview	2.84	0.50	0.07	3.41	XXX	N
90841	.....	G	Psychotherapy	0.00	0.00	0.00	0.00	XXX	0
90842	.....	G	Psychotherapy, 75–80 min.	+3.13	1.05	0.15	4.33	XXX	N
90843	.....	G	Psychotherapy, 20–30 min.	+1.47	0.35	0.05	1.87	XXX	N
90844	.....	G	Psychotherapy, 45–50 min.	+2.00	0.54	0.08	2.62	XXX	N
90845	.....	A	Medical psychoanalysis	1.79	0.41	0.05	2.25	XXX	N
90846	.....	R	Special family therapy	1.83	0.62	0.08	2.53	XXX	N
90847	.....	R	Special family therapy	2.21	0.58	0.08	2.87	XXX	N
90849	.....	R	Special family therapy	0.59	0.26	0.03	0.88	XXX	N
90853	.....	A	Special group therapy	0.59	0.26	0.03	0.88	XXX	N
90855	.....	G	Individual psychotherapy	+2.15	0.59	0.09	2.83	XXX	N
90857	.....	A	Special group therapy	0.63	0.15	0.02	0.80	XXX	N
90862	.....	A	Medication management	0.95	0.37	0.05	1.37	XXX	N
90870	.....	A	Electroconvulsive therapy	1.88	0.55	0.08	2.51	000	N
90871	.....	A	Electroconvulsive therapy	2.72	0.83	0.13	3.68	000	N
90875	.....	A	Psychophysiological therapy	1.11	0.35	0.05	1.51	XXX	N
90876	.....	A	Psychophysiological therapy	1.73	0.54	0.08	2.35	XXX	N
90880	.....	A	Medical hypnotherapy	2.19	0.64	0.07	2.90	XXX	N
90882	.....	N	Environmental manipulation	0.00	0.00	0.00	0.00	XXX	0
90887	.....	B	Consultation with family	+1.48	0.33	0.04	1.85	XXX	0
90889	.....	B	Preparation of report	0.00	0.00	0.00	0.00	XXX	0
90899	.....	C	Psychiatric service/therapy	0.00	0.00	0.00	0.00	XXX	N
90900	.....	D	Biofeedback, electromyogram	0.00	0.00	0.00	0.00	000	N
90901	.....	A	Biofeedback, any method	0.41	0.29	0.02	0.72	000	N
90902	.....	D	Biofeedback, nerve impulse	0.00	0.00	0.00	0.00	000	N
90904	.....	D	Biofeedback, blood pressure	0.00	0.00	0.00	0.00	000	N
90906	.....	D	Biofeedback, blood flow	0.00	0.00	0.00	0.00	000	N
90908	.....	D	Biofeedback, brain waves	0.00	0.00	0.00	0.00	000	N
90910	.....	D	Biofeedback, oculogram	0.00	0.00	0.00	0.00	000	N
90911	.....	A	Anorectal biofeedback	0.89	1.13	0.27	2.29	000	N
90915	.....	D	Biofeedback, unspecified	0.00	0.00	0.00	0.00	000	N
90918	.....	A	ESRD related services, month	11.18	2.19	0.14	13.51	XXX	P
90919	.....	A	ESRD related services, month	8.54	2.19	0.14	10.87	XXX	P
90920	.....	A	ESRD related services, month	7.27	2.19	0.14	9.60	XXX	P
90921	.....	A	ESRD related services, month	4.47	2.19	0.14	6.80	XXX	P
90922	.....	A	ESRD related services, day	0.37	0.07	0.01	0.45	XXX	P
90923	.....	A	Esrd related services, day	0.28	0.07	0.01	0.36	XXX	P
90924	.....	A	Esrd related services, day	0.24	0.07	0.01	0.32	XXX	P
90925	.....	A	Esrd related services, day	0.15	0.07	0.01	0.23	XXX	P
90935	.....	A	Hemodialysis, one evaluation	1.22	1.49	0.10	2.81	000	N
90937	.....	A	Hemodialysis, repeated eval.	2.11	2.65	0.18	4.94	000	N
90945	.....	A	Dialysis, one evaluation	1.28	1.27	0.08	2.63	000	N
90947	.....	A	Dialysis, repeated eval.	2.16	2.09	0.14	4.39	000	N
90989	.....	X	Dialysis training/complete	0.00	0.00	0.00	0.00	XXX	0
90993	.....	X	Dialysis training/incomplete	0.00	0.00	0.00	0.00	XXX	0
90997	.....	A	Hemoperfusion	1.84	2.35	0.16	4.35	000	N
90999	.....	C	Dialysis procedure	0.00	0.00	0.00	0.00	XXX	N
91000	.....	A	Esophageal intubation	0.73	0.66	0.06	1.45	000	N
91000	26	A	Esophageal intubation	0.73	0.59	0.05	1.37	000	N
91000	TC	A	Esophageal intubation	0.00	0.07	0.01	0.08	000	N
91010	.....	A	Esophagus motility study	1.25	2.28	0.17	3.70	000	N
91010	26	A	Esophagus motility study	1.25	1.50	0.11	2.86	000	N
91010	TC	A	Esophagus motility study	0.00	0.78	0.06	0.84	000	N
91011	.....	A	Esophagus motility study	1.50	2.66	0.18	4.34	000	N
91011	26	A	Esophagus motility study	1.50	1.68	0.11	3.29	000	N
91011	TC	A	Esophagus motility study	0.00	0.98	0.07	1.05	000	N
91012	.....	A	Esophagus motility study	1.46	3.12	0.23	4.81	000	N
91012	26	A	Esophagus motility study	1.46	2.02	0.15	3.63	000	N
91012	TC	A	Esophagus motility study	0.00	1.10	0.08	1.18	000	N
91020	.....	A	Esophagogastric study	1.44	2.50	0.18	4.12	000	N
91020	26	A	Esophagogastric study	1.44	1.77	0.12	3.33	000	N
91020	TC	A	Esophagogastric study	0.00	0.73	0.06	0.79	000	N
91030	.....	A	Acid perfusion of esophagus	0.91	0.56	0.05	1.52	000	N
91030	26	A	Acid perfusion of esophagus	0.91	0.35	0.03	1.29	000	N
91030	TC	A	Acid perfusion of esophagus	0.00	0.21	0.02	0.23	000	N
91032	.....	A	Esophagus, acid reflux test	1.21	1.96	0.16	3.33	000	N
91032	26	A	Esophagus, acid reflux test	1.21	1.25	0.10	2.56	000	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
91032	TC	A	Esophagus, acid reflux test	0.00	0.71	0.06	0.77	000	N
91033	.....	A	Prolonged acid reflux test	1.30	2.97	0.25	4.52	000	N
91033	26	A	Prolonged acid reflux test	1.30	1.69	0.14	3.13	000	N
91033	TC	A	Prolonged acid reflux test	0.00	1.28	0.11	1.39	000	N
91052	.....	A	Gastric analysis test	0.79	0.82	0.07	1.68	000	N
91052	26	A	Gastric analysis test	0.79	0.50	0.04	1.33	000	N
91052	TC	A	Gastric analysis test	0.00	0.32	0.03	0.35	000	N
91055	.....	A	Gastric intubation for smear	0.94	0.80	0.06	1.80	000	N
91055	26	A	Gastric intubation for smear	0.94	0.51	0.04	1.49	000	N
91055	TC	A	Gastric intubation for smear	0.00	0.29	0.02	0.31	000	N
91060	.....	A	Gastric saline load test	0.45	0.71	0.06	1.22	000	N
91060	26	A	Gastric saline load test	0.45	0.50	0.04	0.99	000	N
91060	TC	A	Gastric saline load test	0.00	0.21	0.02	0.23	000	N
91065	.....	A	Breath hydrogen test	0.20	0.83	0.05	1.08	000	N
91065	26	A	Breath hydrogen test	0.20	0.49	0.03	0.72	000	N
91065	TC	A	Breath hydrogen test	0.00	0.34	0.02	0.36	000	N
91100	.....	A	Pass intestine bleeding tube	1.08	0.56	0.05	1.69	000	N
91105	.....	A	Gastric intubation treatment	0.37	0.46	0.04	0.87	000	N
91122	.....	A	Anal pressure record	1.77	1.73	0.22	3.72	000	S
91122	26	A	Anal pressure record	1.77	1.06	0.13	2.96	000	S
91122	TC	A	Anal pressure record	0.00	0.67	0.09	0.76	000	S
91299	.....	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
91299	26	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
91299	TC	C	Gastroenterology procedure	0.00	0.00	0.00	0.00	XXX	N
92002	.....	A	Eye exam, new patient	0.88	0.49	0.02	1.39	XXX	P
92004	.....	A	Eye exam, new patient	1.67	0.57	0.02	2.26	XXX	P
92012	.....	A	Eye exam established pt	0.67	0.44	0.02	1.13	XXX	N
92014	.....	A	Eye exam & treatment	1.10	0.54	0.02	1.66	XXX	N
92015	.....	N	Refraction	+0.38	0.32	0.02	0.72	XXX	0
92018	.....	A	New eye exam & treatment	1.51	0.47	0.03	2.01	XXX	N
92019	.....	A	Eye exam & treatment	1.31	0.47	0.03	1.81	XXX	N
92020	.....	A	Special eye evaluation	0.37	0.29	0.01	0.67	XXX	N
92060	.....	A	Special eye evaluation	0.69	0.39	0.02	1.10	XXX	N
92060	26	A	Special eye evaluation	0.69	0.21	0.01	0.91	XXX	N
92060	TC	A	Special eye evaluation	0.00	0.18	0.01	0.19	XXX	N
92065	.....	A	Orthoptic/pleoptic training	0.37	0.36	0.01	0.74	XXX	N
92065	26	A	Orthoptic/pleoptic training	0.37	0.20	0.01	0.58	XXX	N
92065	TC	A	Orthoptic/pleoptic training	0.00	0.16	0.00	0.16	XXX	N
92070	.....	A	Fitting of contact lens	0.70	1.20	0.06	1.96	XXX	N
92081	.....	A	Visual field examination(s)	0.36	0.32	0.01	0.69	XXX	N
92081	26	A	Visual field examination(s)	0.36	0.17	0.01	0.54	XXX	N
92081	TC	A	Visual field examination(s)	0.00	0.15	0.00	0.15	XXX	N
92082	.....	A	Visual field examination(s)	0.44	0.49	0.02	0.95	XXX	N
92082	26	A	Visual field examination(s)	0.44	0.30	0.01	0.75	XXX	N
92082	TC	A	Visual field examination(s)	0.00	0.19	0.01	0.20	XXX	N
92083	.....	A	Visual field examination(s)	0.50	0.83	0.04	1.37	XXX	N
92083	26	A	Visual field examination(s)	0.50	0.55	0.03	1.08	XXX	N
92083	TC	A	Visual field examination(s)	0.00	0.28	0.01	0.29	XXX	N
92100	.....	A	Serial tonometry exam(s)	0.92	0.25	0.01	1.18	XXX	N
92120	.....	A	Tonography & eye evaluation	0.81	0.31	0.02	1.14	XXX	N
92130	.....	A	Water provocation tonography	0.81	0.49	0.02	1.32	XXX	N
92140	.....	A	Glaucoma provocative tests	0.50	0.30	0.01	0.81	XXX	N
92225	.....	A	Special eye exam, initial	0.38	0.45	0.02	0.85	XXX	N
92226	.....	A	Special eye exam, subsequent	0.33	0.40	0.02	0.75	XXX	N
92230	.....	A	Eye exam with photos	0.60	0.69	0.04	1.33	XXX	N
92235	.....	A	Eye exam with photos	0.81	1.58	0.09	2.48	XXX	N
92235	26	A	Eye exam with photos	0.81	0.59	0.03	1.43	XXX	N
92235	TC	A	Eye exam with photos	0.00	0.99	0.06	1.05	XXX	N
92240	.....	A	Icg angiography	1.10	1.58	0.09	2.77	XXX	N
92240	26	A	Icg angiography	1.10	0.59	0.03	1.72	XXX	N
92240	TC	A	Icg angiography	0.00	0.99	0.06	1.05	XXX	N
92250	.....	A	Eye exam with photos	0.44	0.42	0.02	0.88	XXX	N
92250	26	A	Eye exam with photos	0.44	0.25	0.01	0.70	XXX	N
92250	TC	A	Eye exam with photos	0.00	0.17	0.01	0.18	XXX	N
92260	.....	A	Ophthalmoscopy/dynamometry	0.20	0.54	0.03	0.77	XXX	N
92265	.....	A	Eye muscle evaluation	0.81	0.29	0.02	1.12	XXX	N
92265	26	A	Eye muscle evaluation	0.81	0.07	0.00	0.88	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
92265	TC	A	Eye muscle evaluation	0.00	0.22	0.02	0.24	XXX	N
92270		A	Electro-oculography	0.81	0.67	0.05	1.53	XXX	N
92270	26	A	Electro-oculography	0.81	0.37	0.03	1.21	XXX	N
92270	TC	A	Electro-oculography	0.00	0.30	0.02	0.32	XXX	N
92275		A	Electroretinography	1.01	0.90	0.05	1.96	XXX	N
92275	26	A	Electroretinography	1.01	0.51	0.03	1.55	XXX	N
92275	TC	A	Electroretinography	0.00	0.39	0.02	0.41	XXX	N
92283		A	Color vision examination	0.17	0.29	0.01	0.47	XXX	N
92283	26	A	Color vision examination	0.17	0.17	0.01	0.35	XXX	N
92283	TC	A	Color vision examination	0.00	0.12	0.00	0.12	XXX	N
92284		A	Dark adaptation eye exam	0.24	0.45	0.02	0.71	XXX	N
92284	26	A	Dark adaptation eye exam	0.24	0.28	0.01	0.53	XXX	N
92284	TC	A	Dark adaptation eye exam	0.00	0.17	0.01	0.18	XXX	N
92285		A	Eye photography	0.20	0.29	0.01	0.50	XXX	N
92285	26	A	Eye photography	0.20	0.18	0.01	0.39	XXX	N
92285	TC	A	Eye photography	0.00	0.11	0.00	0.11	XXX	N
92286		A	Internal eye photography	0.66	1.22	0.07	1.95	XXX	N
92286	26	A	Internal eye photography	0.66	0.83	0.05	1.54	XXX	N
92286	TC	A	Internal eye photography	0.00	0.39	0.02	0.41	XXX	N
92287		A	Internal eye photography	0.81	1.52	0.08	2.41	XXX	N
92310		N	Contact lens fitting	+1.17	1.32	0.00	2.49	XXX	0
92311		A	Contact lens fitting	1.08	0.90	0.03	2.01	XXX	N
92312		A	Contact lens fitting	1.26	1.16	0.03	2.45	XXX	N
92313		A	Contact lens fitting	0.92	0.88	0.03	1.83	XXX	N
92314		N	Prescription of contact lens	+0.69	0.78	0.00	1.47	XXX	0
92315		A	Prescription of contact lens	0.45	0.66	0.03	1.14	XXX	N
92316		A	Prescription of contact lens	0.68	0.95	0.04	1.67	XXX	N
92317		A	Prescription of contact lens	0.45	0.39	0.02	0.86	XXX	N
92325		A	Modification of contact lens	0.00	0.38	0.01	0.39	XXX	N
92326		A	Replacement of contact lens	0.00	1.56	0.06	1.62	XXX	N
92330		A	Fitting of artificial eye	1.08	1.13	0.09	2.30	XXX	N
92335		A	Fitting of artificial eye	0.45	1.97	0.11	2.53	XXX	N
92340		N	Fitting of spectacles	+0.37	0.42	0.00	0.79	XXX	0
92341		N	Fitting of spectacles	+0.47	0.53	0.00	1.00	XXX	0
92342		N	Fitting of spectacles	+0.53	0.60	0.00	1.13	XXX	0
92352		B	Special spectacles fitting	+0.37	0.30	0.01	0.68	XXX	0
92353		B	Special spectacles fitting	+0.50	0.40	0.01	0.91	XXX	0
92354		B	Special spectacles fitting	+0.00	8.44	0.10	8.54	XXX	0
92355		B	Special spectacles fitting	+0.00	4.13	0.01	4.14	XXX	0
92358		B	Eye prosthesis service	+0.00	0.92	0.05	0.97	XXX	0
92370		N	Repair & adjust spectacles	+0.32	0.36	0.00	0.68	XXX	0
92371		B	Repair & adjust spectacles	+0.00	0.59	0.02	0.61	XXX	0
92390		N	Supply of spectacles	0.00	0.00	0.00	0.00	XXX	0
92391		N	Supply of contact lenses	0.00	0.00	0.00	0.00	XXX	0
92392		G	Supply of low vision aids	+0.00	3.85	0.02	3.87	XXX	0
92393		G	Supply of artificial eye	+0.00	11.96	0.67	12.63	XXX	0
92395		G	Supply of spectacles	+0.00	1.31	0.10	1.41	XXX	0
92396		G	Supply of contact lenses	+0.00	2.19	0.08	2.27	XXX	0
92499		C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92499	26	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92499	TC	C	Eye service or procedure	0.00	0.00	0.00	0.00	XXX	N
92502		A	Ear and throat examination	1.51	1.12	0.12	2.75	000	N
92504		A	Ear microscopy examination	0.18	0.26	0.02	0.46	XXX	N
92506		A	Speech & hearing evaluation	0.86	0.52	0.05	1.43	XXX	N
92507		A	Speech/hearing therapy	0.52	0.33	0.03	0.88	XXX	N
92508		A	Speech/hearing therapy	0.26	0.18	0.02	0.46	XXX	N
92510		A	Rehab for ear implant	1.50	1.36	0.15	3.01	XXX	N
92511		A	Nasopharyngoscopy	0.84	0.85	0.09	1.78	000	S
92512		A	Nasal function studies	0.55	0.47	0.05	1.07	XXX	N
92516		A	Facial nerve function test	0.43	0.39	0.04	0.86	XXX	N
92520		A	Laryngeal function studies	0.76	0.53	0.05	1.34	XXX	N
92525		A	Oral function evaluation	1.50	1.02	0.11	2.63	XXX	N
92526		A	Oral function therapy	0.55	0.47	0.05	1.07	XXX	N
92531		B	Spontaneous nystagmus study	0.00	0.00	0.00	0.00	XXX	0
92532		B	Positional nystagmus study	0.00	0.00	0.00	0.00	XXX	0
92533		B	Caloric vestibular test	0.00	0.00	0.00	0.00	XXX	0
92534		B	Optokinetic nystagmus	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
92541	.....	A	Spontaneous nystagmus test	0.40	0.67	0.07	1.14	XXX	N
92541	26	A	Spontaneous nystagmus test	0.40	0.45	0.05	0.90	XXX	N
92541	TC	A	Spontaneous nystagmus test	0.00	0.22	0.02	0.24	XXX	N
92542	.....	A	Positional nystagmus test	0.33	0.61	0.07	1.01	XXX	N
92542	26	A	Positional nystagmus test	0.33	0.36	0.04	0.73	XXX	N
92542	TC	A	Positional nystagmus test	0.00	0.25	0.03	0.28	XXX	N
92543	.....	A	Caloric vestibular test	0.38	0.82	0.09	1.29	XXX	N
92543	26	A	Caloric vestibular test	0.38	0.42	0.05	0.85	XXX	N
92543	TC	A	Caloric vestibular test	0.00	0.40	0.04	0.44	XXX	N
92544	.....	A	Optokinetic nystagmus test	0.26	0.47	0.05	0.78	XXX	N
92544	26	A	Optokinetic nystagmus test	0.26	0.27	0.03	0.56	XXX	N
92544	TC	A	Optokinetic nystagmus test	0.00	0.20	0.02	0.22	XXX	N
92545	.....	A	Oscillating tracking test	0.23	0.40	0.04	0.67	XXX	N
92545	26	A	Oscillating tracking test	0.23	0.20	0.02	0.45	XXX	N
92545	TC	A	Oscillating tracking test	0.00	0.20	0.02	0.22	XXX	N
92546	.....	A	Sinusoidal rotational test	0.29	0.53	0.05	0.87	XXX	N
92546	26	A	Sinusoidal rotational test	0.29	0.30	0.03	0.62	XXX	N
92546	TC	A	Sinusoidal rotational test	0.00	0.23	0.02	0.25	XXX	N
92547	.....	A	Supplemental electrical test	0.00	0.53	0.06	0.59	XXX	N
92548	.....	A	Posturography	0.50	1.85	0.19	2.54	XXX	N
92548	26	A	Posturography	0.50	0.45	0.05	1.00	XXX	N
92548	TC	A	Posturography	0.00	1.40	0.14	1.54	XXX	N
92551	.....	N	Pure tone hearing test, air	0.00	0.00	0.00	0.00	XXX	0
92552	.....	A	Pure tone audiometry, air	0.00	0.42	0.04	0.46	XXX	N
92553	.....	A	Audiometry, air & bone	0.00	0.63	0.07	0.70	XXX	N
92555	.....	A	Speech threshold audiometry	0.00	0.36	0.04	0.40	XXX	N
92556	.....	A	Speech audiometry, complete	0.00	0.54	0.06	0.60	XXX	N
92557	.....	A	Comprehensive hearing test	0.00	1.13	0.13	1.26	XXX	N
92559	.....	N	Group audiometric testing	0.00	0.00	0.00	0.00	XXX	0
92560	.....	N	Bekesy audiometry, screen	0.00	0.00	0.00	0.00	XXX	0
92561	.....	A	Bekesy audiometry, diagnosis	0.00	0.68	0.07	0.75	XXX	N
92562	.....	A	Loudness balance test	0.00	0.39	0.04	0.43	XXX	N
92563	.....	A	Tone decay hearing test	0.00	0.36	0.04	0.40	XXX	N
92564	.....	A	Sisi hearing test	0.00	0.45	0.05	0.50	XXX	N
92565	.....	A	Stenger test, pure tone	0.00	0.38	0.04	0.42	XXX	N
92567	.....	A	Tympanometry	0.00	0.50	0.06	0.56	XXX	N
92568	.....	A	Acoustic reflex testing	0.00	0.36	0.04	0.40	XXX	N
92569	.....	A	Acoustic reflex decay test	0.00	0.39	0.04	0.43	XXX	N
92571	.....	A	Filtered speech hearing test	0.00	0.37	0.04	0.41	XXX	N
92572	.....	A	Staggered spondaic word test	0.00	0.08	0.01	0.09	XXX	N
92573	.....	A	Lombard test	0.00	0.33	0.04	0.37	XXX	N
92575	.....	A	Sensorineural acuity test	0.00	0.29	0.03	0.32	XXX	N
92576	.....	A	Synthetic sentence test	0.00	0.42	0.05	0.47	XXX	N
92577	.....	A	Stenger test, speech	0.00	0.68	0.08	0.76	XXX	N
92579	.....	A	Visual audiometry (vra)	0.00	0.69	0.07	0.76	XXX	N
92582	.....	A	Conditioning play audiometry	0.00	0.69	0.07	0.76	XXX	N
92583	.....	A	Select picture audiometry	0.00	0.85	0.09	0.94	XXX	N
92584	.....	A	Electrocochleography	0.00	2.36	0.25	2.61	XXX	N
92585	.....	A	Auditory evoked potential	0.50	3.25	0.31	4.06	XXX	N
92585	26	A	Auditory evoked potential	0.50	1.49	0.14	2.13	XXX	N
92585	TC	A	Auditory evoked potential	0.00	1.76	0.17	1.93	XXX	N
92587	.....	A	Evoked auditory test	0.13	1.35	0.13	1.61	XXX	N
92587	26	A	Evoked auditory test	0.13	0.11	0.01	0.25	XXX	N
92587	TC	A	Evoked auditory test	0.00	1.24	0.12	1.36	XXX	N
92588	.....	A	Evoked auditory test	0.36	1.70	0.16	2.22	XXX	N
92588	26	A	Evoked auditory test	0.36	0.30	0.02	0.68	XXX	N
92588	TC	A	Evoked auditory test	0.00	1.40	0.14	1.54	XXX	N
92589	.....	A	Auditory function test(s)	0.00	0.51	0.06	0.57	XXX	N
92590	.....	N	Hearing aid exam, one ear	0.00	0.00	0.00	0.00	XXX	0
92591	.....	N	Hearing aid exam, both ears	0.00	0.00	0.00	0.00	XXX	0
92592	.....	N	Hearing aid check, one ear	0.00	0.00	0.00	0.00	XXX	0
92593	.....	N	Hearing aid check, both ears	0.00	0.00	0.00	0.00	XXX	0
92594	.....	N	Electro hearing aid test, one	0.00	0.00	0.00	0.00	XXX	0
92595	.....	N	Electro hearing aid test, both	0.00	0.00	0.00	0.00	XXX	0
92596	.....	A	Ear protector evaluation	0.00	0.56	0.06	0.62	XXX	N
92597	.....	A	Oral speech device eval	1.35	1.01	0.11	2.47	XXX	N
92598	.....	A	Modify oral speech device	0.99	0.66	0.07	1.72	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
92599	.....	C	ENT procedure/service	0.00	0.00	0.00	0.00	XXX	N
92599	26	C	ENT procedure/service	0.00	0.00	0.00	0.00	XXX	N
92599	TC	C	ENT procedure/service	0.00	0.00	0.00	0.00	XXX	N
92950	.....	A	Heart/lung resuscitation (CPR)	3.80	2.27	0.17	6.24	000	N
92953	.....	A	Temporary external pacing	0.23	0.66	0.15	1.04	000	N
92960	.....	A	Heart electroconversion	2.25	1.88	0.16	4.29	000	N
92970	.....	A	Cardioassist, internal	3.52	3.47	0.41	7.40	000	N
92971	.....	A	Cardioassist, external	1.77	1.11	0.08	2.96	000	N
92975	.....	A	Dissolve clot, heart vessel	7.25	5.71	0.42	13.38	000	N
92977	.....	A	Dissolve clot, heart vessel	0.00	7.68	0.54	8.22	XXX	N
92978	.....	A	Intravascular us, heart	1.80	5.41	0.36	7.57	ZZZ	N
92978	26	A	Intravascular us, heart	1.80	1.06	0.08	2.94	ZZZ	N
92978	TC	A	Intravascular us, heart	0.00	4.35	0.28	4.63	ZZZ	N
92979	.....	A	Intravascular us, heart	1.44	3.03	0.20	4.67	ZZZ	N
92979	26	A	Intravascular us, heart	1.44	0.85	0.06	2.35	ZZZ	N
92979	TC	A	Intravascular us, heart	0.00	2.18	0.14	2.32	ZZZ	N
92980	.....	A	Insert intracoronary stent	14.84	16.41	1.22	32.47	000	N
92981	.....	A	Insert intracoronary stent	4.17	5.42	0.44	10.03	ZZZ	N
92982	.....	A	Coronary artery dilation	10.98	14.05	1.22	26.25	000	N
92984	.....	A	Coronary artery dilation	2.97	3.80	0.44	7.21	ZZZ	N
92986	.....	A	Revision of aortic valve	20.34	12.04	0.90	33.28	090	N
92987	.....	A	Revision of mitral valve	20.69	12.20	0.91	33.80	090	N
92990	.....	A	Revision of pulmonary valve	16.22	9.59	0.71	26.52	090	N
92992	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
92993	.....	C	Revision of heart chamber	0.00	0.00	0.00	0.00	090	S
92995	.....	A	Coronary atherectomy	12.09	15.47	1.22	28.78	000	N
92996	.....	A	Coronary atherectomy	3.26	4.17	0.44	7.87	ZZZ	N
93000	.....	A	Electrocardiogram, complete	0.17	0.59	0.04	0.80	XXX	N
93005	.....	A	Electrocardiogram, tracing	0.00	0.43	0.03	0.46	XXX	N
93010	.....	A	Electrocardiogram report	0.17	0.16	0.01	0.34	XXX	N
93012	.....	A	Transmission of ECG	0.00	2.25	0.22	2.47	XXX	N
93014	.....	A	Report on transmitted ECG	0.52	0.40	0.05	0.97	XXX	N
93015	.....	A	Cardiovascular stress test	0.75	2.37	0.18	3.30	XXX	N
93016	.....	A	Cardiovascular stress test	0.45	0.39	0.03	0.87	XXX	N
93017	.....	A	Cardiovascular stress test	0.00	1.60	0.12	1.72	XXX	N
93018	.....	A	Cardiovascular stress test	0.30	0.38	0.03	0.71	XXX	N
93024	.....	A	Cardiac drug stress test	1.17	2.56	0.23	3.96	XXX	N
93024	26	A	Cardiac drug stress test	1.17	1.49	0.14	2.80	XXX	N
93024	TC	A	Cardiac drug stress test	0.00	1.07	0.09	1.16	XXX	N
93040	.....	A	Rhythm ECG with report	0.16	0.26	0.02	0.44	XXX	N
93041	.....	A	Rhythm ECG, tracing	0.00	0.14	0.01	0.15	XXX	N
93042	.....	A	Rhythm ECG, report	0.16	0.12	0.01	0.29	XXX	N
93201	.....	D	Phonocardiogram & ECG lead	0.00	0.00	0.00	0.00	XXX	N
93202	.....	D	Phonocardiogram & ECG lead	0.00	0.00	0.00	0.00	XXX	N
93204	.....	D	Phonocardiogram & ECG lead	0.00	0.00	0.00	0.00	XXX	N
93205	.....	D	Special phonocardiogram	0.00	0.00	0.00	0.00	XXX	N
93208	.....	D	Special phonocardiogram	0.00	0.00	0.00	0.00	XXX	N
93209	.....	D	Special phonocardiogram	0.00	0.00	0.00	0.00	XXX	N
93210	.....	D	Intracardiac phonocardiogram	0.00	0.00	0.00	0.00	XXX	N
93210	26	D	Intracardiac phonocardiogram	0.00	0.00	0.00	0.00	XXX	N
93210	TC	D	Intracardiac phonocardiogram	0.00	0.00	0.00	0.00	XXX	N
93220	.....	D	Vectorcardiogram	0.00	0.00	0.00	0.00	XXX	N
93221	.....	D	Vectorcardiogram tracing	0.00	0.00	0.00	0.00	XXX	N
93222	.....	D	Vectorcardiogram report	0.00	0.00	0.00	0.00	XXX	N
93224	.....	A	ECG monitor/report, 24 hrs	0.52	3.93	0.31	4.76	XXX	N
93225	.....	A	ECG monitor/record, 24 hrs	0.00	1.18	0.09	1.27	XXX	N
93226	.....	A	ECG monitor/report, 24 hrs	0.00	2.08	0.16	2.24	XXX	N
93227	.....	A	ECG monitor/review, 24 hrs	0.52	0.67	0.06	1.25	XXX	N
93230	.....	A	ECG monitor/report, 24 hrs	0.52	4.19	0.34	5.05	XXX	N
93231	.....	A	ECG monitor/record, 24 hrs	0.00	1.45	0.11	1.56	XXX	N
93232	.....	A	ECG monitor/report, 24 hrs	0.00	2.07	0.15	2.22	XXX	N
93233	.....	A	ECG monitor/review, 24 hrs	0.52	0.67	0.08	1.27	XXX	N
93235	.....	A	ECG monitor/report, 24 hrs	0.45	3.07	0.23	3.75	XXX	N
93236	.....	A	ECG monitor/report, 24 hrs	0.00	2.50	0.17	2.67	XXX	N
93237	.....	A	ECG monitor/review, 24 hrs	0.45	0.57	0.06	1.08	XXX	N
93268	.....	A	ECG record/review	0.52	3.83	0.36	4.71	XXX	N
93270	.....	A	ECG recording	0.00	1.18	0.09	1.27	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
93271	.....	A	ECG/monitoring and anaylysis	0.00	2.25	0.22	2.47	XXX	N
93272	.....	A	ECG/review, interpret only	0.52	0.40	0.05	0.97	XXX	N
93278	.....	A	ECG/signal-averaged	0.25	1.55	0.18	1.98	XXX	N
93278	26	A	ECG/signal-averaged	0.25	0.45	0.06	0.76	XXX	N
93278	TC	A	ECG/signal-averaged	0.00	1.10	0.12	1.22	XXX	N
93303	.....	A	Echo transthoracic	1.30	4.68	0.36	6.34	XXX	N
93303	26	A	Echo transthoracic	1.30	1.00	0.09	2.39	XXX	N
93303	TC	A	Echo transthoracic	0.00	3.68	0.27	3.95	XXX	N
93304	.....	A	Echo transthoracic	0.75	2.53	0.19	3.47	XXX	N
93304	26	A	Echo transthoracic	0.75	0.68	0.05	1.48	XXX	N
93304	TC	A	Echo transthoracic	0.00	1.85	0.14	1.99	XXX	N
93307	.....	A	Echo exam of heart	0.92	4.68	0.36	5.96	XXX	N
93307	26	A	Echo exam of heart	0.92	1.00	0.09	2.01	XXX	N
93307	TC	A	Echo exam of heart	0.00	3.68	0.27	3.95	XXX	N
93308	.....	A	Echo exam of heart	0.53	2.53	0.19	3.25	XXX	N
93308	26	A	Echo exam of heart	0.53	0.68	0.05	1.26	XXX	N
93308	TC	A	Echo exam of heart	0.00	1.85	0.14	1.99	XXX	N
93312	.....	A	Echo transesophageal	2.20	4.95	0.45	7.60	XXX	N
93312	26	A	Echo transesophageal	2.20	1.35	0.12	3.67	XXX	N
93312	TC	A	Echo transesophageal	0.00	3.60	0.33	3.93	XXX	N
93313	.....	A	Echo transesophageal	0.95	0.67	0.06	1.68	XXX	N
93314	.....	A	Echo transesophageal	1.25	4.27	0.39	5.91	XXX	N
93314	26	A	Echo transesophageal	1.25	0.67	0.06	1.98	XXX	N
93314	TC	A	Echo transesophageal	0.00	3.60	0.33	3.93	XXX	N
93315	.....	A	Echo transesophageal	2.78	4.95	0.45	8.18	XXX	N
93315	26	A	Echo transesophageal	2.78	1.35	0.12	4.25	XXX	N
93315	TC	A	Echo transesophageal	0.00	3.60	0.33	3.93	XXX	N
93316	.....	A	Echo transesophageal	0.95	0.67	0.06	1.68	XXX	N
93317	.....	A	Echo transesophageal	1.83	4.27	0.39	6.49	XXX	N
93317	26	A	Echo transesophageal	1.83	0.67	0.06	2.56	XXX	N
93317	TC	A	Echo transesophageal	0.00	3.60	0.33	3.93	XXX	N
93320	.....	A	Doppler echo exam, heart	0.38	2.11	0.18	2.67	ZZZ	N
93320	26	A	Doppler echo exam, heart	0.38	0.48	0.05	0.91	ZZZ	N
93320	TC	A	Doppler echo exam, heart	0.00	1.63	0.13	1.76	ZZZ	N
93321	.....	A	Doppler echo exam, heart	0.15	1.25	0.11	1.51	ZZZ	N
93321	26	A	Doppler echo exam, heart	0.15	0.19	0.02	0.36	ZZZ	N
93321	TC	A	Doppler echo exam, heart	0.00	1.06	0.09	1.15	ZZZ	N
93325	.....	A	Doppler color flow	0.07	2.80	0.25	3.12	ZZZ	N
93325	26	A	Doppler color flow	0.07	0.04	0.01	0.12	ZZZ	N
93325	TC	A	Doppler color flow	0.00	2.76	0.24	3.00	ZZZ	N
93350	.....	A	Echo transthoracic	0.78	3.63	0.24	4.65	XXX	N
93350	26	A	Echo transthoracic	0.78	1.95	0.10	2.83	XXX	N
93350	TC	A	Echo transthoracic	0.00	1.68	0.14	1.82	XXX	N
93501	.....	A	Right heart catheterization	3.02	19.72	1.54	24.28	000	N
93501	26	A	Right heart catheterization	3.02	3.61	0.34	6.97	000	N
93501	TC	A	Right heart catheterization	0.00	16.11	1.20	17.31	000	N
93503	.....	A	Insert/place heart catheter	2.91	2.37	0.36	5.64	000	N
93505	.....	A	Biopsy of heart lining	4.38	4.92	0.46	9.76	000	N
93505	26	A	Biopsy of heart lining	4.38	3.03	0.28	7.69	000	N
93505	TC	A	Biopsy of heart lining	0.00	1.89	0.18	2.07	000	N
93510	.....	A	Left heart catheterization	4.33	38.28	2.86	45.47	000	N
93510	26	A	Left heart catheterization	4.33	3.06	0.23	7.62	000	N
93510	TC	A	Left heart catheterization	0.00	35.22	2.63	37.85	000	N
93511	.....	A	Left heart catheterization	5.03	36.91	2.76	44.70	000	N
93511	26	A	Left heart catheterization	5.03	2.62	0.20	7.85	000	N
93511	TC	A	Left heart catheterization	0.00	34.29	2.56	36.85	000	N
93514	.....	A	Left heart catheterization	7.05	38.84	2.94	48.83	000	S
93514	26	A	Left heart catheterization	7.05	4.55	0.38	11.98	000	S
93514	TC	A	Left heart catheterization	0.00	34.29	2.56	36.85	000	S
93524	.....	A	Left heart catheterization	6.95	49.45	3.69	60.09	000	N
93524	26	A	Left heart catheterization	6.95	4.65	0.34	11.94	000	N
93524	TC	A	Left heart catheterization	0.00	44.80	3.35	48.15	000	N
93526	.....	A	Rt & Lt heart catheters	5.99	51.48	3.83	61.30	000	N
93526	26	A	Rt & Lt heart catheters	5.99	5.45	0.39	11.83	000	N
93526	TC	A	Rt & Lt heart catheters	0.00	46.03	3.44	49.47	000	N
93527	.....	A	Rt & Lt heart catheters	7.28	51.94	3.85	63.07	000	N
93527	26	A	Rt & Lt heart catheters	7.28	7.14	0.50	14.92	000	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
93527	TC	A	Rt & Lt heart catheters	0.00	44.80	3.35	48.15	000	N
93528		A	Rt & Lt heart catheters	9.00	49.23	3.68	61.91	000	N
93528	26	A	Rt & Lt heart catheters	9.00	4.43	0.33	13.76	000	N
93528	TC	A	Rt & Lt heart catheters	0.00	44.80	3.35	48.15	000	N
93529		A	Rt, Lt heart catheterization	4.80	47.73	3.57	56.10	000	N
93529	26	A	Rt, Lt heart catheterization	4.80	2.93	0.22	7.95	000	N
93529	TC	A	Rt, Lt heart catheterization	0.00	44.80	3.35	48.15	000	N
93536		A	Insert circulation assi	4.85	6.20	0.71	11.76	000	N
93539		A	Injection, cardiac cath	0.40	0.88	0.20	1.48	000	N
93540		A	Injection, cardiac cath	0.43	0.88	0.20	1.51	000	N
93541		A	Injection for lung angiogram	0.29	0.73	0.16	1.18	000	N
93542		A	Injection for heart x-rays	0.29	0.72	0.16	1.17	000	N
93543		A	Injection for heart x-rays	0.29	0.57	0.11	0.97	000	N
93544		A	Injection for aortography	0.25	0.57	0.11	0.93	000	N
93545		A	Injection for coronary xrays	0.40	1.03	0.24	1.67	000	N
93555		A	Imaging, cardiac cath	0.81	6.25	0.42	7.48	XXX	N
93555	26	A	Imaging, cardiac cath	0.81	0.27	0.04	1.12	XXX	N
93555	TC	A	Imaging, cardiac cath	0.00	5.98	0.38	6.36	XXX	N
93556		A	Imaging, cardiac cath	0.83	9.88	0.65	11.36	XXX	N
93556	26	A	Imaging, cardiac cath	0.83	0.45	0.07	1.35	XXX	N
93556	TC	A	Imaging, cardiac cath	0.00	9.43	0.58	10.01	XXX	N
93561		A	Cardiac output measurement	0.50	1.25	0.16	1.91	000	N
93561	26	A	Cardiac output measurement	0.50	0.75	0.09	1.34	000	N
93561	TC	A	Cardiac output measurement	0.00	0.50	0.07	0.57	000	N
93562		A	Cardiac output measurement	0.16	0.76	0.10	1.02	000	N
93562	26	A	Cardiac output measurement	0.16	0.46	0.06	0.68	000	N
93562	TC	A	Cardiac output measurement	0.00	0.30	0.04	0.34	000	N
93600		A	Bundle of His recording	2.12	4.57	0.38	7.07	000	N
93600	26	A	Bundle of His recording	2.12	2.71	0.24	5.07	000	N
93600	TC	A	Bundle of His recording	0.00	1.86	0.14	2.00	000	N
93602		A	Intra-atrial recording	2.12	2.83	0.22	5.17	000	N
93602	26	A	Intra-atrial recording	2.12	1.77	0.14	4.03	000	N
93602	TC	A	Intra-atrial recording	0.00	1.06	0.08	1.14	000	N
93603		A	Right ventricular recording	2.12	3.79	0.28	6.19	000	N
93603	26	A	Right ventricular recording	2.12	2.19	0.16	4.47	000	N
93603	TC	A	Right ventricular recording	0.00	1.60	0.12	1.72	000	N
93607		A	Right ventricular recording	3.26	3.63	0.28	7.17	000	N
93607	26	A	Right ventricular recording	3.26	2.21	0.17	5.64	000	N
93607	TC	A	Right ventricular recording	0.00	1.42	0.11	1.53	000	N
93609		A	Mapping of tachycardia	10.07	6.43	0.47	16.97	000	N
93609	26	A	Mapping of tachycardia	10.07	3.84	0.28	14.19	000	N
93609	TC	A	Mapping of tachycardia	0.00	2.59	0.19	2.78	000	N
93610		A	Intra-atrial pacing	3.02	3.60	0.27	6.89	000	N
93610	26	A	Intra-atrial pacing	3.02	2.31	0.17	5.50	000	N
93610	TC	A	Intra-atrial pacing	0.00	1.29	0.10	1.39	000	N
93612		A	Intraventricular pacing	3.02	3.88	0.29	7.19	000	N
93612	26	A	Intraventricular pacing	3.02	2.34	0.17	5.53	000	N
93612	TC	A	Intraventricular pacing	0.00	1.54	0.12	1.66	000	N
93615		A	Esophageal recording	0.99	0.65	0.04	1.68	000	N
93615	26	A	Esophageal recording	0.99	0.35	0.02	1.36	000	N
93615	TC	A	Esophageal recording	0.00	0.30	0.02	0.32	000	N
93616		A	Esophageal recording	1.49	1.66	0.10	3.25	000	N
93616	26	A	Esophageal recording	1.49	1.36	0.08	2.93	000	N
93616	TC	A	Esophageal recording	0.00	0.30	0.02	0.32	000	N
93618		A	Heart rhythm pacing	4.26	9.24	0.72	14.22	000	N
93618	26	A	Heart rhythm pacing	4.26	5.46	0.44	10.16	000	N
93618	TC	A	Heart rhythm pacing	0.00	3.78	0.28	4.06	000	N
93619		A	Electrophysiology evaluation	7.32	16.71	1.40	25.43	000	N
93619	26	A	Electrophysiology evaluation	7.32	9.37	0.86	17.55	000	N
93619	TC	A	Electrophysiology evaluation	0.00	7.34	0.54	7.88	000	N
93620		A	Electrophysiology evaluation	11.59	22.07	1.55	35.21	000	N
93620	26	A	Electrophysiology evaluation	11.59	13.53	0.95	26.07	000	N
93620	TC	A	Electrophysiology evaluation	0.00	8.54	0.60	9.14	000	N
93621		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93621	26	A	Electrophysiology evaluation	12.66	14.94	1.11	28.71	000	N
93621	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93622		C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
93622	26	A	Electrophysiology evaluation	12.74	14.74	1.07	28.55	000	N
93622	TC	C	Electrophysiology evaluation	0.00	0.00	0.00	0.00	000	N
93623		C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	000	N
93623	26	A	Stimulation, pacing heart	2.85	2.78	0.20	5.83	000	N
93623	TC	C	Stimulation, pacing heart	0.00	0.00	0.00	0.00	000	N
93624		A	Electrophysiologic study	4.81	4.88	0.35	10.04	000	N
93624	26	A	Electrophysiologic study	4.81	2.99	0.21	8.01	000	N
93624	TC	A	Electrophysiologic study	0.00	1.89	0.14	2.03	000	N
93631		A	Heart pacing, mapping	7.60	11.62	1.37	20.59	000	N
93631	26	A	Heart pacing, mapping	7.60	5.76	0.67	14.03	000	N
93631	TC	A	Heart pacing, mapping	0.00	5.86	0.70	6.56	000	N
93640		A	Evaluation heart device	3.52	11.51	1.09	16.12	000	N
93640	26	A	Evaluation heart device	3.52	4.67	0.61	8.80	000	N
93640	TC	A	Evaluation heart device	0.00	6.84	0.48	7.32	000	N
93641		A	Electrophysiology evaluation	5.93	13.85	1.09	20.87	000	N
93641	26	A	Electrophysiology evaluation	5.93	7.01	0.61	13.55	000	N
93641	TC	A	Electrophysiology evaluation	0.00	6.84	0.48	7.32	000	N
93642		A	Electrophysiology evaluation	4.89	13.09	1.09	19.07	000	N
93642	26	A	Electrophysiology evaluation	4.89	6.25	0.61	11.75	000	N
93642	TC	A	Electrophysiology evaluation	0.00	6.84	0.48	7.32	000	N
93650		A	Ablate heart dysrhythm focus	10.51	13.46	1.34	25.31	000	N
93651		A	Ablate heart dysrhythm focus	16.25	17.83	1.34	35.42	000	N
93652		A	Ablate heart dysrhythm focus	17.68	17.83	1.34	36.85	000	N
93660		C	Tilt table evaluation	0.00	0.00	0.00	0.00	000	N
93660	26	A	Tilt table evaluation	1.89	1.44	0.17	3.50	000	N
93660	TC	C	Tilt table evaluation	0.00	0.00	0.00	0.00	000	N
93720		A	Total body plethysmography	0.17	0.89	0.10	1.16	XXX	N
93721		A	Plethysmography tracing	0.00	0.67	0.07	0.74	XXX	N
93722		A	Plethysmography report	0.17	0.22	0.03	0.42	XXX	N
93724		A	Analyze pacemaker system	4.89	6.66	0.50	12.05	000	N
93724	26	A	Analyze pacemaker system	4.89	2.88	0.22	7.99	000	N
93724	TC	A	Analyze pacemaker system	0.00	3.78	0.28	4.06	000	N
93731		A	Analyze pacemaker system	0.45	0.79	0.07	1.31	XXX	N
93731	26	A	Analyze pacemaker system	0.45	0.32	0.03	0.80	XXX	N
93731	TC	A	Analyze pacemaker system	0.00	0.47	0.04	0.51	XXX	N
93732		A	Analyze pacemaker system	0.92	0.91	0.08	1.91	XXX	N
93732	26	A	Analyze pacemaker system	0.92	0.42	0.04	1.38	XXX	N
93732	TC	A	Analyze pacemaker system	0.00	0.49	0.04	0.53	XXX	N
93733		A	Telephone analysis, pacemaker	0.17	0.91	0.08	1.16	XXX	N
93733	26	A	Telephone analysis, pacemaker	0.17	0.22	0.02	0.41	XXX	N
93733	TC	A	Telephone analysis, pacemaker	0.00	0.69	0.06	0.75	XXX	N
93734		A	Analyze pacemaker system	0.38	0.64	0.06	1.08	XXX	N
93734	26	A	Analyze pacemaker system	0.38	0.31	0.03	0.72	XXX	N
93734	TC	A	Analyze pacemaker system	0.00	0.33	0.03	0.36	XXX	N
93735		A	Analyze pacemaker system	0.74	0.85	0.08	1.67	XXX	N
93735	26	A	Analyze pacemaker system	0.74	0.43	0.04	1.21	XXX	N
93735	TC	A	Analyze pacemaker system	0.00	0.42	0.04	0.46	XXX	N
93736		A	Telephone analysis, pacemaker	0.15	0.79	0.09	1.03	XXX	N
93736	26	A	Telephone analysis, pacemaker	0.15	0.19	0.03	0.37	XXX	N
93736	TC	A	Telephone analysis, pacemaker	0.00	0.60	0.06	0.66	XXX	N
93737		A	Analyze cardio/defibrillator	0.45	0.74	0.06	1.25	XXX	N
93737	26	A	Analyze cardio/defibrillator	0.45	0.27	0.02	0.74	XXX	N
93737	TC	A	Analyze cardio/defibrillator	0.00	0.47	0.04	0.51	XXX	N
93738		A	Analyze cardio/defibrillator	0.92	0.88	0.07	1.87	XXX	N
93738	26	A	Analyze cardio/defibrillator	0.92	0.39	0.03	1.34	XXX	N
93738	TC	A	Analyze cardio/defibrillator	0.00	0.49	0.04	0.53	XXX	N
93740		A	Temperature gradient studies	0.16	0.45	0.04	0.65	XXX	N
93740	26	A	Temperature gradient studies	0.16	0.30	0.03	0.49	XXX	N
93740	TC	A	Temperature gradient studies	0.00	0.15	0.01	0.16	XXX	N
93760		N	Cephalic thermogram	0.00	0.00	0.00	0.00	XXX	0
93762		N	Peripheral thermogram	0.00	0.00	0.00	0.00	XXX	0
93770		A	Measure venous pressure	0.16	0.20	0.02	0.38	XXX	N
93770	26	A	Measure venous pressure	0.16	0.17	0.02	0.35	XXX	N
93770	TC	A	Measure venous pressure	0.00	0.03	0.00	0.03	XXX	N
93784		N	Ambulatory BP monitoring	0.00	0.00	0.00	0.00	XXX	0
93786		N	Ambulatory BP recording	0.00	0.00	0.00	0.00	XXX	0
93788		N	Ambulatory BP analysis	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
93790	.....	N	Review/report BP recording	0.00	0.00	0.00	0.00	XXX	0
93797	.....	A	Cardiac rehab	0.18	0.30	0.02	0.50	000	N
93798	.....	A	Cardiac rehab/monitor	0.28	0.47	0.04	0.79	000	N
93799	.....	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93799	26	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93799	TC	C	Cardiovascular procedure	0.00	0.00	0.00	0.00	XXX	N
93875	.....	A	Extracranial study	0.22	1.36	0.18	1.76	XXX	N
93875	26	A	Extracranial study	0.22	0.31	0.06	0.59	XXX	N
93875	TC	A	Extracranial study	0.00	1.05	0.12	1.17	XXX	N
93880	.....	A	Extracranial study	0.60	3.94	0.44	4.98	XXX	N
93880	26	A	Extracranial study	0.60	0.39	0.04	1.03	XXX	N
93880	TC	A	Extracranial study	0.00	3.55	0.40	3.95	XXX	N
93882	.....	A	Extracranial study	0.40	2.62	0.29	3.31	XXX	N
93882	26	A	Extracranial study	0.40	0.26	0.03	0.69	XXX	N
93882	TC	A	Extracranial study	0.00	2.36	0.26	2.62	XXX	N
93886	.....	A	Intracranial study	0.94	4.44	0.50	5.88	XXX	N
93886	26	A	Intracranial study	0.94	0.42	0.05	1.41	XXX	N
93886	TC	A	Intracranial study	0.00	4.02	0.45	4.47	XXX	N
93888	.....	A	Intracranial study	0.62	2.96	0.34	3.92	XXX	N
93888	26	A	Intracranial study	0.62	0.28	0.03	0.93	XXX	N
93888	TC	A	Intracranial study	0.00	2.68	0.31	2.99	XXX	N
93922	.....	A	Extremity study	0.25	1.38	0.19	1.82	XXX	N
93922	26	A	Extremity study	0.25	0.28	0.05	0.58	XXX	N
93922	TC	A	Extremity study	0.00	1.10	0.14	1.24	XXX	N
93923	.....	A	Extremity study	0.45	2.59	0.35	3.39	XXX	N
93923	26	A	Extremity study	0.45	0.51	0.09	1.05	XXX	N
93923	TC	A	Extremity study	0.00	2.08	0.26	2.34	XXX	N
93924	.....	A	Extremity study	0.50	2.83	0.39	3.72	XXX	N
93924	26	A	Extremity study	0.50	0.57	0.10	1.17	XXX	N
93924	TC	A	Extremity study	0.00	2.26	0.29	2.55	XXX	N
93925	.....	A	Lower extremity study	0.58	3.96	0.44	4.98	XXX	N
93925	26	A	Lower extremity study	0.58	0.39	0.04	1.01	XXX	N
93925	TC	A	Lower extremity study	0.00	3.57	0.40	3.97	XXX	N
93926	.....	A	Lower extremity study	0.39	2.64	0.30	3.33	XXX	N
93926	26	A	Lower extremity study	0.39	0.26	0.03	0.68	XXX	N
93926	TC	A	Lower extremity study	0.00	2.38	0.27	2.65	XXX	N
93930	.....	A	Upper extremity study	0.46	4.18	0.47	5.11	XXX	N
93930	26	A	Upper extremity study	0.46	0.39	0.05	0.90	XXX	N
93930	TC	A	Upper extremity study	0.00	3.79	0.42	4.21	XXX	N
93931	.....	A	Upper extremity study	0.31	2.78	0.31	3.40	XXX	N
93931	26	A	Upper extremity study	0.31	0.26	0.03	0.60	XXX	N
93931	TC	A	Upper extremity study	0.00	2.52	0.28	2.80	XXX	N
93965	.....	A	Extremity study	0.35	1.49	0.19	2.03	XXX	N
93965	26	A	Extremity study	0.35	0.45	0.06	0.86	XXX	N
93965	TC	A	Extremity study	0.00	1.04	0.13	1.17	XXX	N
93970	.....	A	Extremity study	0.68	4.33	0.51	5.52	XXX	N
93970	26	A	Extremity study	0.68	0.40	0.05	1.13	XXX	N
93970	TC	A	Extremity study	0.00	3.93	0.46	4.39	XXX	N
93971	.....	A	Extremity study	0.45	2.89	0.34	3.68	XXX	N
93971	26	A	Extremity study	0.45	0.27	0.03	0.75	XXX	N
93971	TC	A	Extremity study	0.00	2.62	0.31	2.93	XXX	N
93975	.....	A	Vascular study	1.80	4.90	0.55	7.25	XXX	N
93975	26	A	Vascular study	1.80	0.42	0.05	2.27	XXX	N
93975	TC	A	Vascular study	0.00	4.48	0.50	4.98	XXX	N
93976	.....	A	Vascular study	1.21	3.27	0.37	4.85	XXX	N
93976	26	A	Vascular study	1.21	0.28	0.03	1.52	XXX	N
93976	TC	A	Vascular study	0.00	2.99	0.34	3.33	XXX	N
93978	.....	A	Vascular study	0.65	4.06	0.47	5.18	XXX	N
93978	26	A	Vascular study	0.65	0.39	0.05	1.09	XXX	N
93978	TC	A	Vascular study	0.00	3.67	0.42	4.09	XXX	N
93979	.....	A	Vascular study	0.44	2.70	0.31	3.45	XXX	N
93979	26	A	Vascular study	0.44	0.26	0.03	0.73	XXX	N
93979	TC	A	Vascular study	0.00	2.44	0.28	2.72	XXX	N
93980	.....	A	Penile vascular study	1.25	4.15	0.45	5.85	XXX	N
93980	26	A	Penile vascular study	1.25	0.82	0.07	2.14	XXX	N
93980	TC	A	Penile vascular study	0.00	3.33	0.38	3.71	XXX	N
93981	.....	A	Penile vascular study	0.44	3.47	0.39	4.30	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
93981	26	A	Penile vascular study	0.44	0.40	0.03	0.87	XXX	N
93981	TC	A	Penile vascular study	0.00	3.07	0.36	3.43	XXX	N
93990		A	Doppler flow testing	0.25	2.57	0.29	3.11	XXX	N
93990	26	A	Doppler flow testing	0.25	0.19	0.02	0.46	XXX	N
93990	TC	A	Doppler flow testing	0.00	2.38	0.27	2.65	XXX	N
94010		A	Breathing capacity test	0.17	0.68	0.05	0.90	XXX	N
94010	26	A	Breathing capacity test	0.17	0.28	0.02	0.47	XXX	N
94010	TC	A	Breathing capacity test	0.00	0.40	0.03	0.43	XXX	N
94060		A	Evaluation of wheezing	0.31	1.27	0.09	1.67	XXX	N
94060	26	A	Evaluation of wheezing	0.31	0.38	0.03	0.72	XXX	N
94060	TC	A	Evaluation of wheezing	0.00	0.89	0.06	0.95	XXX	N
94070		A	Evaluation of wheezing	0.60	1.77	0.13	2.50	XXX	N
94070	26	A	Evaluation of wheezing	0.60	0.38	0.03	1.01	XXX	N
94070	TC	A	Evaluation of wheezing	0.00	1.39	0.10	1.49	XXX	N
94150		B	Vital capacity test	+0.07	0.20	0.02	0.29	XXX	0
94150	26	B	Vital capacity test	+0.07	0.12	0.01	0.20	XXX	0
94150	TC	B	Vital capacity test	+0.00	0.08	0.01	0.09	XXX	0
94160		D	Vital capacity screening	0.00	0.00	0.00	0.00	XXX	N
94160	26	D	Vital capacity screening	0.00	0.00	0.00	0.00	XXX	N
94160	TC	D	Vital capacity screening	0.00	0.00	0.00	0.00	XXX	N
94200		A	Lung function test (MBC/MVV)	0.11	0.38	0.03	0.52	XXX	N
94200	26	A	Lung function test (MBC/MVV)	0.11	0.14	0.01	0.26	XXX	N
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.24	0.02	0.26	XXX	N
94240		A	Residual lung capacity	0.26	0.88	0.07	1.21	XXX	N
94240	26	A	Residual lung capacity	0.26	0.23	0.02	0.51	XXX	N
94240	TC	A	Residual lung capacity	0.00	0.65	0.05	0.70	XXX	N
94250		A	Expired gas collection	0.11	0.27	0.02	0.40	XXX	N
94250	26	A	Expired gas collection	0.11	0.14	0.01	0.26	XXX	N
94250	TC	A	Expired gas collection	0.00	0.13	0.01	0.14	XXX	N
94260		A	Thoracic gas volume	0.13	0.69	0.06	0.88	XXX	N
94260	26	A	Thoracic gas volume	0.13	0.17	0.02	0.32	XXX	N
94260	TC	A	Thoracic gas volume	0.00	0.52	0.04	0.56	XXX	N
94350		A	Lung nitrogen washout curve	0.26	0.73	0.05	1.04	XXX	N
94350	26	A	Lung nitrogen washout curve	0.26	0.21	0.01	0.48	XXX	N
94350	TC	A	Lung nitrogen washout curve	0.00	0.52	0.04	0.56	XXX	N
94360		A	Measure airflow resistance	0.26	1.11	0.07	1.44	XXX	N
94360	26	A	Measure airflow resistance	0.26	0.19	0.01	0.46	XXX	N
94360	TC	A	Measure airflow resistance	0.00	0.92	0.06	0.98	XXX	N
94370		A	Breath airway closing volume	0.26	0.40	0.03	0.69	XXX	N
94370	26	A	Breath airway closing volume	0.26	0.14	0.01	0.41	XXX	N
94370	TC	A	Breath airway closing volume	0.00	0.26	0.02	0.28	XXX	N
94375		A	Respiratory flow volume loop	0.31	0.67	0.04	1.02	XXX	N
94375	26	A	Respiratory flow volume loop	0.31	0.21	0.01	0.53	XXX	N
94375	TC	A	Respiratory flow volume loop	0.00	0.46	0.03	0.49	XXX	N
94400		A	CO_2 breathing response curve	0.40	0.77	0.19	1.36	XXX	N
94400	26	A	CO_2 breathing response curve	0.40	0.47	0.13	1.00	XXX	N
94400	TC	A	CO_2 breathing response curve	0.00	0.30	0.06	0.36	XXX	N
94450		A	Hypoxia response curve	0.40	0.61	0.05	1.06	XXX	N
94450	26	A	Hypoxia response curve	0.40	0.24	0.02	0.66	XXX	N
94450	TC	A	Hypoxia response curve	0.00	0.37	0.03	0.40	XXX	N
94620		A	Pulmonary stress testing	0.88	2.05	0.15	3.08	XXX	N
94620	26	A	Pulmonary stress testing	0.88	0.70	0.05	1.63	XXX	N
94620	TC	A	Pulmonary stress testing	0.00	1.35	0.10	1.45	XXX	N
94640		A	Airway inhalation treatment	0.00	0.39	0.03	0.42	XXX	N
94642		C	Aerosol inhalation treatment	0.00	0.00	0.00	0.00	XXX	N
94650		A	Pressure breathing (IPPB)	0.00	0.37	0.03	0.40	XXX	N
94651		A	Pressure breathing (IPPB)	0.00	0.36	0.03	0.39	XXX	N
94652		A	Pressure breathing (IPPB)	0.00	0.41	0.08	0.49	XXX	N
94656		A	Initial ventilator mgmt	1.22	1.13	0.12	2.47	XXX	N
94657		A	Cont. ventilator	0.83	0.62	0.05	1.50	XXX	N
94660		A	Pos airway pressure, CPAP	0.76	0.71	0.06	1.53	XXX	N
94662		A	Neg pressure ventilation,cnp	0.76	0.30	0.02	1.08	XXX	N
94664		A	Aerosol or vapor inhalations	0.00	0.50	0.04	0.54	XXX	N
94665		A	Aerosol or vapor inhalations	0.00	0.46	0.05	0.51	XXX	N
94667		A	Chest wall manipulation	0.00	0.55	0.05	0.60	XXX	N
94668		A	Chest wall manipulation	0.00	0.34	0.03	0.37	XXX	N
94680		A	Exhaled air analysis: O_2	0.26	0.82	0.10	1.18	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
94680	26	A	Exhaled air analysis: O_2	0.26	0.33	0.03	0.62	XXX	N
94680	TC	A	Exhaled air analysis: O_2	0.00	0.49	0.07	0.56	XXX	N
94681		A	Exhaled air analysis: O_2, CO_2	0.20	1.58	0.17	1.95	XXX	N
94681	26	A	Exhaled air analysis: O_2, CO_2	0.20	0.26	0.04	0.50	XXX	N
94681	TC	A	Exhaled air analysis: O_2, CO_2	0.00	1.32	0.13	1.45	XXX	N
94690		A	Exhaled air analysis	0.07	0.56	0.04	0.67	XXX	N
94690	26	A	Exhaled air analysis	0.07	0.05	0.00	0.12	XXX	N
94690	TC	A	Exhaled air analysis	0.00	0.51	0.04	0.55	XXX	N
94720		A	Monoxide diffusing capacity	0.26	1.03	0.08	1.37	XXX	N
94720	26	A	Monoxide diffusing capacity	0.26	0.23	0.02	0.51	XXX	N
94720	TC	A	Monoxide diffusing capacity	0.00	0.80	0.06	0.86	XXX	N
94725		A	Membrane diffusion capacity	0.26	1.84	0.14	2.24	XXX	N
94725	26	A	Membrane diffusion capacity	0.26	0.18	0.01	0.45	XXX	N
94725	TC	A	Membrane diffusion capacity	0.00	1.66	0.13	1.79	XXX	N
94750		A	Pulmonary compliance study	0.23	0.83	0.06	1.12	XXX	N
94750	26	A	Pulmonary compliance study	0.23	0.28	0.02	0.53	XXX	N
94750	TC	A	Pulmonary compliance study	0.00	0.55	0.04	0.59	XXX	N
94760		A	Measure blood oxygen level	0.00	0.25	0.02	0.27	XXX	N
94761		A	Measure blood oxygen level	0.00	0.64	0.06	0.70	XXX	N
94762		A	Measure blood oxygen level	0.00	1.08	0.10	1.18	XXX	N
94770		A	Exhaled carbon dioxide test	0.15	0.40	0.11	0.66	XXX	N
94770	26	A	Exhaled carbon dioxide test	0.15	0.11	0.03	0.29	XXX	N
94770	TC	A	Exhaled carbon dioxide test	0.00	0.29	0.08	0.37	XXX	N
94772		C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94772	26	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94772	TC	C	Breath recording, infant	0.00	0.00	0.00	0.00	XXX	N
94799		C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
94799	26	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
94799	TC	C	Pulmonary service/procedure	0.00	0.00	0.00	0.00	XXX	N
95004		A	Allergy skin tests	0.00	0.09	0.01	0.10	XXX	N
95010		A	Sensitivity skin tests	0.15	0.11	0.01	0.27	XXX	N
95015		A	Sensitivity skin tests	0.15	0.11	0.01	0.27	XXX	N
95024		A	Allergy skin tests	0.00	0.14	0.01	0.15	XXX	N
95027		A	Skin end point titration	0.00	0.14	0.01	0.15	XXX	N
95028		A	Allergy skin tests	0.00	0.22	0.01	0.23	XXX	N
95044		A	Allergy patch tests	0.00	0.19	0.01	0.20	XXX	N
95052		A	Photo patch test	0.00	0.24	0.01	0.25	XXX	N
95056		A	Photosensitivity tests	0.00	0.17	0.01	0.18	XXX	N
95060		A	Eye allergy tests	0.00	0.33	0.02	0.35	XXX	N
95065		A	Nose allergy test	0.00	0.19	0.01	0.20	XXX	N
95070		A	Bronchial allergy tests	0.00	2.17	0.02	2.19	XXX	N
95071		A	Bronchial allergy tests	0.00	2.78	0.02	2.80	XXX	N
95075		A	Ingestion challenge test	0.95	1.97	0.02	2.94	XXX	N
95078		A	Provocative testing	0.00	0.24	0.02	0.26	XXX	N
95115		A	Immunotherapy, one injection	0.00	0.37	0.02	0.39	000	N
95117		A	Immunotherapy injections	0.00	0.48	0.02	0.50	000	N
95120		G	Immunotherapy, one injection	0.00	0.00	0.00	0.00	XXX	0
95125		G	Immunotherapy, many antigens	0.00	0.00	0.00	0.00	XXX	0
95130		G	Immunotherapy, insect venom	0.00	0.00	0.00	0.00	XXX	0
95131		G	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95132		G	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95133		G	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95134		G	Immunotherapy, insect venoms	0.00	0.00	0.00	0.00	XXX	0
95144		A	Antigen therapy services	0.06	0.13	0.01	0.20	000	N
95145		A	Antigen therapy services	0.06	0.34	0.03	0.43	000	N
95146		A	Antigen therapy services	0.06	0.61	0.03	0.70	000	N
95147		A	Antigen therapy services	0.06	0.91	0.03	1.00	000	N
95148		A	Antigen therapy services	0.06	0.91	0.03	1.00	000	N
95149		A	Antigen therapy services	0.06	1.14	0.03	1.23	000	N
95165		A	Antigen therapy services	0.06	0.10	0.01	0.17	000	N
95170		A	Antigen therapy services	0.06	0.35	0.03	0.44	000	N
95180		A	Rapid desensitization	2.01	0.14	0.01	2.16	000	N
95199		C	Allergy immunology services	0.00	0.00	0.00	0.00	000	N
95805		A	Multiple sleep latency test	1.88	5.51	0.45	7.84	XXX	N
95805	26	A	Multiple sleep latency test	1.88	0.56	0.07	2.51	XXX	N
95805	TC	A	Multiple sleep latency test	0.00	4.95	0.38	5.33	XXX	N
95807		A	Sleep study	1.66	8.75	0.67	11.08	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
95807	26	A	Sleep study	1.66	2.45	0.19	4.30	XXX	N
95807	TC	A	Sleep study	0.00	6.30	0.48	6.78	XXX	N
95808		A	Polysomnography, 1–3	2.65	8.75	0.67	12.07	XXX	N
95808	26	A	Polysomnography, 1–3	2.65	2.45	0.19	5.29	XXX	N
95808	TC	A	Polysomnography, 1–3	0.00	6.30	0.48	6.78	XXX	N
95810		A	Polysomnography, 4 or more	3.53	8.75	0.67	12.95	XXX	N
95810	26	A	Polysomnography, 4 or more	3.53	2.45	0.19	6.17	XXX	N
95810	TC	A	Polysomnography, 4 or more	0.00	6.30	0.48	6.78	XXX	N
95812		A	Electroencephalogram (EEG)	1.08	1.85	0.15	3.08	XXX	N
95812	26	A	Electroencephalogram (EEG)	1.08	0.50	0.04	1.62	XXX	N
95812	TC	A	Electroencephalogram (EEG)	0.00	1.35	0.11	1.46	XXX	N
95813		A	Electroencephalogram (EEG)	1.73	1.85	0.15	3.73	XXX	N
95813	26	A	Electroencephalogram (EEG)	1.73	0.50	0.04	2.27	XXX	N
95813	TC	A	Electroencephalogram (EEG)	0.00	1.35	0.11	1.46	XXX	N
95816		A	Electroencephalogram (EEG)	1.08	1.54	0.13	2.75	XXX	N
95816	26	A	Electroencephalogram (EEG)	1.08	0.28	0.03	1.39	XXX	N
95816	TC	A	Electroencephalogram (EEG)	0.00	1.26	0.10	1.36	XXX	N
95819		A	Electroencephalogram (EEG)	1.08	1.80	0.14	3.02	XXX	N
95819	26	A	Electroencephalogram (EEG)	1.08	0.50	0.04	1.62	XXX	N
95819	TC	A	Electroencephalogram (EEG)	0.00	1.30	0.10	1.40	XXX	N
95822		A	Sleep electroencephalogram	1.08	2.28	0.18	3.54	XXX	N
95822	26	A	Sleep electroencephalogram	1.08	0.56	0.04	1.68	XXX	N
95822	TC	A	Sleep electroencephalogram	0.00	1.72	0.14	1.86	XXX	N
95824		A	Electroencephalography	0.74	0.98	0.07	1.79	XXX	N
95824	26	A	Electroencephalography	0.74	0.58	0.04	1.36	XXX	N
95824	TC	A	Electroencephalography	0.00	0.40	0.03	0.43	XXX	N
95827		A	Night electroencephalogram	1.08	3.06	0.24	4.38	XXX	N
95827	26	A	Night electroencephalogram	1.08	0.88	0.07	2.03	XXX	N
95827	TC	A	Night electroencephalogram	0.00	2.18	0.17	2.35	XXX	N
95829		A	Surgery electrocorticogram	6.21	0.59	0.05	6.85	XXX	N
95829	26	A	Surgery electrocorticogram	6.21	0.45	0.03	6.69	XXX	N
95829	TC	A	Surgery electrocorticogram	0.00	0.14	0.02	0.16	XXX	N
95830		A	Insert electrodes for EEG	1.70	0.78	0.07	2.55	XXX	N
95831		A	Limb muscle testing, manual	0.28	0.29	0.03	0.60	XXX	N
95832		A	Hand muscle testing, manual	0.29	0.25	0.02	0.56	XXX	N
95833		A	Body muscle testing, manual	0.47	0.38	0.05	0.90	XXX	N
95834		A	Body muscle testing, manual	0.60	0.61	0.06	1.27	XXX	N
95851		A	Range of motion measurements	0.16	0.24	0.02	0.42	XXX	N
95852		A	Range of motion measurements	0.11	0.15	0.02	0.28	XXX	N
95857		A	Tensilon test	0.53	0.50	0.04	1.07	XXX	N
95858		A	Tensilon test & myogram	1.56	1.02	0.09	2.67	XXX	N
95858	26	A	Tensilon test & myogram	1.56	0.64	0.05	2.25	XXX	N
95858	TC	A	Tensilon test & myogram	0.00	0.38	0.04	0.42	XXX	N
95860		A	Muscle test, one limb	0.96	1.09	0.09	2.14	XXX	N
95860	26	A	Muscle test, one limb	0.96	0.73	0.06	1.75	XXX	N
95860	TC	A	Muscle test, one limb	0.00	0.36	0.03	0.39	XXX	N
95861		A	Muscle test, two limbs	1.54	1.97	0.16	3.67	XXX	N
95861	26	A	Muscle test, two limbs	1.54	1.27	0.10	2.91	XXX	N
95861	TC	A	Muscle test, two limbs	0.00	0.70	0.06	0.76	XXX	N
95863		A	Muscle test, 3 limbs	1.87	2.30	0.18	4.35	XXX	N
95863	26	A	Muscle test, 3 limbs	1.87	1.41	0.11	3.39	XXX	N
95863	TC	A	Muscle test, 3 limbs	0.00	0.89	0.07	0.96	XXX	N
95864		A	Muscle test, 4 limbs	1.99	3.45	0.27	5.71	XXX	N
95864	26	A	Muscle test, 4 limbs	1.99	1.75	0.14	3.88	XXX	N
95864	TC	A	Muscle test, 4 limbs	0.00	1.70	0.13	1.83	XXX	N
95867		A	Muscle test, head or neck	0.79	1.13	0.09	2.01	XXX	N
95867	26	A	Muscle test, head or neck	0.79	0.58	0.05	1.42	XXX	N
95867	TC	A	Muscle test, head or neck	0.00	0.55	0.04	0.59	XXX	N
95868		A	Muscle test, head or neck	1.18	1.92	0.15	3.25	XXX	N
95868	26	A	Muscle test, head or neck	1.18	1.26	0.10	2.54	XXX	N
95868	TC	A	Muscle test, head or neck	0.00	0.66	0.05	0.71	XXX	N
95869		A	Muscle test, limited	0.37	0.53	0.05	0.95	XXX	N
95869	26	A	Muscle test, limited	0.37	0.33	0.03	0.73	XXX	N
95869	TC	A	Muscle test, limited	0.00	0.20	0.02	0.22	XXX	N
95872		A	Muscle test, one fiber	1.50	1.25	0.11	2.86	XXX	N
95872	26	A	Muscle test, one fiber	1.50	0.68	0.06	2.24	XXX	N
95872	TC	A	Muscle test, one fiber	0.00	0.57	0.05	0.62	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
95875	.....	A	Limb exercise test	1.34	0.60	0.10	2.04	XXX	N
95875	26	A	Limb exercise test	1.34	0.22	0.04	1.60	XXX	N
95875	TC	A	Limb exercise test	0.00	0.38	0.06	0.44	XXX	N
95900	.....	A	Motor nerve conduction test	0.42	0.62	0.05	1.09	XXX	N
95900	26	A	Motor nerve conduction test	0.42	0.35	0.03	0.80	XXX	N
95900	TC	A	Motor nerve conduction test	0.00	0.27	0.02	0.29	XXX	N
95903	.....	A	Motor nerve conduction test	0.60	0.59	0.05	1.24	XXX	N
95903	26	A	Motor nerve conduction test	0.60	0.35	0.03	0.98	XXX	N
95903	TC	A	Motor nerve conduction test	0.00	0.24	0.02	0.26	XXX	N
95904	.....	A	Sense nerve conduction test	0.34	0.55	0.05	0.94	XXX	N
95904	26	A	Sense nerve conduction test	0.34	0.34	0.03	0.71	XXX	N
95904	TC	A	Sense nerve conduction test	0.00	0.21	0.02	0.23	XXX	N
95920	.....	A	Intraoperative nerve testing	2.11	2.67	0.20	4.98	XXX	N
95920	26	A	Intraoperative nerve testing	2.11	1.43	0.12	3.66	XXX	N
95920	TC	A	Intraoperative nerve testing	0.00	1.24	0.08	1.32	XXX	N
95921	.....	A	Autonomic nerve func test	0.45	0.68	0.05	1.18	XXX	N
95921	26	A	Autonomic nerve func test	0.45	0.32	0.02	0.79	XXX	N
95921	TC	A	Autonomic nerve func test	0.00	0.36	0.03	0.39	XXX	N
95922	.....	A	Autonomic nerve func test	0.48	0.70	0.06	1.24	XXX	N
95922	26	A	Autonomic nerve func test	0.48	0.34	0.03	0.85	XXX	N
95922	TC	A	Autonomic nerve func test	0.00	0.36	0.03	0.39	XXX	N
95923	.....	A	Autonomic nerve func test	0.45	0.68	0.05	1.18	XXX	N
95923	26	A	Autonomic nerve func test	0.45	0.32	0.02	0.79	XXX	N
95923	TC	A	Autonomic nerve func test	0.00	0.36	0.03	0.39	XXX	N
95925	.....	A	Somatosensory testing	0.54	1.51	0.12	2.17	XXX	N
95925	26	A	Somatosensory testing	0.54	0.64	0.05	1.23	XXX	N
95925	TC	A	Somatosensory testing	0.00	0.87	0.07	0.94	XXX	N
95926	.....	A	Somatosensory testing	0.54	1.51	0.12	2.17	XXX	N
95926	26	A	Somatosensory testing	0.54	0.64	0.05	1.23	XXX	N
95926	TC	A	Somatosensory testing	0.00	0.87	0.07	0.94	XXX	N
95927	.....	A	Somatosensory testing	0.54	1.51	0.12	2.17	XXX	N
95927	26	A	Somatosensory testing	0.54	0.64	0.05	1.23	XXX	N
95927	TC	A	Somatosensory testing	0.00	0.87	0.07	0.94	XXX	N
95930	.....	A	Visual evoked potential test	0.35	0.83	0.05	1.23	XXX	N
95930	26	A	Visual evoked potential test	0.35	0.58	0.04	0.97	XXX	N
95930	TC	A	Visual evoked potential test	0.00	0.25	0.01	0.26	XXX	N
95933	.....	A	Blink reflex test	0.59	1.25	0.10	1.94	XXX	N
95933	26	A	Blink reflex test	0.59	0.50	0.04	1.13	XXX	N
95933	TC	A	Blink reflex test	0.00	0.75	0.06	0.81	XXX	N
95934	.....	A	'H' reflex test	0.51	0.54	0.05	1.10	XXX	N
95934	26	A	'H' reflex test	0.51	0.34	0.03	0.88	XXX	N
95934	TC	A	'H' reflex test	0.00	0.20	0.02	0.22	XXX	N
95936	.....	A	'H' reflex test	0.55	0.54	0.05	1.14	XXX	N
95936	26	A	'H' reflex test	0.55	0.34	0.03	0.92	XXX	N
95936	TC	A	'H' reflex test	0.00	0.20	0.02	0.22	XXX	N
95937	.....	A	Neuromuscular junction test	0.65	0.77	0.07	1.49	XXX	N
95937	26	A	Neuromuscular junction test	0.65	0.45	0.04	1.14	XXX	N
95937	TC	A	Neuromuscular junction test	0.00	0.32	0.03	0.35	XXX	N
95950	.....	A	Ambulatory EEG monitoring	1.51	7.25	0.60	9.36	XXX	N
95950	26	A	Ambulatory EEG monitoring	1.51	1.21	0.10	2.82	XXX	N
95950	TC	A	Ambulatory EEG monitoring	0.00	6.04	0.50	6.54	XXX	N
95951	.....	A	EEG monitoring/videorecord	6.00	8.83	0.64	15.47	XXX	N
95951	26	A	EEG monitoring/videorecord	6.00	1.50	0.11	7.61	XXX	N
95951	TC	A	EEG monitoring/videorecord	0.00	7.33	0.53	7.86	XXX	N
95953	.....	A	EEG monitoring/computer	3.08	7.25	0.60	10.93	XXX	N
95953	26	A	EEG monitoring/computer	3.08	1.21	0.10	4.39	XXX	N
95953	TC	A	EEG monitoring/computer	0.00	6.04	0.50	6.54	XXX	N
95954	.....	A	EEG monitoring/giving drugs	2.45	2.32	0.28	5.05	XXX	N
95954	26	A	EEG monitoring/giving drugs	2.45	1.87	0.22	4.54	XXX	N
95954	TC	A	EEG monitoring/giving drugs	0.00	0.45	0.06	0.51	XXX	N
95955	.....	A	EEG during surgery	1.01	2.90	0.30	4.21	XXX	N
95955	26	A	EEG during surgery	1.01	1.03	0.11	2.15	XXX	N
95955	TC	A	EEG during surgery	0.00	1.87	0.19	2.06	XXX	N
95956	.....	A	EEG monitoring/cable/radio	3.08	7.54	0.61	11.23	XXX	N
95956	26	A	EEG monitoring/cable/radio	3.08	1.50	0.11	4.69	XXX	N
95956	TC	A	EEG monitoring/cable/radio	0.00	6.04	0.50	6.54	XXX	N
95957	.....	A	EEG digital analysis	1.98	2.25	0.18	4.41	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
95957	26	A	EEG digital analysis	1.98	0.63	0.05	2.66	XXX	N
95957	TC	A	EEG digital analysis	0.00	1.62	0.13	1.75	XXX	N
95958	.....	A	EEG monitoring/function test	4.25	4.89	0.52	9.66	XXX	N
95958	26	A	EEG monitoring/function test	4.25	3.23	0.38	7.86	XXX	N
95958	TC	A	EEG monitoring/function test	0.00	1.66	0.14	1.80	XXX	N
95961	.....	A	Electrode stimulation, brain	2.97	2.67	0.20	5.84	XXX	N
95961	26	A	Electrode stimulation, brain	2.97	1.43	0.12	4.52	XXX	N
95961	TC	A	Electrode stimulation, brain	0.00	1.24	0.08	1.32	XXX	N
95962	.....	A	Electrode stimulation, brain	3.21	2.67	0.20	6.08	XXX	N
95962	26	A	Electrode stimulation, brain	3.21	1.43	0.12	4.76	XXX	N
95962	TC	A	Electrode stimulation, brain	0.00	1.24	0.08	1.32	XXX	N
95999	.....	C	Neurological procedure	0.00	0.00	0.00	0.00	XXX	N
96100	.....	A	Psychological testing	0.00	1.68	0.20	1.88	XXX	N
96105	.....	A	Assessment of aphasia	0.00	1.68	0.20	1.88	XXX	N
96110	.....	C	Developmental test, lim	0.00	0.00	0.00	0.00	XXX	N
96111	.....	A	Developmental test, extend	0.00	1.68	0.20	1.88	XXX	N
96115	.....	A	Neurobehavior status exam	0.00	1.68	0.20	1.88	XXX	N
96117	.....	A	Neuropsych test battery	0.00	1.68	0.20	1.88	XXX	N
96400	.....	A	Chemotherapy, (SC)/(IM)	0.00	0.13	0.01	0.14	XXX	N
96405	.....	A	Intralesional chemo admin	0.52	0.38	0.03	0.93	000	S
96406	.....	A	Intralesional chemo admin	0.80	0.56	0.04	1.40	000	S
96408	.....	A	Chemotherapy, push technique	0.00	0.92	0.06	0.98	XXX	N
96410	.....	A	Chemotherapy, infusion method	0.00	1.47	0.09	1.56	XXX	N
96412	.....	A	Chemotherapy, infusion method	0.00	1.10	0.08	1.18	XXX	N
96414	.....	A	Chemotherapy, infusion method	0.00	1.27	0.09	1.36	XXX	N
96420	.....	A	Chemotherapy, push technique	0.00	1.19	0.09	1.28	XXX	N
96422	.....	A	Chemotherapy, infusion method	0.00	1.17	0.09	1.26	XXX	N
96423	.....	A	Chemotherapy, infusion method	0.00	0.46	0.03	0.49	XXX	N
96425	.....	A	Chemotherapy, infusion method	0.00	1.36	0.09	1.45	XXX	N
96440	.....	A	Chemotherapy, intracavitary	2.37	0.81	0.06	3.24	000	N
96445	.....	A	Chemotherapy, intracavitary	2.20	0.98	0.09	3.27	000	N
96450	.....	A	Chemotherapy, into CNS	1.89	0.87	0.06	2.82	000	N
96520	.....	A	Pump refilling, maintenance	0.00	0.85	0.06	0.91	XXX	N
96530	.....	A	Pump refilling, maintenance	0.00	1.01	0.07	1.08	XXX	N
96542	.....	A	Chemotherapy injection	1.42	1.09	0.13	2.64	XXX	N
96545	.....	B	Provide chemotherapy agent	0.00	0.00	0.00	0.00	XXX	0
96549	.....	C	Chemotherapy, unspecified	0.00	0.00	0.00	0.00	XXX	N
96900	.....	A	Ultraviolet light therapy	0.00	0.38	0.03	0.41	XXX	N
96910	.....	A	Photochemotherapy with UV-B	0.00	0.55	0.04	0.59	XXX	N
96912	.....	A	Photochemotherapy with UV-A	0.00	0.63	0.05	0.68	XXX	N
96913	.....	A	Photochemotherapy, UV-A or B	0.00	1.29	0.10	1.39	XXX	N
96999	.....	C	Dermatological procedure	0.00	0.00	0.00	0.00	XXX	N
97010	.....	B	Hot or cold packs therapy	+0.06	0.21	0.02	0.29	XXX	0
97012	.....	A	Mechanical traction therapy	0.25	0.19	0.02	0.46	XXX	N
97014	.....	A	Electric stimulation therapy	0.18	0.20	0.02	0.40	XXX	N
97016	.....	A	Vasopneumatic device therapy	0.18	0.25	0.02	0.45	XXX	N
97018	.....	A	Paraffin bath therapy	0.06	0.24	0.03	0.33	XXX	N
97020	.....	A	Microwave therapy	0.06	0.20	0.02	0.28	XXX	N
97022	.....	A	Whirlpool therapy	0.17	0.19	0.02	0.38	XXX	N
97024	.....	A	Diathermy treatment	0.06	0.21	0.02	0.29	XXX	N
97026	.....	A	Infrared therapy	0.06	0.19	0.02	0.27	XXX	N
97028	.....	A	Ultraviolet therapy	0.08	0.19	0.01	0.28	XXX	N
97032	.....	A	Electrical stimulation	0.25	0.14	0.01	0.40	XXX	N
97033	.....	A	Electric current therapy	0.26	0.14	0.02	0.42	XXX	N
97034	.....	A	Contrast bath therapy	0.21	0.10	0.01	0.32	XXX	N
97035	.....	A	Ultrasound therapy	0.21	0.11	0.01	0.33	XXX	N
97036	.....	A	Hydrotherapy	0.28	0.21	0.02	0.51	XXX	N
97039	.....	A	Physical therapy treatment	0.20	0.24	0.03	0.47	XXX	N
97110	.....	A	Therapeutic exercises	0.45	0.13	0.02	0.60	XXX	N
97112	.....	A	Neuromuscular reeducation	0.45	0.13	0.01	0.59	XXX	N
97113	.....	A	Aquatic therapy/exercises	0.44	0.20	0.02	0.66	XXX	N
97116	.....	A	Gait training therapy	0.40	0.11	0.01	0.52	XXX	N
97122	.....	A	Manual traction therapy	0.42	0.11	0.01	0.54	XXX	N
97124	.....	A	Massage therapy	0.35	0.11	0.01	0.47	XXX	N
97139	.....	A	Physical medicine procedure	0.21	0.16	0.02	0.39	XXX	N
97150	.....	A	Group therapeutic procedures	0.27	0.20	0.02	0.49	XXX	N
97250	.....	A	Myofascial release	0.45	0.35	0.04	0.84	000	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
97260	.....	A	Regional manipulation	0.19	0.20	0.02	0.41	000	N
97261	.....	A	Supplemental manipulations	0.12	0.11	0.01	0.24	000	N
97265	.....	A	Joint mobilization	0.45	0.35	0.04	0.84	XXX	N
97500	.....	D	Orthotics training	0.00	0.00	0.00	0.00	XXX	N
97501	.....	D	Supplemental training	0.00	0.00	0.00	0.00	XXX	N
97504	.....	A	Orthotic training	0.45	0.14	0.02	0.61	XXX	N
97520	.....	A	Prosthetic training	0.45	0.15	0.02	0.62	XXX	N
97521	.....	D	Supplemental training	0.00	0.00	0.00	0.00	XXX	N
97530	.....	A	Therapeutic activities	0.44	0.17	0.02	0.63	XXX	N
97535	.....	A	Self care mngment training	0.45	0.17	0.02	0.64	XXX	N
97537	.....	A	Community/work reintegration	0.45	0.17	0.02	0.64	XXX	N
97542	.....	A	Wheelchair mngement training	0.25	0.17	0.02	0.44	XXX	N
97545	.....	R	Work hardening	0.00	0.00	0.00	0.00	XXX	N
97546	.....	R	Work hardening	0.00	0.00	0.00	0.00	XXX	N
97703	.....	A	Prosthetic checkout	0.25	0.18	0.03	0.46	XXX	N
97750	.....	A	Physical performance test	0.45	0.24	0.03	0.72	XXX	N
97770	.....	A	Cognitive skills development	0.44	0.28	0.03	0.75	XXX	N
97799	.....	C	Physical medicine procedure	0.00	0.00	0.00	0.00	XXX	N
98925	.....	A	Osteopathic manipulation	0.45	0.25	0.02	0.72	000	N
98926	.....	A	Osteopathic manipulation	0.65	0.40	0.03	1.08	000	N
98927	.....	A	Osteopathic manipulation	0.87	0.38	0.03	1.28	000	N
98928	.....	A	Osteopathic manipulation	1.03	0.42	0.04	1.49	000	N
98929	.....	A	Osteopathic manipulation	1.19	0.39	0.03	1.61	000	N
98940	.....	A	Chiropractic manipulation	0.45	0.29	0.01	0.75	000	N
98941	.....	A	Chiropractic manipulation	0.65	0.29	0.01	0.95	000	N
98942	.....	A	Chiropractic manipulation	0.87	0.29	0.01	1.17	000	N
98943	.....	N	Chiropractic manipulation	+0.40	0.29	0.01	0.70	XXX	0
99000	.....	B	Specimen handling	0.00	0.00	0.00	0.00	XXX	0
99001	.....	B	Specimen handling	0.00	0.00	0.00	0.00	XXX	0
99002	.....	B	Device handling	0.00	0.00	0.00	0.00	XXX	0
99024	.....	B	Post-op follow-up visit	0.00	0.00	0.00	0.00	XXX	0
99025	.....	B	Initial surgical evaluation	0.00	0.00	0.00	0.00	XXX	0
99050	.....	B	Medical services after hrs	0.00	0.00	0.00	0.00	XXX	0
99052	.....	B	Medical services at night	0.00	0.00	0.00	0.00	XXX	0
99054	.....	B	Medical services, unusual hrs	0.00	0.00	0.00	0.00	XXX	0
99056	.....	B	Non-office medical services	0.00	0.00	0.00	0.00	XXX	0
99058	.....	B	Office emergency care	0.00	0.00	0.00	0.00	XXX	0
99070	.....	B	Special supplies	0.00	0.00	0.00	0.00	XXX	0
99071	.....	B	Patient education materials	0.00	0.00	0.00	0.00	XXX	0
99075	.....	N	Medical testimony	0.00	0.00	0.00	0.00	XXX	0
99078	.....	B	Group health education	0.00	0.00	0.00	0.00	XXX	0
99080	.....	B	Special reports or forms	0.00	0.00	0.00	0.00	XXX	0
99082	.....	C	Unusual physician travel	0.00	0.00	0.00	0.00	XXX	N
99090	.....	B	Computer data analysis	0.00	0.00	0.00	0.00	XXX	0
99100	.....	B	Special anesthesia service	0.00	0.00	0.00	0.00	XXX	0
99116	.....	B	Anesthesia with hypothermia	0.00	0.00	0.00	0.00	XXX	0
99135	.....	B	Special anesthesia procedure	0.00	0.00	0.00	0.00	XXX	0
99140	.....	B	Emergency anesthesia	0.00	0.00	0.00	0.00	XXX	0
99175	.....	A	Induction of vomiting	0.00	1.33	0.10	1.43	XXX	N
99183	.....	A	Hyperbaric oxygen therapy	2.34	1.67	0.11	4.12	XXX	N
99185	.....	A	Regional hypothermia	0.00	0.61	0.04	0.65	XXX	N
99186	.....	A	Total body hypothermia	0.00	1.70	0.52	2.22	XXX	N
99190	.....	X	Special pump services	0.00	0.00	0.00	0.00	XXX	0
99191	.....	X	Special pump services	0.00	0.00	0.00	0.00	XXX	0
99192	.....	X	Special pump services	0.00	0.00	0.00	0.00	XXX	0
99195	.....	A	Phlebotomy	0.00	0.42	0.03	0.45	XXX	N
99199	.....	C	Special service or report	0.00	0.00	0.00	0.00	XXX	N
99201	.....	A	Office/outpatient visit, new	0.45	0.37	0.04	0.86	XXX	P
99202	.....	A	Office/outpatient visit, new	0.88	0.45	0.05	1.38	XXX	P
99203	.....	A	Office/outpatient visit, new	1.34	0.52	0.06	1.92	XXX	P
99204	.....	A	Office/outpatient visit, new	2.00	0.78	0.08	2.86	XXX	P
99205	.....	A	Office/outpatient visit, new	2.67	0.85	0.09	3.61	XXX	P
99211	.....	A	Office/outpatient visit, est	0.17	0.19	0.02	0.38	XXX	P
99212	.....	A	Office/outpatient visit, est	0.45	0.28	0.02	0.75	XXX	P
99213	.....	A	Office/outpatient visit, est	0.67	0.38	0.03	1.08	XXX	P
99214	.....	A	Office/outpatient visit, est	1.10	0.50	0.04	1.64	XXX	P
99215	.....	A	Office/outpatient visit, est	1.77	0.76	0.07	2.60	XXX	P

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
99217	.....	A	Observation care discharge	1.28	0.52	0.04	1.84	XXX	N
99218	.....	A	Observation care	1.28	0.68	0.06	2.02	XXX	N
99219	.....	A	Observation care	2.14	1.05	0.09	3.28	XXX	N
99220	.....	A	Observation care	2.99	1.14	0.09	4.22	XXX	N
99221	.....	A	Initial hospital care	1.28	0.67	0.06	2.01	XXX	N
99222	.....	A	Initial hospital care	2.14	1.04	0.09	3.27	XXX	N
99223	.....	A	Initial hospital care	2.99	1.13	0.08	4.20	XXX	N
99231	.....	A	Subsequent hospital care	0.64	0.38	0.03	1.05	XXX	N
99232	.....	A	Subsequent hospital care	1.06	0.45	0.04	1.55	XXX	N
99233	.....	A	Subsequent hospital care	1.51	0.60	0.05	2.16	XXX	N
99238	.....	A	Hospital discharge day	1.28	0.51	0.04	1.83	XXX	N
99239	.....	A	Hospital discharge day	1.75	0.51	0.04	2.30	XXX	N
99241	.....	A	Office consultation	0.64	0.64	0.08	1.36	XXX	N
99242	.....	A	Office consultation	1.29	0.77	0.09	2.15	XXX	N
99243	.....	A	Office consultation	1.72	0.97	0.10	2.79	XXX	N
99244	.....	A	Office consultation	2.58	1.23	0.11	3.92	XXX	N
99245	.....	A	Office consultation	3.43	1.69	0.16	5.28	XXX	N
99251	.....	A	Initial inpatient consult	0.66	0.67	0.08	1.41	XXX	N
99252	.....	A	Initial inpatient consult	1.32	0.76	0.09	2.17	XXX	N
99253	.....	A	Initial inpatient consult	1.82	0.95	0.10	2.87	XXX	N
99254	.....	A	Initial inpatient consult	2.64	1.20	0.11	3.95	XXX	N
99255	.....	A	Initial inpatient consult	3.65	1.57	0.14	5.36	XXX	N
99261	.....	A	Follow-up inpatient consult	0.42	0.33	0.03	0.78	XXX	N
99262	.....	A	Follow-up inpatient consult	0.85	0.46	0.04	1.35	XXX	N
99263	.....	A	Follow-up inpatient consult	1.27	0.67	0.04	1.98	XXX	N
99271	.....	A	Confirmatory consultation	0.45	0.58	0.07	1.10	XXX	N
99272	.....	A	Confirmatory consultation	0.84	0.71	0.09	1.64	XXX	N
99273	.....	A	Confirmatory consultation	1.19	1.02	0.11	2.32	XXX	N
99274	.....	A	Confirmatory consultation	1.73	1.22	0.11	3.06	XXX	N
99275	.....	A	Confirmatory consultation	2.31	1.74	0.17	4.22	XXX	N
99281	.....	A	Emergency dept visit	0.33	0.28	0.01	0.62	XXX	P
99282	.....	A	Emergency dept visit	0.55	0.38	0.03	0.96	XXX	P
99283	.....	A	Emergency dept visit	1.24	0.49	0.04	1.77	XXX	P
99284	.....	A	Emergency dept visit	1.95	0.70	0.06	2.71	XXX	P
99285	.....	A	Emergency dept visit	3.06	1.13	0.08	4.27	XXX	P
99288	.....	B	Direct advanced life support	0.00	0.00	0.00	0.00	XXX	0
99291	.....	A	Critical care, first hour	4.00	1.43	0.11	5.54	XXX	N
99292	.....	A	Critical care, addl 30 min	2.00	0.63	0.04	2.67	XXX	N
99295	.....	A	Neonatal critical care	16.00	5.08	1.55	22.63	XXX	N
99296	.....	A	Neonatal critical care	8.00	2.46	0.77	11.23	XXX	N
99297	.....	A	Neonatal critical care	4.00	1.23	0.38	5.61	XXX	N
99301	.....	A	Nursing facility care	1.28	0.45	0.03	1.76	XXX	P
99302	.....	A	Nursing facility care	1.71	0.50	0.04	2.25	XXX	P
99303	.....	A	Nursing facility care	2.14	0.95	0.07	3.16	XXX	P
99311	.....	A	Nursing facility care, subseq	0.64	0.34	0.03	1.01	XXX	P
99312	.....	A	Nursing facility care, subseq	1.06	0.41	0.03	1.50	XXX	P
99313	.....	A	Nursing facility care, subseq	1.51	0.46	0.04	2.01	XXX	P
99321	.....	A	Rest home visit, new patient	0.71	0.37	0.03	1.11	XXX	P
99322	.....	A	Rest home visit, new patient	1.01	0.51	0.05	1.57	XXX	P
99323	.....	A	Rest home visit, new patient	1.28	0.73	0.06	2.07	XXX	P
99331	.....	A	Rest home visit, estab pat	0.60	0.28	0.02	0.90	XXX	P
99332	.....	A	Rest home visit, estab pat	0.80	0.36	0.03	1.19	XXX	P
99333	.....	A	Rest home visit, estab pat	1.00	0.44	0.02	1.46	XXX	P
99341	.....	A	Home visit, new patient	1.12	0.53	0.05	1.70	XXX	P
99342	.....	A	Home visit, new patient	1.58	0.60	0.05	2.23	XXX	P
99343	.....	A	Home visit, new patient	2.09	0.77	0.06	2.92	XXX	P
99351	.....	A	Home visit, estab patient	0.83	0.45	0.04	1.32	XXX	P
99352	.....	A	Home visit, estab patient	1.12	0.53	0.04	1.69	XXX	P
99353	.....	A	Home visit, estab patient	1.48	0.61	0.05	2.14	XXX	P
99354	.....	A	Prolonged service, office	1.77	0.76	0.07	2.60	XXX	P
99355	.....	A	Prolonged service, office	1.77	0.76	0.07	2.60	XXX	P
99356	.....	A	Prolonged service, inpatient	1.71	0.85	0.08	2.64	XXX	N
99357	.....	A	Prolonged service, inpatient	1.71	0.85	0.08	2.64	XXX	N
99358	.....	B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	XXX	0
99359	.....	B	Prolonged serv, w/o contact	0.00	0.00	0.00	0.00	XXX	0
99360	.....	X	Physician standby services	0.00	0.00	0.00	0.00	XXX	0
99361	.....	B	Physician/team conference	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
99362	.....	B	Physician/team conference	0.00	0.00	0.00	0.00	XXX	0
99371	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	0
99372	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	0
99373	.....	B	Physician phone consultation	0.00	0.00	0.00	0.00	XXX	0
99375	.....	G	Care plan oversight/30-60	+1.73	0.51	0.04	2.28	XXX	P
99376	.....	G	Care plan oversight/over 60	0.00	0.00	0.00	0.00	XXX	0
99381	.....	N	Preventive visit, new, infant	+1.19	1.23	0.08	2.50	XXX	0
99382	.....	N	Preventive visit, new, age 1–4	+1.36	1.41	0.09	2.86	XXX	0
99383	.....	N	Preventive visit, new, age 5–11	+1.36	1.41	0.09	2.86	XXX	0
99384	.....	N	Preventive visit, new, 12–17	+1.53	1.59	0.10	3.22	XXX	0
99385	.....	N	Preventive visit, new, 18–39	+1.53	1.40	0.09	3.02	XXX	0
99386	.....	N	Preventive visit, new, 40–64	+1.88	1.72	0.10	3.70	XXX	0
99387	.....	N	Preventive visit, new, 65 & over	+2.06	1.88	0.11	4.05	XXX	0
99391	.....	N	Preventive visit, est, infant	+1.02	1.06	0.07	2.15	XXX	0
99392	.....	N	Preventive visit, est, age 1–4	+1.19	1.23	0.08	2.50	XXX	0
99393	.....	N	Preventive visit, est, age 5–11	+1.19	1.23	0.08	2.50	XXX	0
99394	.....	N	Preventive visit, est, 12–17	+1.36	1.41	0.09	2.86	XXX	0
99395	.....	N	Preventive visit, est, 18–39	+1.36	1.25	0.08	2.69	XXX	0
99396	.....	N	Preventive visit, est, 40–64	+1.53	1.40	0.09	3.02	XXX	0
99397	.....	N	Preventive visit, est, 65 & over	+1.71	1.56	0.10	3.37	XXX	0
99401	.....	N	Preventive counseling, indiv	+0.48	0.45	0.03	0.96	XXX	0
99402	.....	N	Preventive counseling, indiv	+0.98	0.89	0.05	1.92	XXX	0
99403	.....	N	Preventive counseling, indiv	+1.46	1.34	0.08	2.88	XXX	0
99404	.....	N	Preventive counseling, indiv	+1.95	1.78	0.11	3.84	XXX	0
99411	.....	N	Preventive counseling, group	+0.15	0.14	0.01	0.30	XXX	0
99412	.....	N	Preventive counseling, group	+0.25	0.23	0.01	0.49	XXX	0
99420	.....	N	Health risk assessment test	0.00	0.00	0.00	0.00	XXX	0
99429	.....	N	Unlisted preventive service	0.00	0.00	0.00	0.00	XXX	0
99431	.....	A	Initial care, normal newborn	1.17	1.21	0.08	2.46	XXX	N
99432	.....	A	Newborn care not in hospital	1.26	1.31	0.08	2.65	XXX	N
99433	.....	A	Normal newborn care, hospital	0.62	0.64	0.04	1.30	XXX	N
99435	.....	A	Hospital NB discharge day	1.50	1.55	0.10	3.15	XXX	P
99440	.....	A	Newborn resuscitation	2.93	3.04	0.19	6.16	XXX	N
99450	.....	N	Life/disability evaluation	0.00	0.00	0.00	0.00	XXX	0
99455	.....	R	Disability examination	0.00	0.00	0.00	0.00	XXX	N
99456	.....	R	Disability examination	0.00	0.00	0.00	0.00	XXX	N
99499	.....	C	Unlisted E/M service	0.00	0.00	0.00	0.00	XXX	N
A0021	.....	G	Outside state ambulance serv	0.00	0.00	0.00	0.00	XXX	0
A0030	.....	X	Air ambulance service	0.00	0.00	0.00	0.00	XXX	0
A0040	.....	X	Helicopter ambulance service	0.00	0.00	0.00	0.00	XXX	0
A0050	.....	X	Water amb service emergency	0.00	0.00	0.00	0.00	XXX	0
A0080	.....	G	Noninterest escort in non er	0.00	0.00	0.00	0.00	XXX	0
A0090	.....	G	Interest escort in non er	0.00	0.00	0.00	0.00	XXX	0
A0100	.....	G	Nonemergency transport taxi	0.00	0.00	0.00	0.00	XXX	0
A0110	.....	G	Nonemergency transport bus	0.00	0.00	0.00	0.00	XXX	0
A0120	.....	G	Noner transport mini-bus	0.00	0.00	0.00	0.00	XXX	0
A0130	.....	G	Noner transport wheelch van	0.00	0.00	0.00	0.00	XXX	0
A0140	.....	G	Nonemergency transport air	0.00	0.00	0.00	0.00	XXX	0
A0160	.....	G	Noner transport case worker	0.00	0.00	0.00	0.00	XXX	0
A0170	.....	G	Noner transport parking fees	0.00	0.00	0.00	0.00	XXX	0
A0180	.....	G	Noner transport lodgng recip	0.00	0.00	0.00	0.00	XXX	0
A0190	.....	G	Noner transport meals recip	0.00	0.00	0.00	0.00	XXX	0
A0200	.....	G	Noner transport lodgng escrt	0.00	0.00	0.00	0.00	XXX	0
A0210	.....	G	Noner transport meals escort	0.00	0.00	0.00	0.00	XXX	0
A0225	.....	X	Neonatal emergency transport	0.00	0.00	0.00	0.00	XXX	0
A0300	.....	X	Ambulance basic non-emer all	0.00	0.00	0.00	0.00	XXX	0
A0302	.....	X	Ambulance basic emergency all	0.00	0.00	0.00	0.00	XXX	0
A0304	.....	X	Amb adv non-er no serv all	0.00	0.00	0.00	0.00	XXX	0
A0306	.....	X	Amb adv non-er spec serv all	0.00	0.00	0.00	0.00	XXX	0
A0308	.....	X	Amb adv er no spec serv all	0.00	0.00	0.00	0.00	XXX	0
A0310	.....	X	Amb adv er spec serv all	0.00	0.00	0.00	0.00	XXX	0
A0320	.....	X	Amb basic non-er + supplies	0.00	0.00	0.00	0.00	XXX	0
A0322	.....	X	Amb basic emerg + supplies	0.00	0.00	0.00	0.00	XXX	0
A0324	.....	X	Adv non-er serv sep mileage	0.00	0.00	0.00	0.00	XXX	0
A0326	.....	X	Adv non-er no serv sep mile	0.00	0.00	0.00	0.00	XXX	0
A0328	.....	X	Adv er no serv sep mileage	0.00	0.00	0.00	0.00	XXX	0
A0330	.....	X	Adv er spec serv sep mile	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
A0340	.....	X	Amb basic non-er + mileage	0.00	0.00	0.00	0.00	XXX	0
A0342	.....	X	Ambul basic emer + mileage	0.00	0.00	0.00	0.00	XXX	0
A0344	.....	X	Amb adv non-er no serv + mile	0.00	0.00	0.00	0.00	XXX	0
A0346	.....	X	Amb adv non-er serv + mile	0.00	0.00	0.00	0.00	XXX	0
A0348	.....	X	Adv emer no spec serv + mile	0.00	0.00	0.00	0.00	XXX	0
A0350	.....	X	Adv emer spec serv + mileage	0.00	0.00	0.00	0.00	XXX	0
A0360	.....	X	Basic non-er sep mile & supp	0.00	0.00	0.00	0.00	XXX	0
A0362	.....	X	Basic emer sep mile & supply	0.00	0.00	0.00	0.00	XXX	0
A0364	.....	X	Adv non-er no serv sep mi&su	0.00	0.00	0.00	0.00	XXX	0
A0366	.....	X	Adv non-er serv sep mil&supp	0.00	0.00	0.00	0.00	XXX	0
A0368	.....	X	Adv er no serv sep mile&supp	0.00	0.00	0.00	0.00	XXX	0
A0370	.....	X	Adv er spec serv sep mi&supp	0.00	0.00	0.00	0.00	XXX	0
A0380	.....	X	Basic life support mileage	0.00	0.00	0.00	0.00	XXX	0
A0382	.....	X	Basic support routine suppls	0.00	0.00	0.00	0.00	XXX	0
A0384	.....	X	Bls defibrillation supplies	0.00	0.00	0.00	0.00	XXX	0
A0390	.....	X	Advanced life support mileage	0.00	0.00	0.00	0.00	XXX	0
A0392	.....	X	Als defibrillation supplies	0.00	0.00	0.00	0.00	XXX	0
A0394	.....	X	Als IV drug therapy supplies	0.00	0.00	0.00	0.00	XXX	0
A0396	.....	X	Als esophageal intub suppls	0.00	0.00	0.00	0.00	XXX	0
A0398	.....	X	Als routine disposable suppls	0.00	0.00	0.00	0.00	XXX	0
A0420	.....	X	Ambulance waiting 1/2 hr	0.00	0.00	0.00	0.00	XXX	0
A0422	.....	X	Ambulance 02 life sustaining	0.00	0.00	0.00	0.00	XXX	0
A0424	.....	X	Extra ambulance attendant	0.00	0.00	0.00	0.00	XXX	0
A0888	.....	N	Noncovered ambulance mileage	0.00	0.00	0.00	0.00	XXX	0
A0999	.....	X	Unlisted ambulance service	0.00	0.00	0.00	0.00	XXX	0
A2000	.....	G	Chiropractor manip of spine	+0.45	0.29	0.01	0.75	XXX	N
A4190	.....	D	Transparent film each	0.00	0.00	0.00	0.00	XXX	0
A4200	.....	D	Gauze pad medicated/non-med	0.00	0.00	0.00	0.00	XXX	0
A4202	.....	D	Elastic gauze roll	0.00	0.00	0.00	0.00	XXX	0
A4203	.....	D	Non-elastic gauze roll	0.00	0.00	0.00	0.00	XXX	0
A4204	.....	D	Absorptive dressing	0.00	0.00	0.00	0.00	XXX	0
A4205	.....	D	Nonabsorptive dressing	0.00	0.00	0.00	0.00	XXX	0
A4206	.....	P	1 CC sterile syringe&needle	0.00	0.00	0.00	0.00	XXX	0
A4207	.....	P	2 CC sterile syringe&needle	0.00	0.00	0.00	0.00	XXX	0
A4208	.....	P	3 CC sterile syringe&needle	0.00	0.00	0.00	0.00	XXX	0
A4209	.....	P	5+ CC sterile syringe&needle	0.00	0.00	0.00	0.00	XXX	0
A4210	.....	N	Nonneedle injection device	0.00	0.00	0.00	0.00	XXX	0
A4211	.....	P	Supp for self-adm injections	0.00	0.00	0.00	0.00	XXX	0
A4212	.....	P	Non coring needle or stylet	0.00	0.00	0.00	0.00	XXX	0
A4213	.....	P	20+ CC syringe only	0.00	0.00	0.00	0.00	XXX	0
A4214	.....	P	30 CC sterile water/saline	0.00	0.00	0.00	0.00	XXX	0
A4215	.....	P	Sterile needle	0.00	0.00	0.00	0.00	XXX	0
A4220	.....	P	Infusion pump refill kit	0.00	0.00	0.00	0.00	XXX	0
A4221	.....	X	Maint drug infus cath per wk	0.00	0.00	0.00	0.00	XXX	0
A4222	.....	X	Drug infusion pump supplies	0.00	0.00	0.00	0.00	XXX	0
A4230	.....	N	Infus insulin pump non needle	0.00	0.00	0.00	0.00	XXX	0
A4231	.....	N	Infusion insulin pump needle	0.00	0.00	0.00	0.00	XXX	0
A4232	.....	N	Syringe w/needle insulin 3cc	0.00	0.00	0.00	0.00	XXX	0
A4244	.....	P	Alcohol or peroxide per pint	0.00	0.00	0.00	0.00	XXX	0
A4245	.....	P	Alcohol wipes per box	0.00	0.00	0.00	0.00	XXX	0
A4246	.....	P	Betadine/phisohex solution	0.00	0.00	0.00	0.00	XXX	0
A4247	.....	P	Betadine/iodine swabs/wipes	0.00	0.00	0.00	0.00	XXX	0
A4250	.....	N	Urine reagent strips/tablets	0.00	0.00	0.00	0.00	XXX	0
A4253	.....	P	Blood glucose/reagent strips	0.00	0.00	0.00	0.00	XXX	0
A4254	.....	X	Battery for glucose monitor	0.00	0.00	0.00	0.00	XXX	0
A4255	.....	X	Glucose monitor platforms	0.00	0.00	0.00	0.00	XXX	0
A4256	.....	P	Calibrator solution/chips	0.00	0.00	0.00	0.00	XXX	0
A4258	.....	P	Lancet device each	0.00	0.00	0.00	0.00	XXX	0
A4259	.....	P	Lancets per box	0.00	0.00	0.00	0.00	XXX	0
A4260	.....	N	Levonorgestrel implant	0.00	0.00	0.00	0.00	XXX	0
A4262	.....	B	Temporary tear duct plug	0.00	0.00	0.00	0.00	XXX	0
A4263	.....	A	Permanent tear duct plug	0.00	0.95	0.00	0.95	XXX	N
A4265	.....	P	Paraffin	0.00	0.00	0.00	0.00	XXX	0
A4270	.....	B	Disposable endoscope sheath	0.00	0.00	0.00	0.00	XXX	0
A4300	.....	A	Cath impl vasc access portal	0.00	0.95	0.00	0.95	XXX	N
A4301	.....	P	Implantable access syst perc	0.00	0.00	0.00	0.00	XXX	0
A4305	.....	P	Drug delivery system >=50 ML	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
A4306	.....	P	Drug delivery system <=5 ML	0.00	0.00	0.00	0.00	XXX	0
A4310	.....	P	Insert tray w/o bag/cath	0.00	0.00	0.00	0.00	XXX	0
A4311	.....	P	Catheter w/o bag 2-way latex	0.00	0.00	0.00	0.00	XXX	0
A4312	.....	P	Cath w/o bag 2-way silicone	0.00	0.00	0.00	0.00	XXX	0
A4313	.....	P	Catheter w/bag 3-way	0.00	0.00	0.00	0.00	XXX	0
A4314	.....	P	Cath w/drainage 2-way latex	0.00	0.00	0.00	0.00	XXX	0
A4315	.....	P	Cath w/drainage 2-way silcne	0.00	0.00	0.00	0.00	XXX	0
A4316	.....	P	Cath w/drainage 3-way	0.00	0.00	0.00	0.00	XXX	0
A4320	.....	P	Irrigation tray	0.00	0.00	0.00	0.00	XXX	0
A4321	.....	X	Cath therapeutic irrig agent	0.00	0.00	0.00	0.00	XXX	0
A4322	.....	P	Irrigation syringe	0.00	0.00	0.00	0.00	XXX	0
A4323	.....	P	Saline irrigation solution	0.00	0.00	0.00	0.00	XXX	0
A4326	.....	P	Male external catheter	0.00	0.00	0.00	0.00	XXX	0
A4327	.....	P	Fem urinary collect dev cup	0.00	0.00	0.00	0.00	XXX	0
A4328	.....	P	Fem urinary collect pouch	0.00	0.00	0.00	0.00	XXX	0
A4329	.....	P	External catheter start set	0.00	0.00	0.00	0.00	XXX	0
A4330	.....	P	Stool collection pouch	0.00	0.00	0.00	0.00	XXX	0
A4335	.....	P	Incontinence supply	0.00	0.00	0.00	0.00	XXX	0
A4338	.....	P	Indwelling catheter latex	0.00	0.00	0.00	0.00	XXX	0
A4340	.....	P	Indwelling catheter special	0.00	0.00	0.00	0.00	XXX	0
A4344	.....	P	Cath indw foley 2 way silicn	0.00	0.00	0.00	0.00	XXX	0
A4346	.....	P	Cath indw foley 3 way	0.00	0.00	0.00	0.00	XXX	0
A4347	.....	P	Male external catheter	0.00	0.00	0.00	0.00	XXX	0
A4351	.....	P	Straight tip urine catheter	0.00	0.00	0.00	0.00	XXX	0
A4352	.....	P	Coude tip urinary catheter	0.00	0.00	0.00	0.00	XXX	0
A4353	.....	X	Intermittent urinary cath	0.00	0.00	0.00	0.00	XXX	0
A4354	.....	P	Cath insertion tray w/bag	0.00	0.00	0.00	0.00	XXX	0
A4355	.....	P	Bladder irrigation tubing	0.00	0.00	0.00	0.00	XXX	0
A4356	.....	P	Ext ureth clmp or compr dvc	0.00	0.00	0.00	0.00	XXX	0
A4357	.....	P	Bedside drainage bag	0.00	0.00	0.00	0.00	XXX	0
A4358	.....	P	Urinary leg bag	0.00	0.00	0.00	0.00	XXX	0
A4359	.....	P	Urinary suspensory w/o leg b	0.00	0.00	0.00	0.00	XXX	0
A4361	.....	P	Ostomy face plate	0.00	0.00	0.00	0.00	XXX	0
A4362	.....	P	Solid skin barrier	0.00	0.00	0.00	0.00	XXX	0
A4363	.....	P	Liquid skin barrier	0.00	0.00	0.00	0.00	XXX	0
A4364	.....	P	Ostomy/cath adhesive	0.00	0.00	0.00	0.00	XXX	0
A4365	.....	X	Ostomy adhesive remover wipe	0.00	0.00	0.00	0.00	XXX	0
A4367	.....	P	Ostomy belt	0.00	0.00	0.00	0.00	XXX	0
A4368	.....	X	Ostomy filter	0.00	0.00	0.00	0.00	XXX	0
A4397	.....	P	Irrigation supply sleeve	0.00	0.00	0.00	0.00	XXX	0
A4398	.....	P	Ostomy irrigation bag	0.00	0.00	0.00	0.00	XXX	0
A4399	.....	P	Ostomy irrig cone/cath w brs	0.00	0.00	0.00	0.00	XXX	0
A4400	.....	P	Ostomy irrigation set	0.00	0.00	0.00	0.00	XXX	0
A4402	.....	P	Lubricant per ounce	0.00	0.00	0.00	0.00	XXX	0
A4404	.....	P	Ostomy ring each	0.00	0.00	0.00	0.00	XXX	0
A4421	.....	P	Ostomy supply misc	0.00	0.00	0.00	0.00	XXX	0
A4454	.....	P	Tape all types all sizes	0.00	0.00	0.00	0.00	XXX	0
A4455	.....	P	Adhesive remover per ounce	0.00	0.00	0.00	0.00	XXX	0
A4460	.....	P	Elastic compression bandage	0.00	0.00	0.00	0.00	XXX	0
A4465	.....	P	Non-elastic extremity binder	0.00	0.00	0.00	0.00	XXX	0
A4470	.....	P	Gravlee jet washer	0.00	0.00	0.00	0.00	XXX	0
A4480	.....	P	Vabra aspirator	0.00	0.00	0.00	0.00	XXX	0
A4481	.....	X	Tracheostoma filter	0.00	0.00	0.00	0.00	XXX	0
A4490	.....	N	Above knee surgical stocking	0.00	0.00	0.00	0.00	XXX	0
A4495	.....	N	Thigh length surg stocking	0.00	0.00	0.00	0.00	XXX	0
A4500	.....	N	Below knee surgical stocking	0.00	0.00	0.00	0.00	XXX	0
A4510	.....	N	Full length surg stocking	0.00	0.00	0.00	0.00	XXX	0
A4550	.....	A	Surgical trays	0.00	0.95	0.00	0.95	XXX	N
A4554	.....	N	Disposable underpads	0.00	0.00	0.00	0.00	XXX	0
A4556	.....	P	Electrodes	0.00	0.00	0.00	0.00	XXX	0
A4557	.....	P	Lead wires	0.00	0.00	0.00	0.00	XXX	0
A4558	.....	P	Conductive paste or gel	0.00	0.00	0.00	0.00	XXX	0
A4560	.....	X	Pessary	0.00	0.00	0.00	0.00	XXX	0
A4565	.....	X	Slings	0.00	0.00	0.00	0.00	XXX	0
A4570	.....	X	Splint	0.00	0.00	0.00	0.00	XXX	0
A4572	.....	X	Rib belt	0.00	0.00	0.00	0.00	XXX	0
A4575	.....	N	Hyperbaric o2 chamber disps	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
A4580	.....	X	Cast supplies (plaster)	0.00	0.00	0.00	0.00	XXX	0
A4581	.....	D	Risser jacket supplies	0.00	0.00	0.00	0.00	XXX	0
A4590	.....	X	Special casting material	0.00	0.00	0.00	0.00	XXX	0
A4595	.....	X	TENS suppl 2 lead per month	0.00	0.00	0.00	0.00	XXX	0
A4610	.....	D	Med supplies for use in DME	0.00	0.00	0.00	0.00	XXX	0
A4611	.....	X	Heavy duty battery	0.00	0.00	0.00	0.00	XXX	0
A4612	.....	X	Battery cables	0.00	0.00	0.00	0.00	XXX	0
A4613	.....	X	Battery charger	0.00	0.00	0.00	0.00	XXX	0
A4615	.....	X	Cannula nasal	0.00	0.00	0.00	0.00	XXX	0
A4616	.....	X	Tubing (oxygen) per foot	0.00	0.00	0.00	0.00	XXX	0
A4617	.....	X	Mouth piece	0.00	0.00	0.00	0.00	XXX	0
A4618	.....	X	Breathing circuits	0.00	0.00	0.00	0.00	XXX	0
A4619	.....	X	Face tent	0.00	0.00	0.00	0.00	XXX	0
A4620	.....	X	Variable concentration mask	0.00	0.00	0.00	0.00	XXX	0
A4621	.....	X	Tracheotomy mask or collar	0.00	0.00	0.00	0.00	XXX	0
A4622	.....	X	Tracheostomy or larngectomy	0.00	0.00	0.00	0.00	XXX	0
A4623	.....	X	Tracheostomy inner cannula	0.00	0.00	0.00	0.00	XXX	0
A4624	.....	X	Tracheal suction tube	0.00	0.00	0.00	0.00	XXX	0
A4625	.....	X	Trach care kit for new trach	0.00	0.00	0.00	0.00	XXX	0
A4626	.....	X	Tracheostomy cleaning brush	0.00	0.00	0.00	0.00	XXX	0
A4627	.....	N	Spacer bag/reservoir	0.00	0.00	0.00	0.00	XXX	0
A4628	.....	X	Oropharyngeal suction cath	0.00	0.00	0.00	0.00	XXX	0
A4629	.....	X	Tracheostomy care kit	0.00	0.00	0.00	0.00	XXX	0
A4630	.....	X	Repl bat t.e.n.s. own by pt	0.00	0.00	0.00	0.00	XXX	0
A4631	.....	X	Wheelchair battery	0.00	0.00	0.00	0.00	XXX	0
A4635	.....	X	Underarm crutch pad	0.00	0.00	0.00	0.00	XXX	0
A4636	.....	X	Handgrip for cane etc	0.00	0.00	0.00	0.00	XXX	0
A4637	.....	X	Repl tip cane/crutch/walker	0.00	0.00	0.00	0.00	XXX	0
A4640	.....	X	Alternating pressure pad	0.00	0.00	0.00	0.00	XXX	0
A4641	.....	E	Diagnostic imaging agent	0.00	0.00	0.00	0.00	XXX	0
A4642	.....	E	Satumomab pendetide per dose	0.00	0.00	0.00	0.00	XXX	0
A4643	.....	E	High dose contrast MRI	0.00	0.00	0.00	0.00	XXX	0
A4644	.....	E	Contrast 100–199 MGs iodine	0.00	0.00	0.00	0.00	XXX	0
A4645	.....	E	Contrast 200–299 MGs iodine	0.00	0.00	0.00	0.00	XXX	0
A4646	.....	E	Contrast 300–399 MGs iodine	0.00	0.00	0.00	0.00	XXX	0
A4647	.....	B	Supp- paramagnetic contr mat	0.00	0.00	0.00	0.00	XXX	0
A4649	.....	P	Surgical supplies	0.00	0.00	0.00	0.00	XXX	0
A4650	.....	X	Supp esrd centrifuge	0.00	0.00	0.00	0.00	XXX	0
A4655	.....	X	Esrd syringe/needle	0.00	0.00	0.00	0.00	XXX	0
A4660	.....	X	Esrd blood pressure device	0.00	0.00	0.00	0.00	XXX	0
A4663	.....	X	Esrd blood pressure cuff	0.00	0.00	0.00	0.00	XXX	0
A4670	.....	N	Auto blood pressure monitor	0.00	0.00	0.00	0.00	XXX	0
A4680	.....	X	Activated carbon filters	0.00	0.00	0.00	0.00	XXX	0
A4690	.....	X	Dialyzers	0.00	0.00	0.00	0.00	XXX	0
A4700	.....	X	Standard dialysate solution	0.00	0.00	0.00	0.00	XXX	0
A4705	.....	X	Bicarb dialysate solution	0.00	0.00	0.00	0.00	XXX	0
A4712	.....	X	Sterile water	0.00	0.00	0.00	0.00	XXX	0
A4714	.....	X	Treated water for dialysis	0.00	0.00	0.00	0.00	XXX	0
A4730	.....	X	Fistula cannulation set dial	0.00	0.00	0.00	0.00	XXX	0
A4735	.....	X	Local/topical anesthetics	0.00	0.00	0.00	0.00	XXX	0
A4740	.....	X	Esrd shunt accessory	0.00	0.00	0.00	0.00	XXX	0
A4750	.....	X	Arterial or venous tubing	0.00	0.00	0.00	0.00	XXX	0
A4755	.....	X	Arterial and venous tubing	0.00	0.00	0.00	0.00	XXX	0
A4760	.....	X	Standard testing solution	0.00	0.00	0.00	0.00	XXX	0
A4765	.....	X	Dialysate concentrate	0.00	0.00	0.00	0.00	XXX	0
A4770	.....	X	Blood testing supplies	0.00	0.00	0.00	0.00	XXX	0
A4771	.....	X	Blood clotting time tube	0.00	0.00	0.00	0.00	XXX	0
A4772	.....	X	Dextrostick/glucose strips	0.00	0.00	0.00	0.00	XXX	0
A4773	.....	X	Hemostix	0.00	0.00	0.00	0.00	XXX	0
A4774	.....	X	Ammonia test paper	0.00	0.00	0.00	0.00	XXX	0
A4780	.....	X	Esrd sterilizing agent	0.00	0.00	0.00	0.00	XXX	0
A4790	.....	X	Esrd cleansing agents	0.00	0.00	0.00	0.00	XXX	0
A4800	.....	X	Heparin/antidote dialysis	0.00	0.00	0.00	0.00	XXX	0
A4820	.....	X	Supplies hemodialysis kit	0.00	0.00	0.00	0.00	XXX	0
A4850	.....	X	Rubber tipped hemostats	0.00	0.00	0.00	0.00	XXX	0
A4860	.....	X	Disposable catheter caps	0.00	0.00	0.00	0.00	XXX	0
A4870	.....	X	Plumbing/electrical work	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
A4880	.....	X	Water storage tanks	0.00	0.00	0.00	0.00	XXX	0
A4890	.....	R	Contracts/repair/maintenance	0.00	0.00	0.00	0.00	XXX	N
A4900	.....	X	Capd supply kit	0.00	0.00	0.00	0.00	XXX	0
A4901	.....	X	Ccpd supply kit	0.00	0.00	0.00	0.00	XXX	0
A4905	.....	X	Ipd supply kit	0.00	0.00	0.00	0.00	XXX	0
A4910	.....	X	Esrd nonmedical supplies	0.00	0.00	0.00	0.00	XXX	0
A4912	.....	X	Gomco drain bottle	0.00	0.00	0.00	0.00	XXX	0
A4913	.....	X	Esrd supply	0.00	0.00	0.00	0.00	XXX	0
A4914	.....	X	Preparation kit	0.00	0.00	0.00	0.00	XXX	0
A4918	.....	X	Venous pressure clamp	0.00	0.00	0.00	0.00	XXX	0
A4919	.....	X	Supp dialysis dialyzer holde	0.00	0.00	0.00	0.00	XXX	0
A4920	.....	X	Harvard pressure clamp	0.00	0.00	0.00	0.00	XXX	0
A4921	.....	X	Measuring cylinder	0.00	0.00	0.00	0.00	XXX	0
A4927	.....	X	Gloves	0.00	0.00	0.00	0.00	XXX	0
A5051	.....	P	Pouch clsd w barr attached	0.00	0.00	0.00	0.00	XXX	0
A5052	.....	P	Clsd ostomy pouch w/o barr	0.00	0.00	0.00	0.00	XXX	0
A5053	.....	P	Clsd ostomy pouch faceplate	0.00	0.00	0.00	0.00	XXX	0
A5054	.....	P	Clsd ostomy pouch w/flange	0.00	0.00	0.00	0.00	XXX	0
A5055	.....	P	Stoma cap	0.00	0.00	0.00	0.00	XXX	0
A5061	.....	P	Pouch drainable w barrier at	0.00	0.00	0.00	0.00	XXX	0
A5062	.....	P	Drnble ostomy pouch w/o barr	0.00	0.00	0.00	0.00	XXX	0
A5063	.....	P	Drain ostomy pouch w/flange	0.00	0.00	0.00	0.00	XXX	0
A5064	.....	G	Drain ostomy pouch w/fceplte	0.00	0.00	0.00	0.00	XXX	0
A5065	.....	G	Drain ostomy pouch on fcplte	0.00	0.00	0.00	0.00	XXX	0
A5071	.....	P	Urinary pouch w/barrier	0.00	0.00	0.00	0.00	XXX	0
A5072	.....	P	Urinary pouch w/o barrier	0.00	0.00	0.00	0.00	XXX	0
A5073	.....	P	Urinary pouch on barr w/flng	0.00	0.00	0.00	0.00	XXX	0
A5074	.....	G	Urinary pouch w/faceplate	0.00	0.00	0.00	0.00	XXX	0
A5075	.....	G	Urinary pouch on faceplate	0.00	0.00	0.00	0.00	XXX	0
A5081	.....	P	Continent stoma plug	0.00	0.00	0.00	0.00	XXX	0
A5082	.....	P	Continent stoma catheter	0.00	0.00	0.00	0.00	XXX	0
A5093	.....	P	Ostomy accessory convex inse	0.00	0.00	0.00	0.00	XXX	0
A5102	.....	P	Bedside drain btl w/wo tube	0.00	0.00	0.00	0.00	XXX	0
A5105	.....	P	Urinary suspensory	0.00	0.00	0.00	0.00	XXX	0
A5112	.....	P	Urinary leg bag	0.00	0.00	0.00	0.00	XXX	0
A5113	.....	P	Latex leg strap	0.00	0.00	0.00	0.00	XXX	0
A5114	.....	P	Foam/fabric leg strap	0.00	0.00	0.00	0.00	XXX	0
A5119	.....	P	Skin barrier wipes box pr 50	0.00	0.00	0.00	0.00	XXX	0
A5121	.....	P	Solid skin barrier 6x6	0.00	0.00	0.00	0.00	XXX	0
A5122	.....	P	Solid skin barrier 8x8	0.00	0.00	0.00	0.00	XXX	0
A5123	.....	P	Skin barrier with flange	0.00	0.00	0.00	0.00	XXX	0
A5126	.....	P	Adhesive disc/foam pad	0.00	0.00	0.00	0.00	XXX	0
A5131	.....	P	Appliance cleaner	0.00	0.00	0.00	0.00	XXX	0
A5149	.....	P	Incontinence/ostomy supply	0.00	0.00	0.00	0.00	XXX	0
A5500	.....	X	Diab shoe for density insert	0.00	0.00	0.00	0.00	XXX	0
A5501	.....	X	Diabetic custom molded shoe	0.00	0.00	0.00	0.00	XXX	0
A5502	.....	X	Diabetic shoe density insert	0.00	0.00	0.00	0.00	XXX	0
A5503	.....	X	Diabetic shoe w/roller/rockr	0.00	0.00	0.00	0.00	XXX	0
A5504	.....	X	Diabetic shoe with wedge	0.00	0.00	0.00	0.00	XXX	0
A5505	.....	X	Diab shoe w/metatarsal bar	0.00	0.00	0.00	0.00	XXX	0
A5506	.....	X	Diabetic shoe w/off set heel	0.00	0.00	0.00	0.00	XXX	0
A5507	.....	X	Modification diabetic shoe	0.00	0.00	0.00	0.00	XXX	0
A6020	.....	P	Collagen dressing cover ea	0.00	0.00	0.00	0.00	XXX	0
A6025	.....	G	Silicone gel sheet, each	0.00	0.00	0.00	0.00	XXX	0
A6154	.....	X	Wound pouch each	0.00	0.00	0.00	0.00	XXX	0
A6196	.....	X	Alginate dressing <=16 sq in	0.00	0.00	0.00	0.00	XXX	0
A6197	.....	X	Alginate drsg >16 <=48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6198	.....	X	alginate dressing > 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6199	.....	X	Alginate drsg wound filler	0.00	0.00	0.00	0.00	XXX	0
A6203	.....	X	Composite drsg <= 16 sq in	0.00	0.00	0.00	0.00	XXX	0
A6204	.....	X	Composite drsg >16<=48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6205	.....	X	Composite drsg > 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6206	.....	X	Contact layer <= 16 sq in	0.00	0.00	0.00	0.00	XXX	0
A6207	.....	X	Contact layer >16<= 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6208	.....	X	Contact layer > 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6209	.....	X	Foam drsg <=16 sq in w/o bdr	0.00	0.00	0.00	0.00	XXX	0
A6210	.....	X	Foam drg >16<=48 sq in w/o b	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
A6211	.....	X	Foam drg > 48 sq in w/o brdr	0.00	0.00	0.00	0.00	XXX	0
A6212	.....	X	Foam drg <=16 sq in w/border	0.00	0.00	0.00	0.00	XXX	0
A6213	.....	X	Foam drg >16<=48 sq in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6214	.....	X	Foam drg > 48 sq in w/border	0.00	0.00	0.00	0.00	XXX	0
A6215	.....	X	Foam dressing wound filler	0.00	0.00	0.00	0.00	XXX	0
A6216	.....	X	Non-sterile gauze<=16 sq in	0.00	0.00	0.00	0.00	XXX	0
A6217	.....	X	Non-sterile gauze>16<=48 sq	0.00	0.00	0.00	0.00	XXX	0
A6218	.....	X	Non-sterile gauze > 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6219	.....	X	Gauze <= 16 sq in w/border	0.00	0.00	0.00	0.00	XXX	0
A6220	.....	X	Gauze >16 <=48 sq in w/bordr	0.00	0.00	0.00	0.00	XXX	0
A6221	.....	X	Gauze > 48 sq in w/border	0.00	0.00	0.00	0.00	XXX	0
A6222	.....	X	Gauze <=16 in no w/sal w/o b	0.00	0.00	0.00	0.00	XXX	0
A6223	.....	X	Gauze >16<=48 no w/sal w/o b	0.00	0.00	0.00	0.00	XXX	0
A6224	.....	X	Gauze > 48 in no w/sal w/o b	0.00	0.00	0.00	0.00	XXX	0
A6228	.....	X	Gauze <= 16 sq in water/sal	0.00	0.00	0.00	0.00	XXX	0
A6229	.....	X	Gauze >16<=48 sq in watr/sal	0.00	0.00	0.00	0.00	XXX	0
A6230	.....	X	Gauze > 48 sq in water/salne	0.00	0.00	0.00	0.00	XXX	0
A6234	.....	X	Hydrocolld drg <=16 w/o bdr	0.00	0.00	0.00	0.00	XXX	0
A6235	.....	X	Hydrocolld drg >16<=48 w/o b	0.00	0.00	0.00	0.00	XXX	0
A6236	.....	X	Hydrocolld drg > 48 in w/o b	0.00	0.00	0.00	0.00	XXX	0
A6237	.....	X	Hydrocolld drg <=16 in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6238	.....	X	Hydrocolld drg >16<=48 w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6239	.....	X	Hydrocolld drg > 48 in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6240	.....	X	Hydrocolld drg filler paste	0.00	0.00	0.00	0.00	XXX	0
A6241	.....	X	Hydrocolloid drg filler dry	0.00	0.00	0.00	0.00	XXX	0
A6242	.....	X	Hydrogel drg <=16 in w/o bdr	0.00	0.00	0.00	0.00	XXX	0
A6243	.....	X	Hydrogel drg ≤16<=48 w/o bdr	0.00	0.00	0.00	0.00	XXX	0
A6244	.....	X	Hydrogel drg >48 in w/o bdr	0.00	0.00	0.00	0.00	XXX	0
A6245	.....	X	Hydrogel drg <= 16 in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6246	.....	X	Hydrogel drg >16<=48 in w/b	0.00	0.00	0.00	0.00	XXX	0
A6247	.....	X	Hydrogel drg > 48 sq in w/b	0.00	0.00	0.00	0.00	XXX	0
A6248	.....	X	Hydrogel drsg gel filler	0.00	0.00	0.00	0.00	XXX	0
A6250	.....	X	Skin seal protect moisturizr	0.00	0.00	0.00	0.00	XXX	0
A6251	.....	X	Absorpt drg <=16 sq in w/o b	0.00	0.00	0.00	0.00	XXX	0
A6252	.....	X	Absorpt drg >16 <=48 w/o bdr	0.00	0.00	0.00	0.00	XXX	0
A6253	.....	X	Absorpt drg > 48 sq in w/o b	0.00	0.00	0.00	0.00	XXX	0
A6254	.....	X	Absorpt drg <=16 sq in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6255	.....	X	Absorpt drg >16<=48 in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6256	.....	X	Absorpt drg > 48 sq in w/bdr	0.00	0.00	0.00	0.00	XXX	0
A6257	.....	X	Transparent film <= 16 sq in	0.00	0.00	0.00	0.00	XXX	0
A6258	.....	X	Transparent film >16<=48 in	0.00	0.00	0.00	0.00	XXX	0
A6259	.....	X	Transparent film > 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6260	.....	X	Wound cleanser any type/size	0.00	0.00	0.00	0.00	XXX	0
A6261	.....	X	Wound filler gel/paste /oz	0.00	0.00	0.00	0.00	XXX	0
A6262	.....	X	Wound filler dry form / gram	0.00	0.00	0.00	0.00	XXX	0
A6263	.....	X	Non-sterile elastic gauze/yd	0.00	0.00	0.00	0.00	XXX	0
A6264	.....	X	Non-sterile no elastic gauze	0.00	0.00	0.00	0.00	XXX	0
A6265	.....	X	Tape per 18 sq inches	0.00	0.00	0.00	0.00	XXX	0
A6266	.....	X	Impreg gauze no h20/sal/yard	0.00	0.00	0.00	0.00	XXX	0
A6402	.....	X	Sterile gauze <= 16 sq in	0.00	0.00	0.00	0.00	XXX	0
A6403	.....	X	Sterile gauze>16 <= 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6404	.....	X	Sterile gauze > 48 sq in	0.00	0.00	0.00	0.00	XXX	0
A6405	.....	X	Sterile elastic gauze /yd	0.00	0.00	0.00	0.00	XXX	0
A6406	.....	X	Sterile non-elastic gauze/yd	0.00	0.00	0.00	0.00	XXX	0
A9150	.....	E	Misc/exper non-prescript dru	0.00	0.00	0.00	0.00	XXX	0
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
A9503	.....	X	Technetium TC 99m medronate	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
D0120	.....	N	Periodic oral evaluation	0.00	0.00	0.00	0.00	XXX	0
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

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
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
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
D2335	.....	N	Resin 4/> surf or w/ incis an	0.00	0.00	0.00	0.00	XXX	0
D2336	.....	N	Composite resin crown	0.00	0.00	0.00	0.00	XXX	0
D2380	.....	N	Resin one surf poster primar	0.00	0.00	0.00	0.00	XXX	0
D2381	.....	N	Resin two surf poster primar	0.00	0.00	0.00	0.00	XXX	0
D2382	.....	N	Resin three/more surf post p	0.00	0.00	0.00	0.00	XXX	0
D2385	.....	N	Resin one surf poster perman	0.00	0.00	0.00	0.00	XXX	0
D2386	.....	N	Resin two surf poster perman	0.00	0.00	0.00	0.00	XXX	0
D2387	.....	N	Resin three/more surf post p	0.00	0.00	0.00	0.00	XXX	0
D2410	.....	N	Dental gold foil one surface	0.00	0.00	0.00	0.00	XXX	0
D2420	.....	N	Dental gold foil two surface	0.00	0.00	0.00	0.00	XXX	0
D2430	.....	N	Dental gold foil three surfa	0.00	0.00	0.00	0.00	XXX	0
D2510	.....	N	Dental inlay metalic 1 surf	0.00	0.00	0.00	0.00	XXX	0
D2520	.....	N	Dental inlay metallic 2 surf	0.00	0.00	0.00	0.00	XXX	0
D2530	.....	N	Dental inlay metl 3/more sur	0.00	0.00	0.00	0.00	XXX	0
D2543	.....	N	Dental onlay metallic 3 surf	0.00	0.00	0.00	0.00	XXX	0
D2544	.....	N	Dental onlay metl 4/more sur	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D2610	.....	N	Inlay porcelain/ceramic 1 su	0.00	0.00	0.00	0.00	XXX	0
D2620	.....	N	Inlay porcelain/ceramic 2 su	0.00	0.00	0.00	0.00	XXX	0
D2630	.....	N	Dental onlay porc 3/more sur	0.00	0.00	0.00	0.00	XXX	0
D2642	.....	N	Dental onlay porcelin 2 surf	0.00	0.00	0.00	0.00	XXX	0
D2643	.....	N	Dental onlay porcelin 3 surf	0.00	0.00	0.00	0.00	XXX	0
D2644	.....	N	Dental onlay porc 4/more sur	0.00	0.00	0.00	0.00	XXX	0
D2650	.....	N	Inlay composite/resin one su	0.00	0.00	0.00	0.00	XXX	0
D2651	.....	N	Inlay composite/resin two su	0.00	0.00	0.00	0.00	XXX	0
D2652	.....	N	Dental inlay resin 3/mre sur	0.00	0.00	0.00	0.00	XXX	0
D2662	.....	N	Dental onlay resin 2 surface	0.00	0.00	0.00	0.00	XXX	0
D2663	.....	N	Dental onlay resin 3 surface	0.00	0.00	0.00	0.00	XXX	0
D2664	.....	N	Dental onlay resin 4/mre sur	0.00	0.00	0.00	0.00	XXX	0
D2710	.....	N	Crown resin laboratory	0.00	0.00	0.00	0.00	XXX	0
D2720	.....	N	Crown resin w/ high noble me	0.00	0.00	0.00	0.00	XXX	0
D2721	.....	N	Crown resin w/ base metal	0.00	0.00	0.00	0.00	XXX	0
D2722	.....	N	Crown resin w/ noble metal	0.00	0.00	0.00	0.00	XXX	0
D2740	.....	N	Crown porcelain/ceramic subs	0.00	0.00	0.00	0.00	XXX	0
D2750	.....	N	Crown porcelain w/ h noble m	0.00	0.00	0.00	0.00	XXX	0
D2751	.....	N	Crown porcelain fused base m	0.00	0.00	0.00	0.00	XXX	0
D2752	.....	N	Crown porcelain w/ noble met	0.00	0.00	0.00	0.00	XXX	0
D2790	.....	N	Crown full cast high noble m	0.00	0.00	0.00	0.00	XXX	0
D2791	.....	N	Crown full cast base metal	0.00	0.00	0.00	0.00	XXX	0
D2792	.....	N	Crown full cast noble metal	0.00	0.00	0.00	0.00	XXX	0
D2810	.....	N	Crown 3/4 cast metallic	0.00	0.00	0.00	0.00	XXX	0
D2910	.....	N	Dental recement inlay	0.00	0.00	0.00	0.00	XXX	0
D2920	.....	N	Dental recement crown	0.00	0.00	0.00	0.00	XXX	0
D2930	.....	N	Prefab stnlss steel crwn pri	0.00	0.00	0.00	0.00	XXX	0
D2931	.....	N	Prefab stnlss steel crown pe	0.00	0.00	0.00	0.00	XXX	0
D2932	.....	N	Prefabricated resin crown	0.00	0.00	0.00	0.00	XXX	0
D2933	.....	N	Prefab stainless steel crown	0.00	0.00	0.00	0.00	XXX	0
D2940	.....	N	Dental sedative filling	0.00	0.00	0.00	0.00	XXX	0
D2950	.....	N	Core build-up incl any pins	0.00	0.00	0.00	0.00	XXX	0
D2951	.....	N	Tooth pin retention	0.00	0.00	0.00	0.00	XXX	0
D2952	.....	N	Post and core cast + crown	0.00	0.00	0.00	0.00	XXX	0
D2954	.....	N	Prefab post/core + crown	0.00	0.00	0.00	0.00	XXX	0
D2955	.....	N	Post removal	0.00	0.00	0.00	0.00	XXX	0
D2960	.....	N	Laminate labial veneer	0.00	0.00	0.00	0.00	XXX	0
D2961	.....	N	Lab labial veneer resin	0.00	0.00	0.00	0.00	XXX	0
D2962	.....	N	Lab labial veneer porcelain	0.00	0.00	0.00	0.00	XXX	0
D2970	.....	R	Temporary- fractured tooth	0.00	0.00	0.00	0.00	YYY	N
D2980	.....	N	Crown repair	0.00	0.00	0.00	0.00	XXX	0
D2999	.....	R	Dental unspec restorative pr	0.00	0.00	0.00	0.00	YYY	N
D3110	.....	N	Pulp cap direct	0.00	0.00	0.00	0.00	XXX	0
D3120	.....	N	Pulp cap indirect	0.00	0.00	0.00	0.00	XXX	0
D3220	.....	N	Therapeutic pulpotomy	0.00	0.00	0.00	0.00	XXX	0
D3230	.....	N	Pulpal therapy anterior prim	0.00	0.00	0.00	0.00	XXX	0
D3240	.....	N	Pulpal therapy posterior pri	0.00	0.00	0.00	0.00	XXX	0
D3310	.....	N	Anterior	0.00	0.00	0.00	0.00	XXX	0
D3320	.....	N	Root canal therapy 2 canals	0.00	0.00	0.00	0.00	XXX	0
D3330	.....	N	Root canal therapy 3 canals	0.00	0.00	0.00	0.00	XXX	0
D3346	.....	N	Retreat root canal anterior	0.00	0.00	0.00	0.00	XXX	0
D3347	.....	N	Retreat root canal bicuspid	0.00	0.00	0.00	0.00	XXX	0
D3348	.....	N	Retreat root canal molar	0.00	0.00	0.00	0.00	XXX	0
D3351	.....	N	Apexification/recalc initial	0.00	0.00	0.00	0.00	XXX	0
D3352	.....	N	Apexification/recalc interim	0.00	0.00	0.00	0.00	XXX	0
D3353	.....	N	Apexification/recalc final	0.00	0.00	0.00	0.00	XXX	0
D3410	.....	N	Apicoect/perirad surg anter	0.00	0.00	0.00	0.00	XXX	0
D3421	.....	N	Root surgery bicuspid	0.00	0.00	0.00	0.00	XXX	0
D3425	.....	N	Root surgery molar	0.00	0.00	0.00	0.00	XXX	0
D3426	.....	N	Root surgery ea add root	0.00	0.00	0.00	0.00	XXX	0
D3430	.....	N	Retrograde filling	0.00	0.00	0.00	0.00	XXX	0
D3450	.....	N	Root amputation	0.00	0.00	0.00	0.00	XXX	0
D3460	.....	R	Endodontic endosseous implan	0.00	0.00	0.00	0.00	YYY	N
D3470	.....	N	Intentional replantation	0.00	0.00	0.00	0.00	XXX	0
D3910	.....	N	Isolation-tooth w rubb dam	0.00	0.00	0.00	0.00	XXX	0
D3920	.....	N	Tooth splitting	0.00	0.00	0.00	0.00	XXX	0
D3950	.....	N	Canal prep/fitting of dowel	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D3960	.....	N	Bleaching of discolored tooth	0.00	0.00	0.00	0.00	XXX	0
D3999	.....	R	Endodontic procedure	0.00	0.00	0.00	0.00	YYY	N
D4210	.....	G	Gingivectomy/plasty per quad	0.00	0.00	0.00	0.00	XXX	0
D4211	.....	G	Gingivectomy/plasty per tooth	0.00	0.00	0.00	0.00	XXX	0
D4220	.....	N	Gingival curettage per quadr	0.00	0.00	0.00	0.00	XXX	0
D4240	.....	N	Gingival flap proc w/ planin	0.00	0.00	0.00	0.00	XXX	0
D4249	.....	N	Crown lengthen hard tissue	0.00	0.00	0.00	0.00	XXX	0
D4250	.....	R	Mucogingival surg per quadra	0.00	0.00	0.00	0.00	YYY	N
D4260	.....	R	Osseous surgery per quadrant	0.00	0.00	0.00	0.00	YYY	S
D4263	.....	R	Bone replce graft first site	0.00	0.00	0.00	0.00	YYY	N
D4264	.....	R	Bone replce graft each add	0.00	0.00	0.00	0.00	YYY	N
D4266	.....	N	Guided tiss regen resorble	0.00	0.00	0.00	0.00	XXX	0
D4267	.....	N	Guided tiss regen nonresorb	0.00	0.00	0.00	0.00	XXX	0
D4270	.....	R	Pedicle soft tissue graft pr	0.00	0.00	0.00	0.00	YYY	S
D4271	.....	R	Free soft tissue graft proc	0.00	0.00	0.00	0.00	YYY	S
D4273	.....	R	Subepithelial tissue graft	0.00	0.00	0.00	0.00	YYY	N
D4274	.....	N	Distal/proximal wedge proc	0.00	0.00	0.00	0.00	XXX	0
D4320	.....	N	Provision splnt intracoronal	0.00	0.00	0.00	0.00	XXX	0
D4321	.....	N	Provisional splint extracoro	0.00	0.00	0.00	0.00	XXX	0
D4341	.....	N	Periodontal scaling & root	0.00	0.00	0.00	0.00	XXX	0
D4355	.....	R	Full mouth debridement	0.00	0.00	0.00	0.00	YYY	N
D4381	.....	R	Localized chemo delivery	0.00	0.00	0.00	0.00	YYY	N
D4910	.....	N	Periodontal maint procedures	0.00	0.00	0.00	0.00	XXX	0
D4920	.....	N	Unscheduled dressing change	0.00	0.00	0.00	0.00	XXX	0
D4999	.....	N	Unspecified periodontal proc	0.00	0.00	0.00	0.00	XXX	0
D5110	.....	N	Dentures complete maxillary	0.00	0.00	0.00	0.00	XXX	0
D5120	.....	N	Dentures complete mandible	0.00	0.00	0.00	0.00	XXX	0
D5130	.....	N	Dentures immediat maxillary	0.00	0.00	0.00	0.00	XXX	0
D5140	.....	N	Dentures immediat mandible	0.00	0.00	0.00	0.00	XXX	0
D5211	.....	N	Dentures maxill part resin	0.00	0.00	0.00	0.00	XXX	0
D5212	.....	N	Dentures mand part resin	0.00	0.00	0.00	0.00	XXX	0
D5213	.....	N	Dentures maxill part metal	0.00	0.00	0.00	0.00	XXX	0
D5214	.....	N	Dentures mandibl part metal	0.00	0.00	0.00	0.00	XXX	0
D5281	.....	N	Removable partial denture	0.00	0.00	0.00	0.00	XXX	0
D5410	.....	N	Dentures adjust cmplt maxil	0.00	0.00	0.00	0.00	XXX	0
D5411	.....	N	Dentures adjust cmplt mand	0.00	0.00	0.00	0.00	XXX	0
D5421	.....	N	Dentures adjust part maxill	0.00	0.00	0.00	0.00	XXX	0
D5422	.....	N	Dentures adjust part mandbl	0.00	0.00	0.00	0.00	XXX	0
D5510	.....	N	Dentur repr broken compl bas	0.00	0.00	0.00	0.00	XXX	0
D5520	.....	N	Replace denture teeth complt	0.00	0.00	0.00	0.00	XXX	0
D5610	.....	N	Dentures repair resin base	0.00	0.00	0.00	0.00	XXX	0
D5620	.....	N	Rep part denture cast frame	0.00	0.00	0.00	0.00	XXX	0
D5630	.....	N	Rep partial denture clasp	0.00	0.00	0.00	0.00	XXX	0
D5640	.....	N	Replace part denture teeth	0.00	0.00	0.00	0.00	XXX	0
D5650	.....	N	Add tooth to partial denture	0.00	0.00	0.00	0.00	XXX	0
D5660	.....	N	Add clasp to partial denture	0.00	0.00	0.00	0.00	XXX	0
D5710	.....	N	Dentures rebase cmplt maxil	0.00	0.00	0.00	0.00	XXX	0
D5711	.....	N	Dentures rebase cmplt mand	0.00	0.00	0.00	0.00	XXX	0
D5720	.....	N	Dentures rebase part maxill	0.00	0.00	0.00	0.00	XXX	0
D5721	.....	N	Dentures rebase part mandbl	0.00	0.00	0.00	0.00	XXX	0
D5730	.....	N	Denture reln cmplt maxil ch	0.00	0.00	0.00	0.00	XXX	0
D5731	.....	N	Denture reln cmplt mand chr	0.00	0.00	0.00	0.00	XXX	0
D5740	.....	N	Denture reln part maxil chr	0.00	0.00	0.00	0.00	XXX	0
D5741	.....	N	Denture reln part mand chr	0.00	0.00	0.00	0.00	XXX	0
D5750	.....	N	Denture reln cmplt max lab	0.00	0.00	0.00	0.00	XXX	0
D5751	.....	N	Denture reln cmplt mand lab	0.00	0.00	0.00	0.00	XXX	0
D5760	.....	N	Denture reln part maxil lab	0.00	0.00	0.00	0.00	XXX	0
D5761	.....	N	Denture reln part mand lab	0.00	0.00	0.00	0.00	XXX	0
D5810	.....	N	Denture interm cmplt maxill	0.00	0.00	0.00	0.00	XXX	0
D5811	.....	N	Denture interm cmplt mandbl	0.00	0.00	0.00	0.00	XXX	0
D5820	.....	N	Denture interm part maxill	0.00	0.00	0.00	0.00	XXX	0
D5821	.....	N	Denture interm part mandbl	0.00	0.00	0.00	0.00	XXX	0
D5850	.....	N	Denture tiss conditn maxill	0.00	0.00	0.00	0.00	XXX	0
D5851	.....	N	Denture tiss condtin mandbl	0.00	0.00	0.00	0.00	XXX	0
D5860	.....	N	Overdenture complete	0.00	0.00	0.00	0.00	XXX	0
D5861	.....	N	Overdenture partial	0.00	0.00	0.00	0.00	XXX	0
D5862	.....	N	Precision attachment	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D5899	.....	N	Removable prosthodontic proc	0.00	0.00	0.00	0.00	XXX	0
D5911	.....	R	Facial moulage sectional	0.00	0.00	0.00	0.00	YYY	N
D5912	.....	R	Facial moulage complete	0.00	0.00	0.00	0.00	YYY	N
D5913	.....	G	Nasal prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5914	.....	G	Auricular prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5915	.....	G	Orbital prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5916	.....	G	Ocular prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5919	.....	G	Facial prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5922	.....	G	Nasal septal prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5923	.....	G	Ocular prosthesis interim	0.00	0.00	0.00	0.00	XXX	0
D5924	.....	G	Cranial prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5925	.....	G	Facial augmentation implant	0.00	0.00	0.00	0.00	XXX	0
D5926	.....	G	Replacement nasal prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5927	.....	G	Auricular replacement	0.00	0.00	0.00	0.00	XXX	0
D5928	.....	G	Orbital replacement	0.00	0.00	0.00	0.00	XXX	0
D5929	.....	G	Facial replacement	0.00	0.00	0.00	0.00	XXX	0
D5931	.....	G	Surgical obturator	0.00	0.00	0.00	0.00	XXX	0
D5932	.....	G	Postsurgical obturator	0.00	0.00	0.00	0.00	XXX	0
D5933	.....	G	Refitting of obturator	0.00	0.00	0.00	0.00	XXX	0
D5934	.....	G	Mandibular flange prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5935	.....	G	Mandibular denture prosth	0.00	0.00	0.00	0.00	XXX	0
D5936	.....	G	Temp obturator prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5937	.....	G	Trismus appliance	0.00	0.00	0.00	0.00	XXX	0
D5951	.....	R	Feeding aid	0.00	0.00	0.00	0.00	YYY	N
D5952	.....	G	Pediatric speech aid	0.00	0.00	0.00	0.00	XXX	0
D5953	.....	G	Adult speech aid	0.00	0.00	0.00	0.00	XXX	0
D5954	.....	G	Superimposed prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5955	.....	G	Palatal lift prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5958	.....	G	Intraoral con def inter plt	0.00	0.00	0.00	0.00	XXX	0
D5959	.....	G	Intraoral con def mod palat	0.00	0.00	0.00	0.00	XXX	0
D5960	.....	G	Modify speech aid prosthesis	0.00	0.00	0.00	0.00	XXX	0
D5982	.....	G	Surgical stent	0.00	0.00	0.00	0.00	XXX	0
D5983	.....	R	Radiation applicator	0.00	0.00	0.00	0.00	YYY	N
D5984	.....	R	Radiation shield	0.00	0.00	0.00	0.00	YYY	N
D5985	.....	R	Radiation cone locator	0.00	0.00	0.00	0.00	YYY	N
D5986	.....	N	Fluoride applicator	0.00	0.00	0.00	0.00	XXX	0
D5987	.....	R	Commissure splint	0.00	0.00	0.00	0.00	YYY	N
D5988	.....	G	Surgical splint	0.00	0.00	0.00	0.00	YYY	N
D5999	.....	G	Maxillofacial prosthesis	0.00	0.00	0.00	0.00	XXX	0
D6010	.....	G	Odontics endosteal implant	0.00	0.00	0.00	0.00	XXX	0
D6020	.....	G	Odontics abutment placement	0.00	0.00	0.00	0.00	XXX	0
D6040	.....	G	Odontics eposteal implant	0.00	0.00	0.00	0.00	XXX	0
D6050	.....	G	Odontics transosteal implnt	0.00	0.00	0.00	0.00	XXX	0
D6055	.....	G	Implant connecting bar	0.00	0.00	0.00	0.00	XXX	0
D6080	.....	G	Implant maintenance	0.00	0.00	0.00	0.00	XXX	0
D6090	.....	G	Repair implant	0.00	0.00	0.00	0.00	XXX	0
D6095	.....	G	Odontics repr abutment	0.00	0.00	0.00	0.00	XXX	0
D6100	.....	G	Removal of implant	0.00	0.00	0.00	0.00	XXX	0
D6199	.....	G	Implant procedure	0.00	0.00	0.00	0.00	XXX	0
D6210	.....	N	Prosthodont high noble metal	0.00	0.00	0.00	0.00	XXX	0
D6211	.....	N	Bridge base metal cast	0.00	0.00	0.00	0.00	XXX	0
D6212	.....	N	Bridge noble metal cast	0.00	0.00	0.00	0.00	XXX	0
D6240	.....	N	Bridge porcelain high noble	0.00	0.00	0.00	0.00	XXX	0
D6241	.....	N	Bridge porcelain base metal	0.00	0.00	0.00	0.00	XXX	0
D6242	.....	N	Bridge porcelain nobel metal	0.00	0.00	0.00	0.00	XXX	0
D6250	.....	N	Bridge resin w/high noble	0.00	0.00	0.00	0.00	XXX	0
D6251	.....	N	Bridge resin base metal	0.00	0.00	0.00	0.00	XXX	0
D6252	.....	N	Bridge resin w/noble metal	0.00	0.00	0.00	0.00	XXX	0
D6520	.....	N	Dental retainer two surfaces	0.00	0.00	0.00	0.00	XXX	0
D6530	.....	N	Retainer metallic 3+ surface	0.00	0.00	0.00	0.00	XXX	0
D6543	.....	N	Dental retainr onlay 3 surf	0.00	0.00	0.00	0.00	XXX	0
D6544	.....	N	Dental retainr onlay 4/more	0.00	0.00	0.00	0.00	XXX	0
D6545	.....	N	Dental retainr cast metl	0.00	0.00	0.00	0.00	XXX	0
D6720	.....	N	Retain crown resin w hi nble	0.00	0.00	0.00	0.00	XXX	0
D6721	.....	N	Crown resin w/base metal	0.00	0.00	0.00	0.00	XXX	0
D6722	.....	N	Crown resin w/noble metal	0.00	0.00	0.00	0.00	XXX	0
D6750	.....	N	Crown porcelain high noble	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D6751	.....	N	Crown porcelain base metal	0.00	0.00	0.00	0.00	XXX	0
D6752	.....	N	Crown porcelain noble metal	0.00	0.00	0.00	0.00	XXX	0
D6780	.....	N	Crown ¾ high noble metal	0.00	0.00	0.00	0.00	XXX	0
D6790	.....	N	Crown full high noble metal	0.00	0.00	0.00	0.00	XXX	0
D6791	.....	N	Crown full base metal cast	0.00	0.00	0.00	0.00	XXX	0
D6792	.....	N	Crown full noble metal cast	0.00	0.00	0.00	0.00	XXX	0
D6920	.....	R	Dental connector bar	0.00	0.00	0.00	0.00	YYY	N
D6930	.....	N	Dental recement bridge	0.00	0.00	0.00	0.00	XXX	0
D6940	.....	N	Stress breaker	0.00	0.00	0.00	0.00	XXX	0
D6950	.....	N	Precision attachment	0.00	0.00	0.00	0.00	XXX	0
D6970	.....	N	Post & core plus retainer	0.00	0.00	0.00	0.00	XXX	0
D6971	.....	N	Cast post bridge retainer	0.00	0.00	0.00	0.00	XXX	0
D6972	.....	N	Prefab post & core plus reta	0.00	0.00	0.00	0.00	XXX	0
D6973	.....	N	Core build up for retainer	0.00	0.00	0.00	0.00	XXX	0
D6975	.....	N	Coping metal	0.00	0.00	0.00	0.00	XXX	0
D6980	.....	N	Bridge repair	0.00	0.00	0.00	0.00	XXX	0
D6999	.....	N	Fixed prosthodontic proc	0.00	0.00	0.00	0.00	XXX	0
D7110	.....	R	Oral surgery single tooth	0.00	0.00	0.00	0.00	YYY	S
D7120	.....	R	Each add tooth extraction	0.00	0.00	0.00	0.00	YYY	S
D7130	.....	R	Tooth root removal	0.00	0.00	0.00	0.00	YYY	S
D7210	.....	R	Rem imp tooth w mucoper flp	0.00	0.00	0.00	0.00	YYY	S
D7220	.....	R	Impact tooth remov soft tiss	0.00	0.00	0.00	0.00	YYY	S
D7230	.....	R	Impact tooth remov part bony	0.00	0.00	0.00	0.00	YYY	S
D7240	.....	R	Impact tooth remov comp bony	0.00	0.00	0.00	0.00	YYY	S
D7241	.....	R	Impact tooth rem bony w/comp	0.00	0.00	0.00	0.00	YYY	S
D7250	.....	R	Tooth root removal	0.00	0.00	0.00	0.00	YYY	S
D7260	.....	R	Oral antral fistula closure	0.00	0.00	0.00	0.00	YYY	S
D7270	.....	N	Tooth reimplantation	0.00	0.00	0.00	0.00	XXX	0
D7272	.....	N	Tooth transplantation	0.00	0.00	0.00	0.00	XXX	0
D7280	.....	N	Exposure impact tooth orthod	0.00	0.00	0.00	0.00	XXX	0
D7281	.....	N	Exposure tooth aid eruption	0.00	0.00	0.00	0.00	XXX	0
D7285	.....	G	Biopsy of oral tissue hard	0.00	0.00	0.00	0.00	XXX	0
D7286	.....	G	Biopsy of oral tissue soft	0.00	0.00	0.00	0.00	XXX	0
D7290	.....	N	Repositioning of teeth	0.00	0.00	0.00	0.00	XXX	0
D7291	.....	R	Transseptal fiberotomy	0.00	0.00	0.00	0.00	YYY	N
D7310	.....	G	Alveoplasty w/ extraction	0.00	0.00	0.00	0.00	XXX	0
D7320	.....	G	Alveoplasty w/o extraction	0.00	0.00	0.00	0.00	XXX	0
D7340	.....	G	Vestibuloplasty ridge extens	0.00	0.00	0.00	0.00	XXX	0
D7350	.....	G	Vestibuloplasty exten graft	0.00	0.00	0.00	0.00	XXX	0
D7410	.....	G	Rad exc lesion up to 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7420	.....	G	Lesion > 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7430	.....	G	Exc benign tumor to 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7431	.....	G	Benign tumor exc > 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7440	.....	G	Malig tumor exc to 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7441	.....	G	Malig tumor > 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7450	.....	G	Rem odontogen cyst to 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7451	.....	G	Rem odontogen cyst > 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7460	.....	G	Rem nonodonto cyst to 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7461	.....	G	Rem nonodonto cyst > 1.25 cm	0.00	0.00	0.00	0.00	XXX	0
D7465	.....	G	Lesion destruction	0.00	0.00	0.00	0.00	XXX	0
D7470	.....	G	Rem exostosis maxilla/mandib	0.00	0.00	0.00	0.00	XXX	0
D7480	.....	G	Partial ostectomy	0.00	0.00	0.00	0.00	XXX	0
D7490	.....	G	Mandible resection	0.00	0.00	0.00	0.00	XXX	0
D7510	.....	G	I&d absc intraoral soft tiss	0.00	0.00	0.00	0.00	XXX	0
D7520	.....	G	I&d abscess extraoral	0.00	0.00	0.00	0.00	XXX	0
D7530	.....	G	Removal fb skin/areolar tiss	0.00	0.00	0.00	0.00	XXX	0
D7540	.....	G	Removal of fb reaction	0.00	0.00	0.00	0.00	XXX	0
D7550	.....	G	Removal of sloughed off bone	0.00	0.00	0.00	0.00	XXX	0
D7560	.....	G	Maxillary sinusotomy	0.00	0.00	0.00	0.00	XXX	0
D7610	.....	G	Maxilla open reduct simple	0.00	0.00	0.00	0.00	XXX	0
D7620	.....	G	Clsd reduct simpl maxilla fx	0.00	0.00	0.00	0.00	XXX	0
D7630	.....	G	Open red simpl mandible fx	0.00	0.00	0.00	0.00	XXX	0
D7640	.....	G	Clsd red simpl mandible fx	0.00	0.00	0.00	0.00	XXX	0
D7650	.....	G	Open red simp malar/zygom fx	0.00	0.00	0.00	0.00	XXX	0
D7660	.....	G	Clsd red simp malar/zygom fx	0.00	0.00	0.00	0.00	XXX	0
D7670	.....	G	Open red simple alveolus fx	0.00	0.00	0.00	0.00	XXX	0
D7680	.....	G	Reduct simple facial bone fx	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D7710	.....	G	Maxilla open reduct compound	0.00	0.00	0.00	0.00	XXX	0
D7720	.....	G	Clsd reduct compd maxilla fx	0.00	0.00	0.00	0.00	XXX	0
D7730	.....	G	Open reduct compd mandble fx	0.00	0.00	0.00	0.00	XXX	0
D7740	.....	G	Clsd reduct compd mandble fx	0.00	0.00	0.00	0.00	XXX	0
D7750	.....	G	Open red comp malar/zygma fx	0.00	0.00	0.00	0.00	XXX	0
D7760	.....	G	Clsd red comp malar/zygma fx	0.00	0.00	0.00	0.00	XXX	0
D7770	.....	G	Open reduc compd alveolus fx	0.00	0.00	0.00	0.00	XXX	0
D7780	.....	G	Reduct compnd facial bone fx	0.00	0.00	0.00	0.00	XXX	0
D7810	.....	G	Tmj open reduct-dislocation	0.00	0.00	0.00	0.00	XXX	0
D7820	.....	G	Closed tmp manipulation	0.00	0.00	0.00	0.00	XXX	0
D7830	.....	G	Tmj manipulation under anest	0.00	0.00	0.00	0.00	XXX	0
D7840	.....	G	Removal of tmj condyle	0.00	0.00	0.00	0.00	XXX	0
D7850	.....	G	Tmj meniscectomy	0.00	0.00	0.00	0.00	XXX	0
D7852	.....	G	Tmj repair of joint disc	0.00	0.00	0.00	0.00	XXX	0
D7854	.....	G	Tmj excisn of joint membrane	0.00	0.00	0.00	0.00	XXX	0
D7856	.....	G	Tmj cutting of a muscle	0.00	0.00	0.00	0.00	XXX	0
D7858	.....	G	Tmj reconstruction	0.00	0.00	0.00	0.00	XXX	0
D7860	.....	G	Tmj cutting into joint	0.00	0.00	0.00	0.00	XXX	0
D7865	.....	G	Tmj reshaping components	0.00	0.00	0.00	0.00	XXX	0
D7870	.....	G	Tmj aspiration joint fluid	0.00	0.00	0.00	0.00	XXX	0
D7872	.....	G	Tmj diagnostic arthroscopy	0.00	0.00	0.00	0.00	XXX	0
D7873	.....	G	Tmj arthroscopy lysis adhesn	0.00	0.00	0.00	0.00	XXX	0
D7874	.....	G	Tmj arthroscopy disc reposit	0.00	0.00	0.00	0.00	XXX	0
D7875	.....	G	Tmj arthroscopy synovectomy	0.00	0.00	0.00	0.00	XXX	0
D7876	.....	G	Tmj arthroscopy discectomy	0.00	0.00	0.00	0.00	XXX	0
D7877	.....	G	Tmj arthroscopy debridement	0.00	0.00	0.00	0.00	XXX	0
D7880	.....	G	Occlusal orthotic appliance	0.00	0.00	0.00	0.00	XXX	0
D7899	.....	G	Tmj unspecified therapy	0.00	0.00	0.00	0.00	XXX	0
D7910	.....	G	Dent sutur recent wnd to 5 cm	0.00	0.00	0.00	0.00	XXX	0
D7911	.....	G	Dental suture wound to 5 cm	0.00	0.00	0.00	0.00	XXX	0
D7912	.....	G	Suture complicate wnd > 5 cm	0.00	0.00	0.00	0.00	XXX	0
D7920	.....	G	Dental skin graft	0.00	0.00	0.00	0.00	XXX	0
D7940	.....	R	Reshaping bone orthognathic	0.00	0.00	0.00	0.00	YYY	S
D7941	.....	G	Bone cutting ramus closed	0.00	0.00	0.00	0.00	XXX	0
D7942	.....	G	Bone cutting ramus open	0.00	0.00	0.00	0.00	XXX	0
D7943	.....	G	Cutting ramus open w/graft	0.00	0.00	0.00	0.00	XXX	0
D7944	.....	G	Bone cutting segmented	0.00	0.00	0.00	0.00	XXX	0
D7945	.....	G	Bone cutting body mandible	0.00	0.00	0.00	0.00	XXX	0
D7946	.....	G	Reconstruction maxilla total	0.00	0.00	0.00	0.00	XXX	0
D7947	.....	G	Reconstruct maxilla segment	0.00	0.00	0.00	0.00	XXX	0
D7948	.....	G	Reconstruct midface no graft	0.00	0.00	0.00	0.00	XXX	0
D7949	.....	G	Reconstruct midface w/graft	0.00	0.00	0.00	0.00	XXX	0
D7950	.....	G	Mandible graft	0.00	0.00	0.00	0.00	XXX	0
D7955	.....	G	Repair maxillofacial defects	0.00	0.00	0.00	0.00	XXX	0
D7960	.....	G	Frenulectomy/frenulotomy	0.00	0.00	0.00	0.00	XXX	0
D7970	.....	G	Excision hyperplastic tissue	0.00	0.00	0.00	0.00	XXX	0
D7971	.....	G	Excision pericoronal gingiva	0.00	0.00	0.00	0.00	XXX	0
D7980	.....	G	Sialolithotomy	0.00	0.00	0.00	0.00	XXX	0
D7981	.....	G	Excision of salivary gland	0.00	0.00	0.00	0.00	XXX	0
D7982	.....	G	Sialodochoplasty	0.00	0.00	0.00	0.00	XXX	0
D7983	.....	G	Closure of salivary fistula	0.00	0.00	0.00	0.00	XXX	0
D7990	.....	G	Emergency tracheotomy	0.00	0.00	0.00	0.00	XXX	0
D7991	.....	G	Dental coronoidectomy	0.00	0.00	0.00	0.00	XXX	0
D7995	.....	G	Synthetic graft facial bones	0.00	0.00	0.00	0.00	XXX	0
D7996	.....	G	Implant mandible for augment	0.00	0.00	0.00	0.00	XXX	0
D7999	.....	G	Oral surgery procedure	0.00	0.00	0.00	0.00	XXX	0
D8010	.....	N	Limited dental tx primary	0.00	0.00	0.00	0.00	XXX	0
D8020	.....	N	Limited dental tx transition	0.00	0.00	0.00	0.00	XXX	0
D8030	.....	N	Limited dental tx adolescent	0.00	0.00	0.00	0.00	XXX	0
D8040	.....	N	Limited dental tx adult	0.00	0.00	0.00	0.00	XXX	0
D8050	.....	N	Intercep dental tx primary	0.00	0.00	0.00	0.00	XXX	0
D8060	.....	N	Intercep dental tx transition	0.00	0.00	0.00	0.00	XXX	0
D8070	.....	N	Compre dental tx transition	0.00	0.00	0.00	0.00	XXX	0
D8080	.....	N	Compre dental tx adolescent	0.00	0.00	0.00	0.00	XXX	0
D8090	.....	N	Compre dental tx adult	0.00	0.00	0.00	0.00	XXX	0
D8210	.....	N	Orthodontic rem appliance tx	0.00	0.00	0.00	0.00	XXX	0
D8220	.....	N	Fixed appliance therapy habt	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
D8660	.....	N	Preorthodontic tx visit	0.00	0.00	0.00	0.00	XXX	0
D8670	.....	N	Periodic orthodontic tx visit	0.00	0.00	0.00	0.00	XXX	0
D8680	.....	N	Orthodontic retention	0.00	0.00	0.00	0.00	XXX	0
D8690	.....	N	Orthodontic treatment	0.00	0.00	0.00	0.00	XXX	0
D8999	.....	N	Orthodontic procedure	0.00	0.00	0.00	0.00	XXX	0
D9110	.....	R	Tx dental pain minor proc	0.00	0.00	0.00	0.00	YYY	N
D9210	.....	G	Dent anesthesia w/o surgery	0.00	0.00	0.00	0.00	XXX	0
D9211	.....	G	Regional block anesthesia	0.00	0.00	0.00	0.00	XXX	0
D9212	.....	G	Trigeminal block anesthesia	0.00	0.00	0.00	0.00	XXX	0
D9215	.....	G	Local anesthesia	0.00	0.00	0.00	0.00	XXX	0
D9220	.....	G	General anesthesia	0.00	0.00	0.00	0.00	XXX	0
D9221	.....	G	General anesthesia ea ad 15m	0.00	0.00	0.00	0.00	XXX	0
D9230	.....	R	Analgesia	0.00	0.00	0.00	0.00	YYY	N
D9240	.....	G	Intravenous sedation	0.00	0.00	0.00	0.00	XXX	0
D9310	.....	G	Dental consultation	0.00	0.00	0.00	0.00	XXX	0
D9410	.....	G	Dental house call	0.00	0.00	0.00	0.00	XXX	0
D9420	.....	G	Hospital call	0.00	0.00	0.00	0.00	XXX	0
D9430	.....	G	Office visit during hours	0.00	0.00	0.00	0.00	XXX	0
D9440	.....	G	Office visit after hours	0.00	0.00	0.00	0.00	XXX	0
D9610	.....	G	Dent therapeutic drug inject	0.00	0.00	0.00	0.00	XXX	0
D9630	.....	R	Other drugs/medicaments	0.00	0.00	0.00	0.00	YYY	N
D9910	.....	N	Dent appl desensitizing med	0.00	0.00	0.00	0.00	XXX	0
D9920	.....	N	Behavior management	0.00	0.00	0.00	0.00	XXX	0
D9930	.....	R	Treatment of complications	0.00	0.00	0.00	0.00	YYY	N
D9940	.....	R	Dental occlusal guard	0.00	0.00	0.00	0.00	YYY	N
D9941	.....	N	Fabrication athletic guard	0.00	0.00	0.00	0.00	XXX	0
D9950	.....	R	Occlusion analysis	0.00	0.00	0.00	0.00	YYY	N
D9951	.....	R	Limited occlusal adjustment	0.00	0.00	0.00	0.00	YYY	N
D9952	.....	R	Complete occlusal adjustment	0.00	0.00	0.00	0.00	YYY	N
D9970	.....	N	Enamel microabrasion	0.00	0.00	0.00	0.00	XXX	0
D9999	.....	G	Adjunctive procedure	0.00	0.00	0.00	0.00	XXX	0
G0001	.....	X	Drawing blood for specimen	0.00	0.00	0.00	0.00	XXX	0
G0002	.....	A	Temporary urinary catheter	0.50	0.70	0.02	1.22	000	S
G0004	.....	A	ECG transm phys review & int	0.52	7.31	0.65	8.48	XXX	N
G0005	.....	A	ECG 24-hour recording	0.00	1.18	0.09	1.27	XXX	N
G0006	.....	A	ECG transmission & analysis	0.00	5.73	0.51	6.24	XXX	N
G0007	.....	A	ECG phy review & interpret	0.52	0.40	0.05	0.97	XXX	N
G0008	.....	X	Admin influenza virus vac	0.00	0.00	0.00	0.00	XXX	0
G0009	.....	X	Admin pneumococcal vaccine	0.00	0.00	0.00	0.00	XXX	0
G0010	.....	X	Admin hepatitis b vaccine	0.00	0.00	0.00	0.00	XXX	0
G0015	.....	A	Post symptom ECG tracing	0.00	5.73	0.51	6.24	XXX	N
G0016	.....	A	Post symptom ECG md review	0.52	0.40	0.05	0.97	XXX	N
G0025	.....	A	Collagen skin test kit	0.00	0.95	0.00	0.95	XXX	N
G0026	.....	X	Fecal leukocyte examination	0.00	0.00	0.00	0.00	XXX	0
G0027	.....	X	Semen analysis	0.00	0.00	0.00	0.00	XXX	0
G0030	.....	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	XXX	N
G0030	26	A	PET imaging prev PET single	1.09	0.48	0.07	1.64	XXX	N
G0030	TC	C	PET imaging prev PET single	0.00	0.00	0.00	0.00	XXX	N
G0031	.....	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	XXX	N
G0031	26	A	PET imaging prev PET multple	1.46	0.65	0.10	2.21	XXX	N
G0031	TC	C	PET imaging prev PET multple	0.00	0.00	0.00	0.00	XXX	N
G0032	.....	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	XXX	N
G0032	26	A	PET follow SPECT 78464 singl	1.09	0.48	0.07	1.64	XXX	N
G0032	TC	C	PET follow SPECT 78464 singl	0.00	0.00	0.00	0.00	XXX	N
G0033	.....	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	XXX	N
G0033	26	A	PET follow SPECT 78464 mult	1.46	0.65	0.10	2.21	XXX	N
G0033	TC	C	PET follow SPECT 78464 mult	0.00	0.00	0.00	0.00	XXX	N
G0034	.....	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	XXX	N
G0034	26	A	PET follow SPECT 76865 singl	1.09	0.48	0.07	1.64	XXX	N
G0034	TC	C	PET follow SPECT 76865 singl	0.00	0.00	0.00	0.00	XXX	N
G0035	.....	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	XXX	N
G0035	26	A	PET follow SPECT 78465 mult	1.46	0.65	0.10	2.21	XXX	N
G0035	TC	C	PET follow SPECT 78465 mult	0.00	0.00	0.00	0.00	XXX	N
G0036	.....	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	XXX	N
G0036	26	A	PET follow cornry angio sing	1.09	0.48	0.07	1.64	XXX	N
G0036	TC	C	PET follow cornry angio sing	0.00	0.00	0.00	0.00	XXX	N
G0037	.....	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
G0037	26	A	PET follow cornry angio mult	1.46	0.65	0.10	2.21	XXX	N
G0037	TC	C	PET follow cornry angio mult	0.00	0.00	0.00	0.00	XXX	N
G0038		C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	XXX	N
G0038	26	A	PET follow myocard perf sing	1.09	0.48	0.07	1.64	XXX	N
G0038	TC	C	PET follow myocard perf sing	0.00	0.00	0.00	0.00	XXX	N
G0039		C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	XXX	N
G0039	26	A	PET follow myocard perf mult	1.46	0.65	0.10	2.21	XXX	N
G0039	TC	C	PET follow myocard perf mult	0.00	0.00	0.00	0.00	XXX	N
G0040		C	PET follow stress echo singl	0.00	0.00	0.00	0.00	XXX	N
G0040	26	A	PET follow stress echo singl	1.09	0.48	0.07	1.64	XXX	N
G0040	TC	C	PET follow stress echo singl	0.00	0.00	0.00	0.00	XXX	N
G0041		C	PET follow stress echo mult	0.00	0.00	0.00	0.00	XXX	N
G0041	26	A	PET follow stress echo mult	1.46	0.65	0.10	2.21	XXX	N
G0041	TC	C	PET follow stress echo mult	0.00	0.00	0.00	0.00	XXX	N
G0042		C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	XXX	N
G0042	26	A	PET follow ventriculogm sing	1.09	0.48	0.07	1.64	XXX	N
G0042	TC	C	PET follow ventriculogm sing	0.00	0.00	0.00	0.00	XXX	N
G0043		C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	XXX	N
G0043	26	A	PET follow ventriculogm mult	1.46	0.65	0.10	2.21	XXX	N
G0043	TC	C	PET follow ventriculogm mult	0.00	0.00	0.00	0.00	XXX	N
G0044		C	PET following rest ECG singl	0.00	0.00	0.00	0.00	XXX	N
G0044	26	A	PET following rest ECG singl	1.09	0.48	0.07	1.64	XXX	N
G0044	TC	C	PET following rest ECG singl	0.00	0.00	0.00	0.00	XXX	N
G0045		C	PET following rest ECG mult	0.00	0.00	0.00	0.00	XXX	N
G0045	26	A	PET following rest ECG mult	1.46	0.65	0.10	2.21	XXX	N
G0045	TC	C	PET following rest ECG mult	0.00	0.00	0.00	0.00	XXX	N
G0046		C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	XXX	N
G0046	26	A	PET follow stress ECG singl	1.09	0.48	0.07	1.64	XXX	N
G0046	TC	C	PET follow stress ECG singl	0.00	0.00	0.00	0.00	XXX	N
G0047		C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	XXX	N
G0047	26	A	PET follow stress ECG mult	1.46	0.65	0.10	2.21	XXX	N
G0047	TC	C	PET follow stress ECG mult	0.00	0.00	0.00	0.00	XXX	N
G0050		A	Residual urine by ultrasound	0.00	0.81	0.05	0.86	XXX	N
G0051		A	Destroy benign/premal lesion	0.55	0.41	0.04	1.00	010	S
G0052		A	Destruction of add'l lesions	0.18	0.13	0.01	0.32	ZZZ	S
G0053		A	Destruction of add'l lesions	3.05	2.25	0.20	5.50	ZZZ	S
G0054		D	Blood cholesterol test	0.00	0.00	0.00	0.00	XXX	0
G0055		D	Glucose post dose measure	0.00	0.00	0.00	0.00	XXX	0
G0056		D	Glucose tolerance 3 specimen	0.00	0.00	0.00	0.00	XXX	0
G0057		D	Glucose tolerance > 3 specimen	0.00	0.00	0.00	0.00	XXX	0
G0058		X	Auto multichannel 20 tests	0.00	0.00	0.00	0.00	XXX	0
G0059		X	Auto multichannel 21 tests	0.00	0.00	0.00	0.00	XXX	0
G0060		X	Auto multichannel 22 tests	0.00	0.00	0.00	0.00	XXX	0
G0061		D	Lung volume reduction surg	0.00	0.00	0.00	0.00	XXX	0
G0062		A	Peripheral bone densitometry	0.22	0.82	0.07	1.11	XXX	N
G0062	26	A	Peripheral bone densitometry	0.22	0.10	0.02	0.34	XXX	N
G0062	TC	A	Peripheral bone densitometry	0.00	0.72	0.05	0.77	XXX	N
G0063		A	Central bone densitometry	0.30	3.07	0.21	3.58	XXX	N
G0063	26	A	Central bone densitometry	0.30	0.12	0.02	0.44	XXX	N
G0063	TC	A	Central bone densitometry	0.00	2.95	0.19	3.14	XXX	N
G0064		A	Care plan oversight, hme hlth	1.73	0.51	0.04	2.28	XXX	P
G0065		A	Care plan oversight, hospice	1.73	0.51	0.04	2.28	XXX	P
G0066		B	Care plan oversight nurs fac	0.00	0.00	0.00	0.00	XXX	0
G0071		A	Psychotherapy, office,no E/M	1.11	0.35	0.05	1.51	XXX	N
G0072		A	Psychotherapy, office,wth E/M	1.47	0.35	0.05	1.87	XXX	N
G0073		A	Psychotherapy, office,no E/M	1.73	0.54	0.08	2.35	XXX	N
G0074		A	Psychotherapy, office,wth E/M	2.00	0.54	0.08	2.62	XXX	N
G0075		A	Psychotherapy, office,no E/M	2.76	1.05	0.15	3.96	XXX	N
G0076		A	Psychotherapy, office,wth E/M	3.15	1.05	0.15	4.35	XXX	N
G0077		A	Psychotherapy, office, no E/M	1.19	0.59	0.09	1.87	XXX	N
G0078		A	Psychotherapy, office,wth E/M	1.58	0.59	0.09	2.26	XXX	N
G0079		A	Psychotherapy, office, no E/M	1.86	0.59	0.09	2.54	XXX	N
G0080		A	Psychotherapy, office,wth E/M	2.15	0.59	0.09	2.83	XXX	N
G0081		A	Psychotherapy, office, no E/M	2.97	0.59	0.09	3.65	XXX	N
G0082		A	Psychotherapy, office,wth E/M	3.39	0.59	0.09	4.07	XXX	N
G0083		A	Psychotherapy, inpt, no E/M	1.24	0.35	0.05	1.64	XXX	N
G0084		A	Psychotherapy, inpt, with E/M	1.65	1.05	0.15	2.85	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
G0085	.....	A	Psychotherapy, inpt, no E/M	1.94	0.54	0.08	2.56	XXX	N
G0086	.....	A	Psychotherapy, inpt, with E/M	2.24	0.54	0.08	2.86	XXX	N
G0087	.....	A	Psychotherapy, inpt, no E/M	3.09	1.05	0.15	4.29	XXX	N
G0088	.....	A	Psychotherapy, inpt, with E/M	3.53	1.05	0.15	4.73	XXX	N
G0089	.....	A	Psychotherapy, inpt, no E/M	1.33	0.35	0.05	1.73	XXX	N
G0090	.....	A	Psychotherapy, inpt,with E/M	1.77	0.35	0.05	2.17	XXX	N
G0091	.....	A	Psychotherapy, inpt, no E/M	2.08	0.54	0.08	2.70	XXX	N
G0092	.....	A	Psychotherapy, inpt,with E/M	2.41	0.54	0.08	3.03	XXX	N
G0093	.....	A	Psychotherapy, inpt, no E/M	3.32	1.05	0.15	4.52	XXX	N
G0094	.....	A	Psychotherapy, inpt, with E/M	3.80	1.05	0.15	5.00	XXX	N
H5300	.....	G	Occupational therapy	+0.32	0.24	0.03	0.59	XXX	0
J0120	.....	E	Tetracyclin injection	0.00	0.00	0.00	0.00	XXX	0
J0150	.....	E	Injection adenosine 6 MG	0.00	0.00	0.00	0.00	XXX	0
J0170	.....	E	Adrenalin epinephrin inject	0.00	0.00	0.00	0.00	XXX	0
J0190	.....	E	Inj biperiden lactate/5 mg	0.00	0.00	0.00	0.00	XXX	0
J0205	.....	E	Alglucerase injection	0.00	0.00	0.00	0.00	XXX	0
J0210	.....	E	Methyldopate hcl injection	0.00	0.00	0.00	0.00	XXX	0
J0256	.....	E	Alpha 1-proteinase 500 MG	0.00	0.00	0.00	0.00	XXX	0
J0270	.....	N	Alprostadil for injection	0.00	0.00	0.00	0.00	XXX	0
J0280	.....	E	Aminophyllin 250 MG inj	0.00	0.00	0.00	0.00	XXX	0
J0290	.....	E	Ampicillin 500 MG inj	0.00	0.00	0.00	0.00	XXX	0
J0295	.....	E	Ampicillin sodium per 1.5 gm	0.00	0.00	0.00	0.00	XXX	0
J0300	.....	E	Amobarbital 125 MG inj	0.00	0.00	0.00	0.00	XXX	0
J0330	.....	E	Succinycholine chloride inj	0.00	0.00	0.00	0.00	XXX	0
J0340	.....	E	Nandrolon phenpropionate inj	0.00	0.00	0.00	0.00	XXX	0
J0350	.....	E	Injection anistreplase 30 u	0.00	0.00	0.00	0.00	XXX	0
J0360	.....	E	Hydralazine hcl injection	0.00	0.00	0.00	0.00	XXX	0
J0380	.....	E	Inj metaraminol bitartrate	0.00	0.00	0.00	0.00	XXX	0
J0390	.....	E	Chloroquine injection	0.00	0.00	0.00	0.00	XXX	0
J0400	.....	E	Inj trimethaphan camsylate	0.00	0.00	0.00	0.00	XXX	0
J0460	.....	E	Atropine sulfate injection	0.00	0.00	0.00	0.00	XXX	0
J0470	.....	E	Dimecaprol injection	0.00	0.00	0.00	0.00	XXX	0
J0475	.....	E	Baclofen 10 MG injection	0.00	0.00	0.00	0.00	XXX	0
J0500	.....	E	Dicyclomine injection	0.00	0.00	0.00	0.00	XXX	0
J0510	.....	E	Benzquinamide injection	0.00	0.00	0.00	0.00	XXX	0
J0515	.....	E	Inj benztropine mesylate	0.00	0.00	0.00	0.00	XXX	0
J0520	.....	E	Bethanechol chloride inject	0.00	0.00	0.00	0.00	XXX	0
J0530	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	0
J0540	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	0
J0550	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	0
J0560	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	0
J0570	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	0
J0580	.....	E	Penicillin g benzathine inj	0.00	0.00	0.00	0.00	XXX	0
J0585	.....	E	Botulinum toxin a per unit	0.00	0.00	0.00	0.00	XXX	0
J0590	.....	E	Ethylnorepinephrine hcl inj	0.00	0.00	0.00	0.00	XXX	0
J0600	.....	E	Edetate calcium disodium inj	0.00	0.00	0.00	0.00	XXX	0
J0610	.....	E	Calcium gluconate injection	0.00	0.00	0.00	0.00	XXX	0
J0620	.....	E	Calcium glycer & lact/10 ML	0.00	0.00	0.00	0.00	XXX	0
J0630	.....	E	Calcitonin salmon injection	0.00	0.00	0.00	0.00	XXX	0
J0635	.....	E	Calcitriol injection	0.00	0.00	0.00	0.00	XXX	0
J0640	.....	E	Leucovorin calcium injection	0.00	0.00	0.00	0.00	XXX	0
J0670	.....	E	Inj mepivacaine HCL/10 ml	0.00	0.00	0.00	0.00	XXX	0
J0690	.....	E	Cefazolin sodium injection	0.00	0.00	0.00	0.00	XXX	0
J0694	.....	E	Cefoxitin sodium injection	0.00	0.00	0.00	0.00	XXX	0
J0695	.....	E	Cefonocid sodium injection	0.00	0.00	0.00	0.00	XXX	0
J0696	.....	E	Ceftriaxone sodium injection	0.00	0.00	0.00	0.00	XXX	0
J0697	.....	E	Sterile cefuroxime injection	0.00	0.00	0.00	0.00	XXX	0
J0698	.....	E	Cefotaxime sodium injection	0.00	0.00	0.00	0.00	XXX	0
J0702	.....	E	Betamethasone acet&sod phosp	0.00	0.00	0.00	0.00	XXX	0
J0704	.....	E	Betamethasone sod phosp/4 MG	0.00	0.00	0.00	0.00	XXX	0
J0710	.....	E	Cephapirin sodium injection	0.00	0.00	0.00	0.00	XXX	0
J0713	.....	E	Inj ceftazidime per 500 mg	0.00	0.00	0.00	0.00	XXX	0
J0715	.....	E	Ceftizoxime sodium / 500 MG	0.00	0.00	0.00	0.00	XXX	0
J0720	.....	E	Chloramphenicol sodium injec	0.00	0.00	0.00	0.00	XXX	0
J0725	.....	E	Chorionic gonadotropin/1000u	0.00	0.00	0.00	0.00	XXX	0
J0730	.....	E	Chlorpheniramin maleate inj	0.00	0.00	0.00	0.00	XXX	0
J0743	.....	E	Cilastatin sodium injection	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
J0745	.....	E	Inj codeine phosphate /30 MG	0.00	0.00	0.00	0.00	XXX	0
J0760	.....	E	Colchicine injection	0.00	0.00	0.00	0.00	XXX	0
J0770	.....	E	Colistimethate sodium inj	0.00	0.00	0.00	0.00	XXX	0
J0780	.....	E	Prochlorperazine injection	0.00	0.00	0.00	0.00	XXX	0
J0800	.....	E	Corticotropin injection	0.00	0.00	0.00	0.00	XXX	0
J0810	.....	E	Cortisone injection	0.00	0.00	0.00	0.00	XXX	0
J0835	.....	E	Inj cosyntropin per 0.25 MG	0.00	0.00	0.00	0.00	XXX	0
J0850	.....	E	Cytomegalovirus imm IV /vial	0.00	0.00	0.00	0.00	XXX	0
J0895	.....	E	Deferoxamine mesylate inj	0.00	0.00	0.00	0.00	XXX	0
J0900	.....	E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	XXX	0
J0945	.....	E	Brompheniramine maleate inj	0.00	0.00	0.00	0.00	XXX	0
J0970	.....	E	Estradiol valerate injection	0.00	0.00	0.00	0.00	XXX	0
J1000	.....	E	Depo-estradiol cypionate inj	0.00	0.00	0.00	0.00	XXX	0
J1020	.....	E	Methylprednisolone 20 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1030	.....	E	Methylprednisolone 40 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1040	.....	E	Methylprednisolone 80 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1050	.....	E	Medroxyprogesterone inj	0.00	0.00	0.00	0.00	XXX	0
J1055	.....	N	Medrxyprogester acetate inj	0.00	0.00	0.00	0.00	XXX	0
J1060	.....	E	Testosterone cypionate 1 ML	0.00	0.00	0.00	0.00	XXX	0
J1070	.....	E	Testosterone cypionate 100 MG	0.00	0.00	0.00	0.00	XXX	0
J1080	.....	E	Testosterone cypionate 200 MG	0.00	0.00	0.00	0.00	XXX	0
J1090	.....	E	Testosterone cypionate 50 MG	0.00	0.00	0.00	0.00	XXX	0
J1095	.....	E	Inj dexamethasone acetate	0.00	0.00	0.00	0.00	XXX	0
J1100	.....	E	Dexamethosone sodium phos	0.00	0.00	0.00	0.00	XXX	0
J1110	.....	E	Inj dihydroergotamine mesylt	0.00	0.00	0.00	0.00	XXX	0
J1120	.....	E	Acetazolamid sodium injectio	0.00	0.00	0.00	0.00	XXX	0
J1160	.....	E	Digoxin injection	0.00	0.00	0.00	0.00	XXX	0
J1165	.....	E	Phenytoin sodium injection	0.00	0.00	0.00	0.00	XXX	0
J1170	.....	E	Hydromorphone injection	0.00	0.00	0.00	0.00	XXX	0
J1180	.....	E	Dyphylline injection	0.00	0.00	0.00	0.00	XXX	0
J1190	.....	E	Dexrazoxane HCl injection	0.00	0.00	0.00	0.00	XXX	0
J1200	.....	E	Diphenhydramine hcl injectio	0.00	0.00	0.00	0.00	XXX	0
J1205	.....	E	Chlorothiazide sodium inj	0.00	0.00	0.00	0.00	XXX	0
J1212	.....	E	Dimethyl sulfoxide 50% 50 ML	0.00	0.00	0.00	0.00	XXX	0
J1230	.....	E	Methadone injection	0.00	0.00	0.00	0.00	XXX	0
J1240	.....	E	Dimenhydrinate injection	0.00	0.00	0.00	0.00	XXX	0
J1245	.....	E	Dipyridamole injection	0.00	0.00	0.00	0.00	XXX	0
J1250	.....	E	Inj dobutamine HCL/250 mg	0.00	0.00	0.00	0.00	XXX	0
J1320	.....	E	Amitriptyline injection	0.00	0.00	0.00	0.00	XXX	0
J1330	.....	E	Ergonovine maleate injection	0.00	0.00	0.00	0.00	XXX	0
J1362	.....	E	Erythromycin glucep / 250 MG	0.00	0.00	0.00	0.00	XXX	0
J1364	.....	E	Erythro lactobionate /500 MG	0.00	0.00	0.00	0.00	XXX	0
J1380	.....	E	Estradiol valerate 10 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1390	.....	E	Estradiol valerate 20 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1410	.....	E	Inj estrogen conjugate 25 MG	0.00	0.00	0.00	0.00	XXX	0
J1435	.....	E	Injection estrone per 1 MG	0.00	0.00	0.00	0.00	XXX	0
J1436	.....	E	Etidronate disodium inj	0.00	0.00	0.00	0.00	XXX	0
J1440	.....	E	Filgrastim 300 mcg injection	0.00	0.00	0.00	0.00	XXX	0
J1441	.....	E	Filgrastim 480 mcg injection	0.00	0.00	0.00	0.00	XXX	0
J1455	.....	E	Foscarnet sodium injection	0.00	0.00	0.00	0.00	XXX	0
J1460	.....	E	Gamma globulin 1 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1470	.....	E	Gamma globulin 2 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1480	.....	E	Gamma globulin 3 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1490	.....	E	Gamma globulin 4 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1500	.....	E	Gamma globulin 5 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1510	.....	E	Gamma globulin 6 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1520	.....	E	Gamma globulin 7 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1530	.....	E	Gamma globulin 8 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1540	.....	E	Gamma globulin 9 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1550	.....	E	Gamma globulin 10 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1560	.....	E	Gamma globulin > 10 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1561	.....	E	Immune globulin injection	0.00	0.00	0.00	0.00	XXX	0
J1562	.....	E	Immune globulin 10% /5 grams	0.00	0.00	0.00	0.00	XXX	0
J1570	.....	E	Ganciclovir sodium injection	0.00	0.00	0.00	0.00	XXX	0
J1580	.....	E	Garamycin gentamicin inj	0.00	0.00	0.00	0.00	XXX	0
J1600	.....	E	Gold sodium thiomaleate inj	0.00	0.00	0.00	0.00	XXX	0
J1610	.....	E	Glucagon hydrochloride/1 MG	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
J1620	.....	E	Gonadorelin hydroch/ 100 mcg	0.00	0.00	0.00	0.00	XXX	0
J1625	.....	E	Granisetron hydrochlor/1 MG	0.00	0.00	0.00	0.00	XXX	0
J1630	.....	E	Haloperidol injection	0.00	0.00	0.00	0.00	XXX	0
J1631	.....	E	Haloperidol decanoate inj	0.00	0.00	0.00	0.00	XXX	0
J1642	.....	E	Inj heparin sodium per 10 u	0.00	0.00	0.00	0.00	XXX	0
J1644	.....	E	Inj heparin sodium per 1000 u	0.00	0.00	0.00	0.00	XXX	0
J1645	.....	E	Dalteparin sodium	0.00	0.00	0.00	0.00	XXX	0
J1650	.....	E	Inj enoxaparin sodium 30 mg	0.00	0.00	0.00	0.00	XXX	0
J1670	.....	E	Tetanus immune globulin inj	0.00	0.00	0.00	0.00	XXX	0
J1690	.....	E	Prednisolone tebutate inj	0.00	0.00	0.00	0.00	XXX	0
J1700	.....	E	Hydrocortisone acetate inj	0.00	0.00	0.00	0.00	XXX	0
J1710	.....	E	Hydrocortisone sodium ph inj	0.00	0.00	0.00	0.00	XXX	0
J1720	.....	E	Hydrocortisone sodium succ i	0.00	0.00	0.00	0.00	XXX	0
J1730	.....	E	Diazoxide injection	0.00	0.00	0.00	0.00	XXX	0
J1739	.....	E	Hydroxyprogesterone cap 125	0.00	0.00	0.00	0.00	XXX	0
J1741	.....	E	Hydroxyprogesterone cap 250	0.00	0.00	0.00	0.00	XXX	0
J1760	.....	E	Iron dextran 2 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1770	.....	E	Iron dextran 5 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1780	.....	E	Iron dextran 10 CC inj	0.00	0.00	0.00	0.00	XXX	0
J1785	.....	E	Injection imiglucerase /unit	0.00	0.00	0.00	0.00	XXX	0
J1790	.....	E	Droperidol injection	0.00	0.00	0.00	0.00	XXX	0
J1800	.....	E	Propranolol injection	0.00	0.00	0.00	0.00	XXX	0
J1810	.....	E	Droperidol/fentanyl inj	0.00	0.00	0.00	0.00	XXX	0
J1820	.....	E	Insulin injection	0.00	0.00	0.00	0.00	XXX	0
J1830	.....	E	Interferon beta-1b / .25 MG	0.00	0.00	0.00	0.00	XXX	0
J1840	.....	E	Kanamycin sulfate 500 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1850	.....	E	Kanamycin sulfate 75 MG inj	0.00	0.00	0.00	0.00	XXX	0
J1885	.....	E	Ketorolac tromethamine inj	0.00	0.00	0.00	0.00	XXX	0
J1890	.....	E	Cephalothin sodium injection	0.00	0.00	0.00	0.00	XXX	0
J1910	.....	E	Kutapressin injection	0.00	0.00	0.00	0.00	XXX	0
J1930	.....	E	Propiomazine injection	0.00	0.00	0.00	0.00	XXX	0
J1940	.....	E	Furosemide injection	0.00	0.00	0.00	0.00	XXX	0
J1950	.....	E	Leuprolide acetate /3.75 MG	0.00	0.00	0.00	0.00	XXX	0
J1955	.....	E	Inj levocarnitine per 1 gm	0.00	0.00	0.00	0.00	XXX	0
J1960	.....	E	Levorphanol tartrate inj	0.00	0.00	0.00	0.00	XXX	0
J1970	.....	E	Methotrimeprazine injection	0.00	0.00	0.00	0.00	XXX	0
J1980	.....	E	Hyoscyamine sulfate inj	0.00	0.00	0.00	0.00	XXX	0
J1990	.....	E	Chlordiazepoxide injection	0.00	0.00	0.00	0.00	XXX	0
J2000	.....	E	Lidocaine injection	0.00	0.00	0.00	0.00	XXX	0
J2010	.....	E	Lincomycin injection	0.00	0.00	0.00	0.00	XXX	0
J2050	.....	D	Liver injection	0.00	0.00	0.00	0.00	XXX	0
J2060	.....	E	Lorazepam injection	0.00	0.00	0.00	0.00	XXX	0
J2150	.....	E	Mannitol injection	0.00	0.00	0.00	0.00	XXX	0
J2175	.....	E	Meperidine hydrochl /100 MG	0.00	0.00	0.00	0.00	XXX	0
J2180	.....	E	Meperidine/promethazine inj	0.00	0.00	0.00	0.00	XXX	0
J2210	.....	E	Methylergonovin maleate inj	0.00	0.00	0.00	0.00	XXX	0
J2240	.....	E	Metocurine iodide injection	0.00	0.00	0.00	0.00	XXX	0
J2250	.....	E	Inj midazolam hydrochloride	0.00	0.00	0.00	0.00	XXX	0
J2260	.....	E	Inj milrinone lactate / 5 ML	0.00	0.00	0.00	0.00	XXX	0
J2270	.....	E	Morphine sulfate injection	0.00	0.00	0.00	0.00	XXX	0
J2275	.....	E	Morphine sulfate injection	0.00	0.00	0.00	0.00	XXX	0
J2300	.....	E	Inj nalbuphine hydrochloride	0.00	0.00	0.00	0.00	XXX	0
J2310	.....	E	Inj naloxone hydrochloride	0.00	0.00	0.00	0.00	XXX	0
J2320	.....	E	Nandrolone decanoate 50 MG	0.00	0.00	0.00	0.00	XXX	0
J2321	.....	E	Nandrolone decanoate 100 MG	0.00	0.00	0.00	0.00	XXX	0
J2322	.....	E	Nandrolone decanoate 200 MG	0.00	0.00	0.00	0.00	XXX	0
J2330	.....	E	Thiothixene injection	0.00	0.00	0.00	0.00	XXX	0
J2350	.....	E	Niacinamide/niacin injection	0.00	0.00	0.00	0.00	XXX	0
J2360	.....	E	Orphenadrine injection	0.00	0.00	0.00	0.00	XXX	0
J2370	.....	E	Phenylephrine hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2400	.....	E	Chloroprocaine hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2405	.....	E	Ondansetron hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2410	.....	E	Oxymorphone hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2430	.....	E	Pamidronate disodium /30 MG	0.00	0.00	0.00	0.00	XXX	0
J2440	.....	E	Papaverin hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2460	.....	E	Oxytetracycline injection	0.00	0.00	0.00	0.00	XXX	0
J2480	.....	E	Hydrochlorides of opium inj	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
J2510	.....	E	Penicillin g procaine inj	0.00	0.00	0.00	0.00	XXX	0
J2512	.....	E	Inj pentagastrin per 2 ML	0.00	0.00	0.00	0.00	XXX	0
J2515	.....	E	Pentobarbital sodium inj	0.00	0.00	0.00	0.00	XXX	0
J2540	.....	E	Penicillin g potassium inj	0.00	0.00	0.00	0.00	XXX	0
J2545	.....	E	Pentamidine isethionte/300mg	0.00	0.00	0.00	0.00	XXX	0
J2550	.....	E	Promethazine hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2560	.....	E	Phenobarbital sodium inj	0.00	0.00	0.00	0.00	XXX	0
J2590	.....	E	Oxytocin injection	0.00	0.00	0.00	0.00	XXX	0
J2597	.....	E	Inj desmopressin acetate	0.00	0.00	0.00	0.00	XXX	0
J2640	.....	E	Prednisolone sodium ph inj	0.00	0.00	0.00	0.00	XXX	0
J2650	.....	E	Prednisolone acetate inj	0.00	0.00	0.00	0.00	XXX	0
J2670	.....	E	Totazoline hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2675	.....	E	Inj progesterone per 50 MG	0.00	0.00	0.00	0.00	XXX	0
J2680	.....	E	Fluphenazine decanoate 25 MG	0.00	0.00	0.00	0.00	XXX	0
J2690	.....	E	Procainamide hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2700	.....	E	Oxacillin sodium injeciton	0.00	0.00	0.00	0.00	XXX	0
J2710	.....	E	Neostigmine methylslfte inj	0.00	0.00	0.00	0.00	XXX	0
J2720	.....	E	Inj protamine sulfate/10 MG	0.00	0.00	0.00	0.00	XXX	0
J2725	.....	E	Inj protirelin per 250 mcg	0.00	0.00	0.00	0.00	XXX	0
J2730	.....	E	Pralidoxime chloride inj	0.00	0.00	0.00	0.00	XXX	0
J2760	.....	E	Phentolaine mesylate inj	0.00	0.00	0.00	0.00	XXX	0
J2765	.....	E	Metoclopramide hcl injection	0.00	0.00	0.00	0.00	XXX	0
J2790	.....	E	Rho d immune globulin inj	0.00	0.00	0.00	0.00	XXX	0
J2800	.....	E	Methocarbamol injection	0.00	0.00	0.00	0.00	XXX	0
J2810	.....	E	Inj theophylline per 40 MG	0.00	0.00	0.00	0.00	XXX	0
J2820	.....	E	Sargramostim injection	0.00	0.00	0.00	0.00	XXX	0
J2860	.....	E	Secobarbital sodium inj	0.00	0.00	0.00	0.00	XXX	0
J2910	.....	E	Aurothioglucose injeciton	0.00	0.00	0.00	0.00	XXX	0
J2912	.....	E	Sodium chloride injection	0.00	0.00	0.00	0.00	XXX	0
J2920	.....	E	Methylprednisolone injection	0.00	0.00	0.00	0.00	XXX	0
J2930	.....	E	Methylprednisolone injection	0.00	0.00	0.00	0.00	XXX	0
J2950	.....	E	Promazine hcl injeciton	0.00	0.00	0.00	0.00	XXX	0
J2970	.....	E	Methicillin sodium injection	0.00	0.00	0.00	0.00	XXX	0
J2995	.....	E	Inj streptokinase /250000 IU	0.00	0.00	0.00	0.00	XXX	0
J2996	.....	E	Alteplase recombinant inj	0.00	0.00	0.00	0.00	XXX	0
J3000	.....	E	Streptomycin injection	0.00	0.00	0.00	0.00	XXX	0
J3005	.....	E	Strontium-89 chloride /10 ML	0.00	0.00	0.00	0.00	XXX	0
J3010	.....	E	Fentanyl citrate injeciton	0.00	0.00	0.00	0.00	XXX	0
J3030	.....	E	Sumatriptan succinate / 6 MG	0.00	0.00	0.00	0.00	XXX	0
J3070	.....	E	Pentazocine hcl injeciton	0.00	0.00	0.00	0.00	XXX	0
J3080	.....	E	Chlorprothixene injection	0.00	0.00	0.00	0.00	XXX	0
J3105	.....	E	Terbutaline sulfate inj	0.00	0.00	0.00	0.00	XXX	0
J3120	.....	E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	XXX	0
J3130	.....	E	Testosterone enanthate inj	0.00	0.00	0.00	0.00	XXX	0
J3140	.....	E	Testosterone suspension inj	0.00	0.00	0.00	0.00	XXX	0
J3150	.....	E	Testosteron propionate inj	0.00	0.00	0.00	0.00	XXX	0
J3230	.....	E	Chlorpromazine hcl injection	0.00	0.00	0.00	0.00	XXX	0
J3240	.....	E	Thyrotropin injection	0.00	0.00	0.00	0.00	XXX	0
J3250	.....	E	Trimethobenzamide hcl inj	0.00	0.00	0.00	0.00	XXX	0
J3260	.....	E	Tobramycin sulfate injection	0.00	0.00	0.00	0.00	XXX	0
J3265	.....	E	Injection torsemide 10 mg/ml	0.00	0.00	0.00	0.00	XXX	0
J3270	.....	E	Imipramine hcl injection	0.00	0.00	0.00	0.00	XXX	0
J3280	.....	E	Thiethylperazine maleate inj	0.00	0.00	0.00	0.00	XXX	0
J3301	.....	E	Triamcinolone acetonide inj	0.00	0.00	0.00	0.00	XXX	0
J3302	.....	E	Triamcinolone diacetate inj	0.00	0.00	0.00	0.00	XXX	0
J3303	.....	E	Triamcinolone hexacetonl inj	0.00	0.00	0.00	0.00	XXX	0
J3305	.....	E	Inj trimetrexate glucoronate	0.00	0.00	0.00	0.00	XXX	0
J3310	.....	E	Perphenazine injeciton	0.00	0.00	0.00	0.00	XXX	0
J3320	.....	E	Spectinomycn di-hcl inj	0.00	0.00	0.00	0.00	XXX	0
J3350	.....	E	Urea injection	0.00	0.00	0.00	0.00	XXX	0
J3360	.....	E	Diazepam injection	0.00	0.00	0.00	0.00	XXX	0
J3364	.....	E	Urokinase 5000 IU injection	0.00	0.00	0.00	0.00	XXX	0
J3365	.....	E	Urokinase 250,000 IU inj	0.00	0.00	0.00	0.00	XXX	0
J3370	.....	R	Vancomycin hcl injection	0.00	0.00	0.00	0.00	XXX	0
J3390	.....	E	Methoxamine injection	0.00	0.00	0.00	0.00	XXX	0
J3400	.....	E	Triflupromazine hcl inj	0.00	0.00	0.00	0.00	XXX	0
J3410	.....	E	Hydroxyzine hcl injection	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
J3420	.....	E	Vitamin b12 injection	0.00	0.00	0.00	0.00	XXX	0
J3430	.....	E	Vitamin k phytonadione inj	0.00	0.00	0.00	0.00	XXX	0
J3450	.....	E	Mephentermine sulfate inj	0.00	0.00	0.00	0.00	XXX	0
J3470	.....	E	Hyaluronidase injection	0.00	0.00	0.00	0.00	XXX	0
J3475	.....	E	Inj magnesium sulfate	0.00	0.00	0.00	0.00	XXX	0
J3480	.....	E	Inj potassium chloride	0.00	0.00	0.00	0.00	XXX	0
J3490	.....	E	Drugs unclassified injection	0.00	0.00	0.00	0.00	XXX	0
J3520	.....	N	Edetate disodium per 150 mg	0.00	0.00	0.00	0.00	XXX	0
J3530	.....	E	Nasal vaccine inhalation	0.00	0.00	0.00	0.00	XXX	0
J3535	.....	N	Metered dose inhaler drug	0.00	0.00	0.00	0.00	XXX	0
J3570	.....	N	Laetrile amygdalin vit B17	0.00	0.00	0.00	0.00	XXX	0
J7030	.....	E	Normal saline solution infus	0.00	0.00	0.00	0.00	XXX	0
J7040	.....	E	Normal saline solution infus	0.00	0.00	0.00	0.00	XXX	0
J7042	.....	E	5% dextrose/normal saline	0.00	0.00	0.00	0.00	XXX	0
J7050	.....	E	Normal saline solution infus	0.00	0.00	0.00	0.00	XXX	0
J7051	.....	E	Sterile saline/water	0.00	0.00	0.00	0.00	XXX	0
J7060	.....	E	5% dextrose/water	0.00	0.00	0.00	0.00	XXX	0
J7070	.....	E	D5w infusion	0.00	0.00	0.00	0.00	XXX	0
J7100	.....	E	Dextran 40 infusion	0.00	0.00	0.00	0.00	XXX	0
J7110	.....	E	Dextran 75 infusion	0.00	0.00	0.00	0.00	XXX	0
J7120	.....	E	Ringers lactate infusion	0.00	0.00	0.00	0.00	XXX	0
J7130	.....	E	Hypertonic saline solution	0.00	0.00	0.00	0.00	XXX	0
J7140	.....	D	Prescription oral drug	0.00	0.00	0.00	0.00	XXX	0
J7150	.....	D	Prescription oral chemo drug	0.00	0.00	0.00	0.00	XXX	0
J7190	.....	X	Factor viii	0.00	0.00	0.00	0.00	XXX	0
J7191	.....	X	Factor VIII (porcine)	0.00	0.00	0.00	0.00	XXX	0
J7192	.....	X	Factor viii recombinant	0.00	0.00	0.00	0.00	XXX	0
J7194	.....	X	Factor ix complex	0.00	0.00	0.00	0.00	XXX	0
J7196	.....	X	Othr hemophilia clot factors	0.00	0.00	0.00	0.00	XXX	0
J7197	.....	X	Antithrombin iii injection	0.00	0.00	0.00	0.00	XXX	0
J7300	.....	N	Intraut copper contraceptive	0.00	0.00	0.00	0.00	XXX	0
J7310	.....	E	Ganciclovir long act implant	0.00	0.00	0.00	0.00	XXX	0
J7500	.....	X	Azathiop po tab 50mg 100s ea	0.00	0.00	0.00	0.00	XXX	0
J7501	.....	X	Azathioprine parenteral	0.00	0.00	0.00	0.00	XXX	0
J7502	.....	D	Cyclosporine oral solution	0.00	0.00	0.00	0.00	XXX	0
J7503	.....	X	Cyclosporine parenteral	0.00	0.00	0.00	0.00	XXX	0
J7504	.....	X	Lymphocyte immune globulin	0.00	0.00	0.00	0.00	XXX	0
J7505	.....	X	Monoclonal antibodies	0.00	0.00	0.00	0.00	XXX	0
J7506	.....	X	Prednisone oral	0.00	0.00	0.00	0.00	XXX	0
J7507	.....	E	Tacrolimus oral per 1 MG	0.00	0.00	0.00	0.00	XXX	0
J7508	.....	E	Tacrolimus oral per 5 MG	0.00	0.00	0.00	0.00	XXX	0
J7509	.....	X	Methylprednisolone oral	0.00	0.00	0.00	0.00	XXX	0
J7510	.....	X	Prednisolone oral per 5 mg	0.00	0.00	0.00	0.00	XXX	0
J7599	.....	X	Immunosuppressive drug noc	0.00	0.00	0.00	0.00	XXX	0
J7610	.....	E	Acetylcysteine 10% injection	0.00	0.00	0.00	0.00	XXX	0
J7615	.....	E	Acetylcysteine 20% injection	0.00	0.00	0.00	0.00	XXX	0
J7620	.....	E	Albuterol sulfate .083%/ml	0.00	0.00	0.00	0.00	XXX	0
J7625	.....	E	Albuterol sulfate .5% inj	0.00	0.00	0.00	0.00	XXX	0
J7627	.....	E	Bitolterolmesylate inhal sol	0.00	0.00	0.00	0.00	XXX	0
J7630	.....	E	Cromolyn sodium injection	0.00	0.00	0.00	0.00	XXX	0
J7640	.....	E	Epinephrine injection	0.00	0.00	0.00	0.00	XXX	0
J7645	.....	E	Ipratropium bromide .02%/ml	0.00	0.00	0.00	0.00	XXX	0
J7650	.....	E	Isoetharine hcl .1% inj	0.00	0.00	0.00	0.00	XXX	0
J7651	.....	E	Isoetharine hcl .125% inj	0.00	0.00	0.00	0.00	XXX	0
J7652	.....	E	Isoetharine hcl .167% inj	0.00	0.00	0.00	0.00	XXX	0
J7653	.....	E	Isoetharine hcl .2%/ inj	0.00	0.00	0.00	0.00	XXX	0
J7654	.....	E	Isoetharine hcl .25% inj	0.00	0.00	0.00	0.00	XXX	0
J7655	.....	E	Isoetharine hcl 1% inj	0.00	0.00	0.00	0.00	XXX	0
J7660	.....	E	Isoproterenol hcl .5% inj	0.00	0.00	0.00	0.00	XXX	0
J7665	.....	E	Isoproterenol hcl 1% inj	0.00	0.00	0.00	0.00	XXX	0
J7670	.....	E	Metaproterenol sulfate .4%	0.00	0.00	0.00	0.00	XXX	0
J7672	.....	E	Metaproterenol sulfate .6%	0.00	0.00	0.00	0.00	XXX	0
J7675	.....	E	Metaproterenol sulfate 5%	0.00	0.00	0.00	0.00	XXX	0
J7699	.....	E	Inhalation solution for DME	0.00	0.00	0.00	0.00	XXX	0
J7799	.....	E	Non-inhalation drug for DME	0.00	0.00	0.00	0.00	XXX	0
J8499	.....	N	Oral prescrip drug non chemo	0.00	0.00	0.00	0.00	XXX	0
J8530	.....	E	Cyclophosphamide oral 25 MG	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
J8560	.....	E	Etoposide oral 50 MG	0.00	0.00	0.00	0.00	XXX	0
J8600	.....	E	Melphalan oral 2 MG	0.00	0.00	0.00	0.00	XXX	0
J8610	.....	E	Methotrexate oral 2.5 MG	0.00	0.00	0.00	0.00	XXX	0
J8999	.....	E	Oral prescription drug chemo	0.00	0.00	0.00	0.00	XXX	0
J9000	.....	E	Doxorubic hcl 10 MG vl chemo	0.00	0.00	0.00	0.00	XXX	0
J9010	.....	D	Doxorubicin hcl 50 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9015	.....	E	Aldesleukin/single use vial	0.00	0.00	0.00	0.00	XXX	0
J9020	.....	E	Asparaginase injection	0.00	0.00	0.00	0.00	XXX	0
J9031	.....	E	Bcg live intravesical vac	0.00	0.00	0.00	0.00	XXX	0
J9040	.....	E	Bleomycin sulfate injection	0.00	0.00	0.00	0.00	XXX	0
J9045	.....	E	Carboplatin injection	0.00	0.00	0.00	0.00	XXX	0
J9050	.....	E	Carmus bischl nitro inj	0.00	0.00	0.00	0.00	XXX	0
J9060	.....	E	Cisplatin 10 MG injection	0.00	0.00	0.00	0.00	XXX	0
J9062	.....	E	Cisplatin 50 MG injection	0.00	0.00	0.00	0.00	XXX	0
J9065	.....	E	Inj cladribine per 1 MG	0.00	0.00	0.00	0.00	XXX	0
J9070	.....	E	Cyclophosphamide 100 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9080	.....	E	Cyclophosphamide 200 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9090	.....	E	Cyclophosphamide 500 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9091	.....	E	Cyclophosphamide 1.0 grm inj	0.00	0.00	0.00	0.00	XXX	0
J9092	.....	E	Cyclophosphamide 2.0 grm inj	0.00	0.00	0.00	0.00	XXX	0
J9093	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9094	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9095	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9096	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9097	.....	E	Cyclophosphamide lyophilized	0.00	0.00	0.00	0.00	XXX	0
J9100	.....	E	Cytarabine hcl 100 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9110	.....	E	Cytarabine hcl 500 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9120	.....	E	Dactinomycin actinomycin d	0.00	0.00	0.00	0.00	XXX	0
J9130	.....	E	Dacarbazine 10 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9140	.....	E	Dacarbazine 200 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9150	.....	E	Daunorubicin hcl injection	0.00	0.00	0.00	0.00	XXX	0
J9165	.....	E	Diethylstilbestrol injection	0.00	0.00	0.00	0.00	XXX	0
J9181	.....	E	Etoposide 10 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9182	.....	E	Etoposide 100 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9185	.....	E	Fludarabine phosphate inj	0.00	0.00	0.00	0.00	XXX	0
J9190	.....	E	Fluorouracil injection	0.00	0.00	0.00	0.00	XXX	0
J9200	.....	E	Floxuridine injection	0.00	0.00	0.00	0.00	XXX	0
J9202	.....	E	Goserelin acetate implant	0.00	0.00	0.00	0.00	XXX	0
J9208	.....	E	Ifosfomide injection	0.00	0.00	0.00	0.00	XXX	0
J9209	.....	E	Mesna injection	0.00	0.00	0.00	0.00	XXX	0
J9211	.....	E	Idarubicin hcl injection	0.00	0.00	0.00	0.00	XXX	0
J9213	.....	E	Interferon alfa-2a inj	0.00	0.00	0.00	0.00	XXX	0
J9214	.....	E	Interferon alfa-2b inj	0.00	0.00	0.00	0.00	XXX	0
J9215	.....	E	Interferon alfa-n3 inj	0.00	0.00	0.00	0.00	XXX	0
J9216	.....	E	Interferon gamma 1-b inj	0.00	0.00	0.00	0.00	XXX	0
J9217	.....	E	Leuprolide acetate suspension	0.00	0.00	0.00	0.00	XXX	0
J9218	.....	E	Leuprolide acetate injection	0.00	0.00	0.00	0.00	XXX	0
J9230	.....	E	Mechlorethamine hcl inj	0.00	0.00	0.00	0.00	XXX	0
J9245	.....	E	Inj melphalan hydrochl 50 MG	0.00	0.00	0.00	0.00	XXX	0
J9250	.....	E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	XXX	0
J9260	.....	E	Methotrexate sodium inj	0.00	0.00	0.00	0.00	XXX	0
J9265	.....	E	Paclitaxel injection	0.00	0.00	0.00	0.00	XXX	0
J9266	.....	E	Pegaspargase/singl dose vial	0.00	0.00	0.00	0.00	XXX	0
J9268	.....	E	Pentostatin injection	0.00	0.00	0.00	0.00	XXX	0
J9270	.....	E	Plicamycin (mithramycin) inj	0.00	0.00	0.00	0.00	XXX	0
J9280	.....	E	Mitomycin 5 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9290	.....	E	Mitomycin 20 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9291	.....	E	Mitomycin 40 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9293	.....	E	Mitoxantrone hydrochl/5 MG	0.00	0.00	0.00	0.00	XXX	0
J9320	.....	E	Streptozocin injection	0.00	0.00	0.00	0.00	XXX	0
J9340	.....	E	Thiotepa injection	0.00	0.00	0.00	0.00	XXX	0
J9360	.....	E	Vinblastine sulfate inj	0.00	0.00	0.00	0.00	XXX	0
J9370	.....	E	Vincristine sulfate 1 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9375	.....	E	Vincristine sulfate 2 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9380	.....	E	Vincristine sulfate 5 MG inj	0.00	0.00	0.00	0.00	XXX	0
J9390	.....	E	Vinorelbine tartrate/10 mg	0.00	0.00	0.00	0.00	XXX	0
J9999	.....	E	Chemotherapy drug	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
M0005	.....	G	Off visit 2/more modalities	+0.76	0.31	0.03	1.10	XXX	0
M0006	.....	G	One phys therapy modality	+0.50	0.15	0.02	0.67	XXX	0
M0007	.....	G	Combined phys ther mod & tx	+1.01	0.35	0.04	1.40	XXX	0
M0008	.....	G	Combined phys ther mod & tx	+0.50	0.11	0.01	0.62	XXX	0
M0064	.....	A	Visit for drug monitoring	0.37	0.19	0.03	0.59	XXX	N
M0075	.....	N	Cellular therapy	0.00	0.00	0.00	0.00	XXX	0
M0076	.....	N	Prolotherapy	0.00	0.00	0.00	0.00	XXX	0
M0100	.....	N	Intragastric hypothermia	0.00	0.00	0.00	0.00	XXX	0
M0101	.....	A	Foot care hygienic/pm	0.43	0.35	0.03	0.81	XXX	S
M0300	.....	N	IV chelationtherapy	0.00	0.00	0.00	0.00	XXX	0
M0301	.....	N	Fabric wrapping of aneurysm	0.00	0.00	0.00	0.00	XXX	0
M0302	.....	N	Assessment of cardiac output	0.00	0.00	0.00	0.00	XXX	0
P2028	.....	X	Cephalin floculation test	0.00	0.00	0.00	0.00	XXX	0
P2029	.....	X	Congo red blood test	0.00	0.00	0.00	0.00	XXX	0
P2031	.....	N	Hair analysis	0.00	0.00	0.00	0.00	XXX	0
P2033	.....	X	Blood thymol turbidity	0.00	0.00	0.00	0.00	XXX	0
P2038	.....	X	Blood mucoprotein	0.00	0.00	0.00	0.00	XXX	0
P3000	.....	X	Screen pap by tech w md supv	0.00	0.00	0.00	0.00	XXX	0
P3001	.....	X	Screening pap smear by phys	0.00	0.00	0.00	0.00	XXX	0
P3001	26	A	Screening pap smear by phys	0.42	0.32	0.04	0.78	XXX	N
P7001	.....	G	Culture bacterial urine	0.00	0.00	0.00	0.00	XXX	0
P9010	.....	E	Whole blood for transfusion	0.00	0.00	0.00	0.00	XXX	0
P9011	.....	E	Blood split unit	0.00	0.00	0.00	0.00	XXX	0
P9012	.....	E	Cryoprecipitate each unit	0.00	0.00	0.00	0.00	XXX	0
P9013	.....	E	Unit/s blood fibrinogen	0.00	0.00	0.00	0.00	XXX	0
P9014	.....	E	Gamma globulin 1 ML	0.00	0.00	0.00	0.00	XXX	0
P9015	.....	E	Rh immune globulin 1 ML	0.00	0.00	0.00	0.00	XXX	0
P9016	.....	E	Leukocyte poor blood, unit	0.00	0.00	0.00	0.00	XXX	0
P9017	.....	E	One donor fresh frozn plasma	0.00	0.00	0.00	0.00	XXX	0
P9018	.....	E	Plasma protein fract, unit	0.00	0.00	0.00	0.00	XXX	0
P9019	.....	E	Platelet concentrate unit	0.00	0.00	0.00	0.00	XXX	0
P9020	.....	E	Plaelet rich plasma unit	0.00	0.00	0.00	0.00	XXX	0
P9021	.....	E	Red blood cells unit	0.00	0.00	0.00	0.00	XXX	0
P9022	.....	E	Washed red blood cells unit	0.00	0.00	0.00	0.00	XXX	0
P9603	.....	X	One-way allow prorated miles	0.00	0.00	0.00	0.00	XXX	0
P9604	.....	X	One-way allow prorated trip	0.00	0.00	0.00	0.00	XXX	0
P9610	.....	X	Urine specimen collect singl	0.00	0.00	0.00	0.00	XXX	0
P9615	.....	X	Urine specimen collect mult	0.00	0.00	0.00	0.00	XXX	0
Q0034	.....	X	Admin of influenza vaccine	0.00	0.00	0.00	0.00	XXX	0
Q0035	.....	A	Cardiokymography	0.17	0.49	0.04	0.70	XXX	N
Q0035	26	A	Cardiokymography	0.17	0.12	0.01	0.30	XXX	N
Q0035	TC	A	Cardiokymography	0.00	0.37	0.03	0.40	XXX	N
Q0068	.....	A	Extracorpeal plasmapheresis	1.67	1.27	0.16	3.10	O00	N
Q0091	.....	A	Obtaining screen pap smear	0.37	0.28	0.03	0.68	XXX	N
Q0092	.....	A	Set up port x-ray equipment	0.00	0.30	0.01	0.31	XXX	N
Q0103	.....	A	Physical therapy evaluation	1.01	0.35	0.11	1.47	XXX	N
Q0104	.....	A	Phys therapy re-evaluation	0.50	0.04	0.01	0.55	XXX	N
Q0109	.....	A	Occupational therapy eval	1.01	0.35	0.11	1.47	XXX	N
Q0110	.....	A	Occupational therap re-eval	0.50	0.04	0.01	0.55	XXX	N
Q0111	.....	X	Wet mounts/ w preparations	0.00	0.00	0.00	0.00	XXX	0
Q0112	.....	X	Potassium hydroxide preps	0.00	0.00	0.00	0.00	XXX	0
Q0113	.....	X	Pinworm examinations	0.00	0.00	0.00	0.00	XXX	0
Q0114	.....	X	Fern test	0.00	0.00	0.00	0.00	XXX	0
Q0115	.....	X	Post-coital mucous exam	0.00	0.00	0.00	0.00	XXX	0
Q0116	.....	D	Hemoglbn sngle analyte exam	0.00	0.00	0.00	0.00	XXX	0
Q0132	.....	X	Dispensing fee DME neb drug	0.00	0.00	0.00	0.00	XXX	0
Q0136	.....	X	Non esrd epoetin alpha inj	0.00	0.00	0.00	0.00	XXX	0
Q0144	.....	N	Azithromycin dihydrate, oral	0.00	0.00	0.00	0.00	XXX	0
Q0156	.....	X	Human albumin 5%	0.00	0.00	0.00	0.00	XXX	0
Q0157	.....	X	Human albumin 25%	0.00	0.00	0.00	0.00	XXX	0
Q9920	.....	E	Epoetin with hct <= 20	0.00	0.00	0.00	0.00	XXX	0
Q9921	.....	E	Epoetin with hct = 21	0.00	0.00	0.00	0.00	XXX	0
Q9922	.....	E	Epoetin with hct = 22	0.00	0.00	0.00	0.00	XXX	0
Q9923	.....	E	Epoetin with hct = 23	0.00	0.00	0.00	0.00	XXX	0
Q9924	.....	E	Epoetin with hct = 24	0.00	0.00	0.00	0.00	XXX	0
Q9925	.....	E	Epoetin with hct = 25	0.00	0.00	0.00	0.00	XXX	0
Q9926	.....	E	Epoetin with hct = 26	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
Q9927	.....	E	Epoetin with hct = 27	0.00	0.00	0.00	0.00	XXX	0
Q9928	.....	E	Epoetin with hct = 28	0.00	0.00	0.00	0.00	XXX	0
Q9929	.....	E	Epoetin with hct = 29	0.00	0.00	0.00	0.00	XXX	0
Q9930	.....	E	Epoetin with hct = 30	0.00	0.00	0.00	0.00	XXX	0
Q9931	.....	E	Epoetin with hct = 31	0.00	0.00	0.00	0.00	XXX	0
Q9932	.....	E	Epoetin with hct = 32	0.00	0.00	0.00	0.00	XXX	0
Q9933	.....	E	Epoetin with hct = 33	0.00	0.00	0.00	0.00	XXX	0
Q9934	.....	E	Epoetin with hct = 34	0.00	0.00	0.00	0.00	XXX	0
Q9935	.....	E	Epoetin with hct = 35	0.00	0.00	0.00	0.00	XXX	0
Q9936	.....	E	Epoetin with hct = 36	0.00	0.00	0.00	0.00	XXX	0
Q9937	.....	E	Epoetin with hct = 37	0.00	0.00	0.00	0.00	XXX	0
Q9938	.....	E	Epoetin with hct = 38	0.00	0.00	0.00	0.00	XXX	0
Q9939	.....	E	Epoetin with hct = 39	0.00	0.00	0.00	0.00	XXX	0
Q9940	.....	E	Epoetin with hct >= 40	0.00	0.00	0.00	0.00	XXX	0
R0070	.....	C	Transport portable x-ray	0.00	0.00	0.00	0.00	XXX	N
R0075	.....	C	Transport port x-ray multipl	0.00	0.00	0.00	0.00	XXX	N
R0076	.....	B	Transport portable EKG	0.00	0.00	0.00	0.00	XXX	0
V2020	.....	X	Vision svcs frames purchases	0.00	0.00	0.00	0.00	XXX	0
V2025	.....	N	Eyeglasses delux frames	0.00	0.00	0.00	0.00	XXX	0
V2100	.....	X	Lens spher single plano 4.00	0.00	0.00	0.00	0.00	XXX	0
V2101	.....	X	Single visn sphere 4.12–7.00	0.00	0.00	0.00	0.00	XXX	0
V2102	.....	X	Singl visn sphere 7.12–20.00	0.00	0.00	0.00	0.00	XXX	0
V2103	.....	X	Spherocylindr 4.00d/12–2.00d	0.00	0.00	0.00	0.00	XXX	0
V2104	.....	X	Spherocylindr 4.00d/2.12–4d	0.00	0.00	0.00	0.00	XXX	0
V2105	.....	X	Spherocylinder 4.00d/4.25–6d	0.00	0.00	0.00	0.00	XXX	0
V2106	.....	X	Spherocylinder 4.00d/>6.00d	0.00	0.00	0.00	0.00	XXX	0
V2107	.....	X	Spherocylinder 4.25d/12–2d	0.00	0.00	0.00	0.00	XXX	0
V2108	.....	X	Spherocylinder 4.25d/2.12–4d	0.00	0.00	0.00	0.00	XXX	0
V2109	.....	X	Spherocylinder 4.25d/4.25–6d	0.00	0.00	0.00	0.00	XXX	0
V2110	.....	X	Spherocylinder 4.25d/over 6d	0.00	0.00	0.00	0.00	XXX	0
V2111	.....	X	Spherocylindr 7.25d/.25–2.25	0.00	0.00	0.00	0.00	XXX	0
V2112	.....	X	Spherocylindr 7.25d/2.25–4d	0.00	0.00	0.00	0.00	XXX	0
V2113	.....	X	Spherocylindr 7.25d/4.25–6d	0.00	0.00	0.00	0.00	XXX	0
V2114	.....	X	Spherocylinder over 12.00d	0.00	0.00	0.00	0.00	XXX	0
V2115	.....	X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	XXX	0
V2116	.....	X	Nonaspheric lens bifocal	0.00	0.00	0.00	0.00	XXX	0
V2117	.....	X	Aspheric lens bifocal	0.00	0.00	0.00	0.00	XXX	0
V2118	.....	X	Lens aniseikonic single	0.00	0.00	0.00	0.00	XXX	0
V2199	.....	X	Lens single vision not oth c	0.00	0.00	0.00	0.00	XXX	0
V2200	.....	X	Lens spher bifoc plano 4.00d	0.00	0.00	0.00	0.00	XXX	0
V2201	.....	X	Lens sphere bifocal 4.12–7.0	0.00	0.00	0.00	0.00	XXX	0
V2202	.....	X	Lens sphere bifocal 7.12–20.	0.00	0.00	0.00	0.00	XXX	0
V2203	.....	X	Lens sphcyl bifocal 4.00d/.1	0.00	0.00	0.00	0.00	XXX	0
V2204	.....	X	Lens sphcy bifocal 4.00d/2.1	0.00	0.00	0.00	0.00	XXX	0
V2205	.....	X	Lens sphcy bifocal 4.00d/4.2	0.00	0.00	0.00	0.00	XXX	0
V2206	.....	X	Lens sphcy bifocal 4.00d/ove	0.00	0.00	0.00	0.00	XXX	0
V2207	.....	X	Lens sphcy bifocal 4.25–7d/.	0.00	0.00	0.00	0.00	XXX	0
V2208	.....	X	Lens sphcy bifocal 4.25–7/2.	0.00	0.00	0.00	0.00	XXX	0
V2209	.....	X	Lens sphcy bifocal 4.25–7/4.	0.00	0.00	0.00	0.00	XXX	0
V2210	.....	X	Lens sphcy bifocal 4.25–7/ov	0.00	0.00	0.00	0.00	XXX	0
V2211	.....	X	Lens sphcy bifo 7.25–12/.25–	0.00	0.00	0.00	0.00	XXX	0
V2212	.....	X	Lens sphcyl bifo 7.25–12/2.2	0.00	0.00	0.00	0.00	XXX	0
V2213	.....	X	Lens sphcyl bifo 7.25–12/4.2	0.00	0.00	0.00	0.00	XXX	0
V2214	.....	X	Lens sphcyl bifocal over 12.	0.00	0.00	0.00	0.00	XXX	0
V2215	.....	X	Lens lenticular bifocal	0.00	0.00	0.00	0.00	XXX	0
V2216	.....	X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	XXX	0
V2217	.....	X	Lens lenticular aspheric bif	0.00	0.00	0.00	0.00	XXX	0
V2218	.....	X	Lens aniseikonic bifocal	0.00	0.00	0.00	0.00	XXX	0
V2219	.....	X	Lens bifocal seg width over	0.00	0.00	0.00	0.00	XXX	0
V2220	.....	X	Lens bifocal add over 3.25d	0.00	0.00	0.00	0.00	XXX	0
V2299	.....	X	Lens bifocal speciality	0.00	0.00	0.00	0.00	XXX	0
V2300	.....	X	Lens sphere trifocal 4.00d	0.00	0.00	0.00	0.00	XXX	0
V2301	.....	X	Lens sphere trifocal 4.12–7.	0.00	0.00	0.00	0.00	XXX	0
V2302	.....	X	Lens sphere trifocal 7.12–20	0.00	0.00	0.00	0.00	XXX	0
V2303	.....	X	Lens sphcy trifocal 4.0/.12–	0.00	0.00	0.00	0.00	XXX	0
V2304	.....	X	Lens sphcy trifocal 4.0/2.25	0.00	0.00	0.00	0.00	XXX	0
V2305	.....	X	Lens sphcy trifocal 4.0/4.25	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
V2306	.....	X	Lens sphcyl trifocal 4.00/>6	0.00	0.00	0.00	0.00	XXX	0
V2307	.....	X	Lens sphcy trifocal 4.25–7/.	0.00	0.00	0.00	0.00	XXX	0
V2308	.....	X	Lens sphc trifocal 4.25–7/2.	0.00	0.00	0.00	0.00	XXX	0
V2309	.....	X	Lens sphc trifocal 4.25–7/4.	0.00	0.00	0.00	0.00	XXX	0
V2310	.....	X	Lens sphc trifocal 4.25–7/>6	0.00	0.00	0.00	0.00	XXX	0
V2311	.....	X	Lens sphc trifo 7.25–12/.25–	0.00	0.00	0.00	0.00	XXX	0
V2312	.....	X	Lens sphc trifo 7.25–12/2.25	0.00	0.00	0.00	0.00	XXX	0
V2313	.....	X	Lens sphc trifo 7.25–12/4.25	0.00	0.00	0.00	0.00	XXX	0
V2314	.....	X	Lens sphcyl trifocal over 12	0.00	0.00	0.00	0.00	XXX	0
V2315	.....	X	Lens lenticular trifocal	0.00	0.00	0.00	0.00	XXX	0
V2316	.....	X	Lens lenticular nonaspheric	0.00	0.00	0.00	0.00	XXX	0
V2317	.....	X	Lens lenticular aspheric tri	0.00	0.00	0.00	0.00	XXX	0
V2318	.....	X	Lens aniseikonic trifocal	0.00	0.00	0.00	0.00	XXX	0
V2319	.....	X	Lens trifocal seg width > 28	0.00	0.00	0.00	0.00	XXX	0
V2320	.....	X	Lens trifocal add over 3.25d	0.00	0.00	0.00	0.00	XXX	0
V2399	.....	X	Lens trifocal speciality	0.00	0.00	0.00	0.00	XXX	0
V2410	.....	X	Lens variab asphericity sing	0.00	0.00	0.00	0.00	XXX	0
V2430	.....	X	Lens variable asphericity bi	0.00	0.00	0.00	0.00	XXX	0
V2499	.....	X	Variable asphericity lens	0.00	0.00	0.00	0.00	XXX	0
V2500	.....	X	Contact lens pmma spherical	0.00	0.00	0.00	0.00	XXX	0
V2501	.....	X	Cntct lens pmma–toric/prism	0.00	0.00	0.00	0.00	XXX	0
V2502	.....	X	Contact lens pmma bifocal	0.00	0.00	0.00	0.00	XXX	0
V2503	.....	X	Cntct lens pmma color vision	0.00	0.00	0.00	0.00	XXX	0
V2510	.....	X	Cntct gas permeable sphericl	0.00	0.00	0.00	0.00	XXX	0
V2511	.....	X	Cntct toric prism ballast	0.00	0.00	0.00	0.00	XXX	0
V2512	.....	X	Cntct lens gas permbl bifocl	0.00	0.00	0.00	0.00	XXX	0
V2513	.....	X	Contact lens extended wear	0.00	0.00	0.00	0.00	XXX	0
V2520	.....	P	Contact lens hydrophilic	0.00	0.00	0.00	0.00	XXX	0
V2521	.....	X	Cntct lens hydrophilic toric	0.00	0.00	0.00	0.00	XXX	0
V2522	.....	X	Cntct lens hydrophil bifocl	0.00	0.00	0.00	0.00	XXX	0
V2523	.....	X	Cntct lens hydrophil extend	0.00	0.00	0.00	0.00	XXX	0
V2530	.....	X	Contact lens gas impermeable	0.00	0.00	0.00	0.00	XXX	0
V2531	.....	X	Contact lens gas permeable	0.00	0.00	0.00	0.00	XXX	0
V2599	.....	X	Contact lens/es other type	0.00	0.00	0.00	0.00	XXX	0
V2600	.....	X	Hand held low vision aids	0.00	0.00	0.00	0.00	XXX	0
V2610	.....	X	Single lens spectacle mount	0.00	0.00	0.00	0.00	XXX	0
V2615	.....	X	Telescop/othr compound lens	0.00	0.00	0.00	0.00	XXX	0
V2623	.....	X	Plastic eye prosth custom	0.00	0.00	0.00	0.00	XXX	0
V2624	.....	X	Polishing artificial eye	0.00	0.00	0.00	0.00	XXX	0
V2625	.....	X	Enlargemnt of eye prosthesis	0.00	0.00	0.00	0.00	XXX	0
V2626	.....	X	Reduction of eye prosthesis	0.00	0.00	0.00	0.00	XXX	0
V2627	.....	X	Scleral cover shell	0.00	0.00	0.00	0.00	XXX	0
V2628	.....	X	Fabrication & fitting	0.00	0.00	0.00	0.00	XXX	0
V2629	.....	X	Prosthetic eye other type	0.00	0.00	0.00	0.00	XXX	0
V2630	.....	X	Anter chamber intraocul lens	0.00	0.00	0.00	0.00	XXX	0
V2631	.....	X	Iris support intraoclr lens	0.00	0.00	0.00	0.00	XXX	0
V2632	.....	X	Post chmbr intraocular lens	0.00	0.00	0.00	0.00	XXX	0
V2700	.....	X	Balance lens	0.00	0.00	0.00	0.00	XXX	0
V2710	.....	X	Glass/plastic slab off prism	0.00	0.00	0.00	0.00	XXX	0
V2715	.....	X	Prism lens/es	0.00	0.00	0.00	0.00	XXX	0
V2718	.....	X	Fresnell prism press-on lens	0.00	0.00	0.00	0.00	XXX	0
V2730	.....	X	Special base curve	0.00	0.00	0.00	0.00	XXX	0
V2740	.....	X	Rose tint plastic	0.00	0.00	0.00	0.00	XXX	0
V2741	.....	X	Non-rose tint plastic	0.00	0.00	0.00	0.00	XXX	0
V2742	.....	X	Rose tint glass	0.00	0.00	0.00	0.00	XXX	0
V2743	.....	X	Non-rose tint glass	0.00	0.00	0.00	0.00	XXX	0
V2744	.....	X	Tint photochromatic lens/es	0.00	0.00	0.00	0.00	XXX	0
V2750	.....	X	Anti-reflective coating	0.00	0.00	0.00	0.00	XXX	0
V2755	.....	X	UV lens/es	0.00	0.00	0.00	0.00	XXX	0
V2760	.....	X	Scratch resistant coating	0.00	0.00	0.00	0.00	XXX	0
V2770	.....	X	Occluder lens/es	0.00	0.00	0.00	0.00	XXX	0
V2780	.....	X	Oversize lens/es	0.00	0.00	0.00	0.00	XXX	0
V2781	.....	X	Progressive lens per lens	0.00	0.00	0.00	0.00	XXX	0
V2785	.....	X	Corneal tissue processing	0.00	0.00	0.00	0.00	XXX	0
V2799	.....	X	Miscellaneous vision service	0.00	0.00	0.00	0.00	XXX	0
V5008	.....	N	Hearing screening	0.00	0.00	0.00	0.00	XXX	0
V5010	.....	N	Assessment for hearing aid	0.00	0.00	0.00	0.00	XXX	0

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not used for Medicare payment.

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

CPT [1]/ HCPCs [2]	MOD	Status	Description	Physician work RVUs [3]	Practice expense RVUs	Mal-practice RVUs	Total	Global period	Update
V5011	.....	N	Hearing aid fitting/checking	0.00	0.00	0.00	0.00	XXX	0
V5014	.....	N	Hearing aid repair/modifying	0.00	0.00	0.00	0.00	XXX	0
V5020	.....	N	Conformity evaluation	0.00	0.00	0.00	0.00	XXX	0
V5030	.....	N	Body-worn hearing aid air	0.00	0.00	0.00	0.00	XXX	0
V5040	.....	N	Body-worn hearing aid bone	0.00	0.00	0.00	0.00	XXX	0
V5050	.....	N	Body-worn hearing aid in ear	0.00	0.00	0.00	0.00	XXX	0
V5060	.....	N	Behind ear hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5070	.....	N	Glasses air conduction	0.00	0.00	0.00	0.00	XXX	0
V5080	.....	N	Glasses bone conduction	0.00	0.00	0.00	0.00	XXX	0
V5090	.....	N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	XXX	0
V5100	.....	N	Body-worn bilat hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5110	.....	N	Hearing aid dispensing fee	0.00	0.00	0.00	0.00	XXX	0
V5120	.....	N	Body-worn binaur hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5130	.....	N	In ear binaural hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5140	.....	N	Behind ear binaur hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5150	.....	N	Glasses binaural hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5160	.....	N	Dispensing fee binaural	0.00	0.00	0.00	0.00	XXX	0
V5170	.....	N	Within ear cros hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5180	.....	N	Behind ear cros hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5190	.....	N	Glasses cros hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5200	.....	N	Cros hearing aid dispens fee	0.00	0.00	0.00	0.00	XXX	0
V5210	.....	N	In ear bicros hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5220	.....	N	Behind ear bicros hearing aid	0.00	0.00	0.00	0.00	XXX	0
V5230	.....	N	Glasses bicros hearing aid	0.00	0.00	0.00	0.00	XXX	0
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., January 21, 1997. Any revisions to the interim RVUs will be announced in a document to be published in 1997 that provides our analysis of and responses to public comments. These revisions will apply to services furnished beginning January 1, 1998.

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 1997 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	Proc status	Short description	Physician work RVUs [2]	Practice expense RVUs	Mal-practice RVUs	Total RVUs	Global period	Update IND
11010	.....	A	Debride skin, fx	4.15	3.96	0.65	8.76	010	S
11011	.....	A	Debride skin/muscle, fx	4.95	4.72	0.77	10.44	000	S
11012	.....	A	Debride skin/muscle/bone, fx.	6.88	6.56	1.07	14.51	000	S
11720	.....	A	Debride nail, 1–5	0.32	0.32	0.03	0.67	000	S
11721	.....	A	Debride nail, 6 or more	0.54	0.54	0.05	1.13	000	S
11971	.....	A	Remove tissue expander(s)	1.51	2.30	0.82	4.63	090	S
13300	.....	A	Repair of wound or lesion	5.11	5.71	0.86	11.68	010	S
14300	.....	A	Skin tissue rearrangement	10.76	11.31	1.84	23.91	090	S
15000	.....	A	Skin graft procedure	1.95	2.49	0.53	4.97	ZZZ	S
15101	.....	A	Skin split graft procedure	1.72	1.59	0.33	3.64	ZZZ	S
15121	.....	A	Skin split graft procedure	2.67	2.91	0.53	6.11	ZZZ	S
15201	.....	A	Skin full graft procedure	1.32	1.68	0.50	3.50	ZZZ	S
15221	.....	A	Skin full graft procedure	1.19	1.59	0.50	3.28	ZZZ	S
15241	.....	A	Skin full graft procedure	1.86	2.38	0.58	4.82	ZZZ	S
15261	.....	A	Skin full graft procedure	2.23	2.85	0.60	5.68	ZZZ	S
15756	.....	A	Free muscle flap, microvasc.	33.23	30.09	5.33	68.65	090	S
15757	.....	A	Free skin flap, microvasc	33.23	30.09	5.33	68.65	090	S
15758	.....	A	Free fascial flap, microvasc	33.23	30.09	5.33	68.65	090	S
20150	.....	A	Excise epiphyseal bar	13.00	12.40	2.03	27.43	090	S
20956	.....	A	Iliac bone graft, microvasc	37.00	26.90	5.26	69.16	090	S
20957	.....	A	Mt bone graft, microvasc ...	38.33	27.87	5.45	71.65	090	S
20962	.....	A	Other bone graft, microvasc.	37.00	26.90	5.26	69.16	090	S
20969	.....	A	Bone/skin graft, microvasc	42.08	40.13	6.57	88.78	090	S
20970	.....	A	Bone/skin graft, iliac crest	41.22	39.31	6.44	86.97	090	S
24149	.....	A	Radical resection of elbow	13.25	12.64	2.07	27.96	090	S
24341	.....	A	Repair tendon/muscle arm	7.33	6.99	1.14	15.46	090	S
24342	.....	A	Repair of ruptured tendon	10.13	10.38	1.76	22.27	090	S
25332	.....	A	Revise wrist joint	10.83	9.98	1.61	22.42	090	S
26040	.....	A	Release palm contracture	3.09	2.86	0.49	6.44	090	S
26060	.....	A	Incision of finger tendon	2.71	1.13	0.17	4.01	090	S
26070	.....	A	Explore/treat hand joint	3.34	2.76	0.42	6.52	090	S
26121	.....	A	Release palm contracture	7.34	9.40	1.61	18.35	090	S
26123	.....	A	Release palm contracture	8.64	9.10	1.53	19.27	090	S
26125	.....	A	Release palm contracture	4.61	2.62	0.45	7.68	ZZZ	S
26185	.....	A	Remove finger bone	5.00	4.24	0.41	9.65	090	S
26540	.....	A	Repair hand joint	6.03	6.64	1.12	13.79	090	S
26541	.....	A	Repair hand joint with graft	8.20	8.94	1.47	18.61	090	S
26546	.....	A	Repair non-union hand	8.50	8.11	1.33	17.94	090	S
26551	.....	A	Great toe-hand transfer	44.31	42.25	6.92	93.48	090	S
26553	.....	A	Single toe-hand transfer	44.00	41.96	6.87	92.83	090	S
26554	.....	A	Double toe-hand transfer ...	52.50	50.06	8.20	110.76	090	S
26556	.....	A	Toe joint transfer	44.75	42.67	6.99	94.41	090	S
27036	.....	A	Excision of hip joint/muscle	12.00	11.44	1.87	25.31	090	S
28114	.....	A	Removal of metatarsal heads.	8.65	9.17	1.42	19.24	090	S
31090	.....	A	Exploration of sinuses	8.65	11.32	2.12	22.09	090	S
32491	.....	N	Lung volume reduction	+21.25	15.45	3.02	39.72	XXX	O
33234	.....	A	Removal of pacemaker system.	7.50	2.84	0.23	10.57	090	S
33235	.....	A	Removal pacemaker electrode.	8.74	3.14	0.33	12.21	090	N
33970	.....	A	Aortic circulation assist	6.75	7.54	1.00	15.29	000	S
33971	.....	A	Aortic circulation assist	8.40	5.16	0.91	14.47	090	S
35556	.....	A	Artery bypass graft	19.84	18.71	3.71	42.26	090	S
35566	.....	A	Artery bypass graft	25.00	20.62	4.08	49.70	090	S
35571	.....	A	Artery bypass graft	17.14	19.36	3.87	40.37	090	S
35583	.....	A	Vein bypass graft	20.50	20.44	4.13	45.07	090	S
35585	.....	A	Vein bypass graft	26.47	22.95	4.63	54.05	090	S
35587	.....	A	Vein bypass graft	17.55	21.51	4.13	43.19	090	S
35656	.....	A	Artery bypass graft	18.42	17.73	3.60	39.75	090	S
35666	.....	A	Artery bypass graft	17.60	20.06	4.00	41.66	090	S
35671	.....	A	Artery bypass graft	13.39	15.60	4.08	33.07	090	S
35681	.....	A	Artery bypass graft	8.05	10.42	3.52	21.99	ZZZ	S
35875	.....	A	Removal of clot in graft	9.07	8.21	1.65	18.93	090	S

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
+ Indicates RVUs are not used for Medicare payment.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT/ HCPCS [1]	MOD	Proc status	Short description	Physician work RVUs [2]	Practice expense RVUs	Mal-practice RVUs	Total RVUs	Global period	Update IND
37250	.....	A	Intravascular us	1.51	1.14	0.13	2.78	ZZZ	N
37251	.....	A	Intravascular us	1.15	0.87	0.10	2.12	ZZZ	N
43496	.....	C	Free jejunum flap, microvasc.	0.00	0.00	0.00	0.00	090	S
46900	.....	A	Destruction, anal lesion(s)	1.81	0.39	0.06	2.26	010	S
49020	.....	A	Drain abdominal abscess	14.25	4.82	0.91	19.98	090	S
49021	.....	A	Drain abdominal abscess	9.06	4.82	0.91	14.79	090	N
49906	.....	C	Free omental flap, microvasc.	0.00	0.00	0.00	0.00	090	S
52300	.....	A	Cystoscopy and treatment	5.31	3.47	0.36	9.14	000	S
52301	.....	A	Cystoscopy and treatment	5.51	3.47	0.36	9.34	000	S
52340	.....	A	Cystoscopy and treatment	9.00	5.15	0.50	14.65	090	S
54100	.....	A	Biopsy of penis	1.90	0.65	0.07	2.62	000	S
56300	.....	A	Pelvis laparoscopy, dx	3.65	4.45	0.93	9.03	000	S
56305	.....	A	Pelvic laparoscopy; biopsy	3.97	4.90	0.79	9.66	000	S
56362	.....	A	Laparoscopy w/cholangio	4.89	2.77	0.19	7.85	000	S
56363	.....	A	Laparoscopy w/biopsy	5.18	3.93	0.45	9.56	000	S
56399	.....	C	Laparoscopy procedure	0.00	0.00	0.00	0.00	YYY	S
56805	.....	A	Repair clitoris	18.00	11.75	1.37	31.12	090	S
57160	.....	A	Insertion of pessary/device	0.89	0.25	0.05	1.19	000	S
57335	.....	A	Repair vagina	18.00	6.91	0.81	25.72	090	S
59525	.....	A	Remove uterus after cesarean.	8.54	3.81	0.88	13.23	MMM	S
59866	.....	A	Abortion	4.00	2.86	0.66	7.52	000	S
61586	.....	A	Resect nasopharynx, skull	23.60	21.38	2.32	47.30	090	S
61793	.....	A	Focus radiation beam	16.70	21.35	1.96	40.01	090	S
67210	.....	A	Treatment of retinal lesion	9.48	9.02	0.47	18.97	090	S
68801	.....	A	Dilate tear duct opening	0.89	0.42	0.02	1.33	010	S
68810	.....	A	Probe nasolacrimal duct	1.27	0.55	0.03	1.85	010	S
68811	.....	A	Probe nasolacrimal duct	2.25	1.49	0.09	3.83	010	S
68815	.....	A	Probe nasolacrimal duct	3.00	1.93	0.10	5.03	010	S
69801	.....	A	Incise inner ear	8.19	10.48	1.84	20.51	090	S
75554	26	A	Cardiac MRI/function	1.83	0.72	0.11	2.66	XXX	N
75555	26	A	Cardiac MRI/limited study	1.74	0.72	0.11	2.57	XXX	N
75945	26	A	Intravascular us	0.29	0.22	0.03	0.54	XXX	N
75946	26	A	Intravascular us	0.29	0.22	0.03	0.54	XXX	N
77420	.....	A	Weekly radiation therapy ...	1.61	0.72	0.11	2.44	XXX	N
77425	.....	A	Weekly radiation therapy ...	2.44	1.10	0.17	3.71	XXX	N
77430	.....	A	Weekly radiation therapy ...	3.60	1.61	0.23	5.44	XXX	N
78445	26	A	Vascular flow imaging	0.49	0.24	0.04	0.77	XXX	N
78460	26	A	Heart muscle blood single	0.86	0.39	0.06	1.31	XXX	N
78461	26	A	Heart muscle blood multiple.	1.23	0.54	0.08	1.85	XXX	N
78464	26	A	Heart image (3D) single	1.09	0.48	0.07	1.64	XXX	N
78465	26	A	Heart image (3D) multiple	1.46	0.65	0.10	2.21	XXX	N
78469	26	A	Heart infarct image (3D)	0.92	0.41	0.06	1.39	XXX	N
78481	26	A	Heart first pass single	0.98	0.44	0.07	1.49	XXX	N
78483	26	A	Heart first pass multiple	1.47	0.65	0.10	2.22	XXX	N
90875	.....	A	Psychophysiological therapy.	1.11	0.35	0.05	1.51	XXX	N
90876	.....	A	Psychophysiological therapy.	1.73	0.54	0.08	2.35	XXX	N
90901	.....	A	Biofeedback, any method	0.41	0.29	0.02	0.72	000	N
92240	26	A	Icg angiography	1.10	0.59	0.03	1.72	XXX	N
92548	26	A	Posturography	0.50	0.45	0.05	1.00	XXX	N
92978	26	A	Intravascular us, heart	1.80	1.06	0.08	2.94	ZZZ	N
92979	26	A	Intravascular us, heart	1.44	0.85	0.06	2.35	ZZZ	N
92995	.....	A	Coronary atherectomy	12.09	15.47	1.22	28.78	000	N
93303	26	A	Echo transthoracic	1.30	1.00	0.09	2.39	XXX	N
93304	26	A	Echo transthoracic	0.75	0.68	0.05	1.48	XXX	N
93315	26	A	Echo transesophageal	2.78	1.35	0.12	4.25	XXX	N
93316	.....	A	Echo transesophageal	0.95	0.67	0.06	1.68	XXX	N
93317	26	A	Echo transesophageal	1.83	0.67	0.06	2.56	XXX	N
93619	26	A	Electrophysiology evaluation.	7.32	9.37	0.86	17.55	000	N
93620	26	A	Electrophysiology evaluation.	11.59	13.53	0.95	26.07	000	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
+ Indicates RVUs are not used for Medicare payment.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT/ HCPCS [1]	MOD	Proc status	Short description	Physician work RVUs [2]	Practice expense RVUs	Mal-practice RVUs	Total RVUs	Global period	Update IND
93621	26	A	Electrophysiology evaluation.	12.66	14.94	1.11	28.71	000	N
93975	26	A	Vascular study	1.80	0.42	0.05	2.27	XXX	N
93976	26	A	Vascular study	1.21	0.28	0.03	1.52	XXX	N
95921	26	A	Autonomic nerve func test	0.45	0.32	0.02	0.79	XXX	N
95922	26	A	Autonomic nerve func test	0.48	0.34	0.03	0.85	XXX	N
95923	26	A	Autonomic nerve func test	0.45	0.32	0.02	0.79	XXX	N
95950	26	A	Ambulatory eeg monitoring	1.51	1.21	0.10	2.82	XXX	N
95951	26	A	EEG monitoring/ videorecord.	6.00	1.50	0.11	7.61	XXX	N
97504	.....	A	Orthotic training	0.45	0.14	0.02	0.61	XXX	N
97520	.....	A	Prosthetic training	0.45	0.15	0.02	0.62	XXX	N
98940	.....	A	Chiropractic manipulation	0.45	0.29	0.01	0.75	000	N
98941	.....	A	Chiropractic manipulation	0.65	0.29	0.01	0.95	000	N
98942	.....	A	Chiropractic manipulation	0.87	0.29	0.01	1.17	000	N
98943	.....	N	Chiropractic manipulation	+0.40	0.29	0.01	0.70	XXX	0
G0051	.....	A	Destroy benign/premal lesion.	0.55	0.41	0.04	1.00	010	S
G0052	.....	A	Destruction of add'l lesions	0.18	0.13	0.01	0.32	ZZZ	S
G0053	.....	A	Destruction of add'l lesions	3.05	2.25	0.20	5.50	ZZZ	S
G0062	26	A	Peripheral bone densitometry.	0.22	0.10	0.02	0.34	XXX	N
G0063	26	A	Central bone densitometry	0.30	0.12	0.02	0.44	XXX	N
G0071	.....	A	Psychotherapy, office, no E/M.	1.11	0.35	0.05	1.51	XXX	N
G0072	.....	A	Psychotherapy, office, wth	1.47	0.35	0.05	1.87	XXX	N
G0073	.....	A	Psychotherapy, office, no E/M.	1.73	0.54	0.08	2.35	XXX	N
G0074	.....	A	Psychotherapy, office, wth E/M.	2.00	0.54	0.08	2.62	XXX	N
G0075	.....	A	Psychotherapy, office, no E/M.	2.76	1.05	0.15	3.96	XXX	N
G0076	.....	A	Psychotherapy, office, wth E/M.	3.15	1.05	0.15	4.35	XXX	N
G0077	.....	A	Psychotherapy, office, no E/M.	1.19	0.59	0.09	1.87	XXX	N
G0078	.....	A	Psychotherapy, office, wth E/M.	1.58	0.59	0.09	2.26	XXX	N
G0079	.....	A	Psychotherapy, office, no E/M.	1.86	0.59	0.09	2.54	XXX	N
G0080	.....	A	Psychotherapy, office, wth E/M.	2.15	0.59	0.09	2.83	XXX	N
G0081	.....	A	Psychotherapy, office, no E/M.	2.97	0.59	0.09	3.65	XXX	N
G0082	.....	A	Psychotherapy, office, wth E/M.	3.39	0.59	0.09	4.07	XXX	N
G0083	.....	A	Psychotherapy, inpt, no E/M.	1.24	0.35	0.05	1.64	XXX	N
G0084	.....	A	Psychotherapy, inpt, with E/M.	1.65	1.05	0.15	2.85	XXX	N
G0085	.....	A	Psychotherapy, inpt, no E/M.	1.94	0.54	0.08	2.56	XXX	N
G0086	.....	A	Psychotherapy, inpt, with E/M.	2.24	0.54	0.08	2.86	XXX	N
G0087	.....	A	Psychotherapy, inpt, no E/M.	3.09	1.05	0.15	4.29	XXX	N
G0088	.....	A	Psychotherapy, inpt, with E/M.	3.53	1.05	0.15	4.73	XXX	N
G0089	.....	A	Psychotherapy, inpt, no E/M.	1.33	0.35	0.05	1.73	XXX	N
G0090	.....	A	Psychotherapy, inpt, with E/M.	1.77	0.35	0.05	2.17	XXX	N
G0091	.....	A	Psychotherapy, inpt, no E/M.	2.08	0.54	0.08	2.70	XXX	N
G0092	.....	A	Psychotherapy, inpt,with E/M.	2.41	0.54	0.08	3.03	XXX	N

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
+ Indicates RVUs are not used for Medicare payment.

ADDENDUM C.—CODES WITH INTERIM RVUS—Continued

CPT/ HCPCS [1]	MOD	Proc status	Short description	Physician work RVUs [2]	Practice expense RVUs	Mal-practice RVUs	Total RVUs	Global period	Update IND
G0093	.....	A	Psychotherapy, inpt, no E/M.	3.32	1.05	0.15	4.52	XXX	N
G0094	.....	A	Psychotherapy, inpt, with E/M.	3.80	1.05	0.15	5.00	XXX	N

ADDENDUM D.—1997 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
00510	00	Alabama	0.980	0.871	0.927
01020	01	Alaska	1.064	1.155	1.617
01030	00	Arizona	0.996	0.955	1.321
00520	13	Arkansas	0.954	0.853	0.427
00542	03	Marin/Napa/Solano, CA	1.015	1.180	0.596
00542	05	San Francisco, CA	1.068	1.330	0.596
00542	06	San Mateo, CA	1.049	1.300	0.596
00542	07	Oakland/Berkeley, CA	1.042	1.215	0.596
00542	09	Santa Clara, CA	1.064	1.289	0.596
02050	17	Ventura, CA	1.028	1.192	0.686
02050	18	Los Angeles, CA	1.056	1.207	0.752
02050	26	Anaheim/Santa Ana, CA	1.037	1.205	0.752
02050	99	Rest of California	1.009	1.048	0.627
00542	99	Rest of California	1.009	1.048	0.627
00824	01	Colorado	0.989	0.951	0.827
10230	00	Connecticut	1.050	1.194	1.001
00570	01	Delaware	1.021	1.032	0.792
00580	01	DC & MD/VA Suburbs	1.051	1.192	0.980
00590	04	Miami, FL	1.016	1.087	2.456
00590	03	Ft Lauderdale, FL	0.998	1.036	1.867
00590	99	Rest of Florida	0.977	0.944	1.417
01040	01	Atlanta, GA	1.007	1.030	0.902
01040	99	Rest of Georgia	0.971	0.891	0.902
01120	01	Hawaii	0.999	1.220	0.921
05130	00	Idaho	0.962	0.882	0.588
00621	16	Chicago, IL	1.028	1.080	1.382
00621	15	Suburban Chicago, IL	1.007	1.093	1.159
00621	12	East St Louis, IL	0.988	0.929	1.202
00621	99	Rest of Illinois	0.965	0.884	0.824
00630	00	Indiana	0.982	0.917	0.356
00640	00	Iowa	0.960	0.877	0.679
00650	00	Kansas	0.964	0.891	1.191
00660	00	Kentucky	0.971	0.869	0.819
00528	01	New Orleans, LA	0.999	0.946	0.997
00528	99	Rest of Louisiana	0.969	0.870	0.912
21200	03	Southern Maine	0.980	1.034	0.759
21200	99	Rest of Maine	0.962	0.925	0.759
00901	01	Balto/Surr Ctys, MD	1.021	1.036	1.115
00901	99	Rest of Maryland	0.984	0.953	0.862
00700	01	Boston, MA	1.040	1.213	0.978
00700	99	Rest of Massachusetts	1.012	1.086	0.978
00623	01	Detroit, MI	1.043	1.038	3.051
00623	99	Rest of Michigan	0.998	0.935	1.844
10240	00	Minnesota	0.990	0.965	0.594
10250	00	Mississippi	0.958	0.845	0.726
11260	01	St Louis, MO	0.994	0.944	1.207
00740	02	Metro Kansas City, MO	0.989	0.949	1.207
00740	99	Rest of Missouri	0.947	0.835	1.159
11260	99	Rest of Missouri	0.947	0.835	1.159
00751	01	Montana	0.952	0.864	0.756
00655	00	Nebraska	0.951	0.872	0.444
01290	00	Nevada	1.007	1.029	0.887
00780	40	New Hampshire	0.988	1.034	0.916
00860	01	Northern New Jersey	1.059	1.215	0.762
00860	99	Rest of New Jersey	1.029	1.115	0.762
01360	05	New Mexico	0.975	0.903	0.792

[1] All CPT codes and descriptors copyright 1996 American Medical Association.
+ Indicates RVUs are not used for Medicare payment.

ADDENDUM D.—1997 GEOGRAPHIC PRACTICE COST INDICES BY MEDICARE CARRIER AND LOCALITY—Continued

Carrier number	Locality number	Locality name	Work	Practice expense	Mal-practice
00803	01	Manhattan, NY	1.095	1.359	1.546
00803	02	NYC Suburbs/LI, NY	1.068	1.235	1.759
00803	03	Poughkeepsie/N NYC, NY	1.011	1.081	1.218
14330	04	Queens, NY	1.058	1.240	1.686
00801	99	Rest of New York	1.002	0.955	0.821
05535	00	North Carolina	0.971	0.918	0.435
00820	01	North Dakota	0.951	0.860	0.617
16360	00	Ohio	0.991	0.940	1.049
01370	00	Oklahoma	0.970	0.882	0.481
01380	01	Portland, OR	0.996	0.998	0.637
01380	99	Rest of Oregon	0.963	0.930	0.637
00865	01	Philadelphia, PA	1.025	1.091	1.314
00865	99	Rest of Pennsylvania	0.990	0.924	0.735
00973	20	Puerto Rico	0.883	0.739	0.268
00870	01	Rhode Island	1.019	1.074	1.569
00880	01	South Carolina	0.976	0.899	0.361
00820	02	South Dakota	0.936	0.856	0.443
05440	35	Tennessee	0.976	0.899	0.524
00900	09	Brazoria, TX	0.993	0.966	1.428
00900	11	Dallas, TX	1.012	1.012	0.893
00900	15	Galveston, TX	0.989	0.966	1.428
00900	18	Houston, TX	1.021	1.005	1.428
00900	20	Beaumont, TX	0.993	0.893	1.428
00900	28	Fort Worth, TX	0.989	0.972	0.893
00900	31	Austin, TX	0.987	0.986	0.827
00900	99	Rest of Texas	0.967	0.879	0.839
00910	09	Utah	0.978	0.891	0.644
00780	50	Vermont	0.974	0.988	0.452
10490	00	Virginia	0.987	0.941	0.518
00973	50	Virgin Islands	0.966	0.978	1.023
01390	02	Seattle (King Co), WA	1.006	1.077	0.748
01390	99	Rest of Washington	0.983	0.961	0.748
16510	00	West Virginia	0.964	0.850	1.004
00951	00	Wisconsin	0.982	0.926	1.160
00825	21	Wyoming	0.968	0.881	0.811

Note: Work GPCI is the ¼ work GPCI required by Section 1848(e)(1)(A)(iii) of the Social Security Act.

[FR Doc. 96–29558 Filed 11–15–96; 11:51 am]

BILLING CODE 4120–01–P

[1] All CPT codes and descriptors copyright 1996 American Medical Association.

+ Indicates RVUs are not used for Medicare payment.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[BPD–853–FN]

RIN 0938–AH41

Medicare Program; Physician Fee Schedule Update for Calendar Year 1997 and Physician Volume Performance Standard Rates of Increase for Federal Fiscal Year 1997

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

ACTION: Final notice.

SUMMARY: This final notice announces the calendar year 1997 updates to the Medicare physician fee schedule and the Federal fiscal year 1997 volume performance standard rates of increase for expenditures for physicians' services under the Medicare Supplementary Medical Insurance (Part B) program as required by sections 1848 (d) and (f), respectively, of the Social Security Act. The fee schedule updates for calendar year 1997 are 1.9 percent for surgical services, 2.5 percent for primary care services, and −0.8 percent for other nonsurgical services. While it does not affect payment for any particular service, there was a 0.6 percent increase in the update for all physicians' services for 1997. The physician volume performance standard rates of increase for Federal fiscal year 1997 are −3.7 percent for surgical services, 4.5 percent for primary care services, −0.5 percent for other nonsurgical services, and a weighted average of −0.3 percent for all physicians' services.

EFFECTIVE DATE: The provisions in this final notice pertaining to the Medicare volume performance standard rates of increase are effective October 1, 1996, and the provisions pertaining to the Medicare physician fee schedule update are effective January 1, 1997, as provided by the Medicare statute. Ordinarily, 5 U.S.C. section 801 requires that agencies submit major rules to Congress 60 days before the rules are scheduled to become effective. However, the 104th Congress adjourned on October 4, 1996, and the 105th Congress is not scheduled to convene until January 7, 1997. The Department has concluded that, in this instance, a further delay in the effective dates in order to satisfy section 801 would not serve the law's intent, since Congress will not be in session during this period, and such delay in the effective dates established by the Medicare statute is unnecessary and contrary to the public interest. The Department finds, on this basis, that there is good cause for establishing these effective dates pursuant to 5 U.S.C. section 808(2).

ADDRESSES: *Copies:* To order paper copies of the Federal Register containing this document, send your request to: New Orders, Superintendent of Documents, P. O. Box 371954, Pittsburgh, PA 15250–7954. Specify Stock Number 069-001-00097–1 and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 (or toll-free at 1–888–293–6498) or by faxing to (202) 512–2250. The cost for each paper copy is $8. As an alternative, you can view and photocopy the Federal Register document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the Federal Register.

To order copies of the source files for this document on high density 3.5 inch personal computer diskettes, send your request to: Superintendent of Documents, Attention: Electronic Products, P.O. Box 37082, Washington, DC 20013–7082. Enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1530 or by faxing to (202) 512–1262. The cost for the diskettes is $20. The file formats on the diskettes are comma delimited ASCII, EXCEL, and WordPerfect 6.1.

This Federal Register document is also available from the Federal Register online database through *GPO Access*, a service of the U.S. Government Printing Office. Free public access is available on a Wide Area Information Server (WAIS) through the Internet and via asynchronous dial-in. Internet users can access the database by using the World Wide Web; the Superintendent of Documents home page address is http://www.access.gpo.gov/su____docs/, by using local WAIS client software, or by telnet to swais.access.gpo.gov, then login as guest (no password required). Dial-in users should use communications software and modem to call (202) 512–1661; type swais, then login as guest (no password required).

FOR FURTHER INFORMATION CONTACT: *Ordering information:* See **ADDRESSES** section.

Content information: Contact Don Thompson, (410) 786–4586.

SUPPLEMENTARY INFORMATION:

I. Background and Summary of Legislation

A. The Physician Fee Schedule Update and Medicare Volume Performance Standard

Section 1848 of the Social Security Act (the Act) requires the Secretary of Health and Human Services to—

- Establish annual updates to payment rates under the Medicare physician fee schedule, and
- Establish volume performance standard rates of increase to help control the rate of growth in expenditures for physicians' services.

Under section 1848(b)(1) of the Act, payment for physicians' services, except for anesthesia services, equals the product of the relative value units (RVUs) for a service, a geographic adjustment factor, and a conversion factor. Anesthesia services are paid under a different relative value system, and payment is equal to the sum of the base and time units for the service multiplied by a geographically adjusted anesthesia-specific conversion factor. The RVUs and anesthesia base units reflect the relative amount of resources used by physicians to furnish the service, and the geographic adjustment factor measures practice cost differences between areas. The geographically adjusted RVUs are multiplied by a conversion factor to obtain the physician fee schedule payment amounts. As is discussed in section IV.C.1. of the final rule for the 1997 physician fee schedule, ''Medicare Program; Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1997,'' published elsewhere in this Federal Register issue, there is a separate adjustment to the work RVUs in 1997. (This rule is referenced from now on as the 1997 physician fee schedule final rule.) Therefore, for 1997, the work RVUs are adjusted by this separate factor, and all RVUs are adjusted by a geographic practice cost index and multiplied by a conversion factor to obtain the physician fee schedule payment amounts. We plan on eliminating this separate adjuster in 1998 when we implement resource-based practice expense RVUs.

The 1997 conversion factors are $16.68 for anesthesia services, $40.9603 for surgical services, $35.7671 for primary care services, and $33.8454 for other nonsurgical services.

1. Physician Fee Schedule Update

Section 1848(d) of the Act requires the Secretary to provide the Congress with her recommendation of a physician fee schedule update by April 15 of each year. Under section 1848(d)(2)(A) of the Act, the Secretary is required to consider a number of factors, including the following:

- The percentage change in the Medicare economic index (MEI), a measure of the change in the cost of operating a medical practice.
- The growth in actual expenditures for physicians' services in the prior fiscal year.
- The relationship between that growth and the volume performance standard rate of increase.
- Changes in the volume and intensity of services.
- Access to services.
- Other factors that may contribute to changes in the volume and intensity of services or access to services.

If the Congress does not set the update, section 1848(d)(3) of the Act establishes the process for updating the physician fee schedule. Under section 1848(d)(3), unless otherwise specified by the Congress, the fee schedule update for a category of physicians' services equals the appropriate update index (the MEI) adjusted by the number of percentage points by which expenditure growth exceeded or was less than the volume performance standard rates of increase for the second preceding year for that category of physicians' services. That is, the calendar year 1997 update would equal the 1997 MEI increased or decreased by the difference between the rate of increase in expenditures for fiscal year 1995 and the volume performance standard for that year. However, section 1848(d)(3)(B) of the Act limits the maximum downward adjustment for 1995 and any succeeding year to 5.0 percentage points. There is no restriction on upward adjustments to the MEI.

Section 1848(d)(1)(C) of the Act requires the Secretary to publish in the Federal Register, within the last 15 days of October, the updates for the following calendar year.

The updates are required by the Medicare statute, and any budget implications associated with them are due to the requirements of the law and not this notice.

2. Medicare Volume Performance Standard Rates of Increase

Section 1848(f) of the Act requires the Secretary to establish volume performance standard rates of increase for Medicare expenditures for physicians' services. The use of volume performance standard rates of increase is intended to control the rate of increase in expenditures for physicians' services.

The volume performance standard rates of increase are not limits on expenditures. Payments for services are not withheld if volume performance standard rates of increase are exceeded. Rather, the appropriate fee schedule update, as specified in section 1848(d)(3)(A) of the Act, is adjusted to reflect the success or failure in meeting the volume performance standard rates of increase.

Section 1848(f) of the Act sets forth the process for establishing the volume performance standard rates of increase by requiring the Secretary to recommend to the Congress the physician volume performance standard rates of increase for the following Federal fiscal year by not later than April 15. The Secretary is required to recommend MVPS rates for surgical, primary care, other nonsurgical, and all physicians' services. In making the recommendations, the Secretary is required to confer with organizations that represent physicians and to consider the following factors:

- Inflation.
- Changes in the number and age composition of Medicare enrollees under Part B (excluding risk health maintenance organization enrollees).
- Changes in technology.
- Evidence of inappropriate utilization of services.
- Evidence of lack of access to necessary physicians' services.
- Other appropriate factors as determined by the Secretary.

If the Congress does not set the volume performance standard rates of increase, section 1848(f)(2)(A) and (B) of the Act requires the Secretary to set MVPS rates for all physicians' services and each category of physicians' services equal to the product of the following four factors reduced by a performance standard factor, which for fiscal year 1997 is 4.0 percentage points:

- 1.0 plus the Secretary's estimate of the weighted-average percentage increase (divided by 100) in fees for all physicians' services or for the category of physicians' services for the portions of calendar year 1996 and calendar year 1997 contained in fiscal year 1997.
- 1.0 plus the Secretary's estimate of the percentage change (divided by 100) in the average number of Part B enrollees (excluding risk health maintenance organization enrollees) from fiscal year 1996 to fiscal year 1997.
- 1.0 plus the Secretary's estimate of the average annual percentage growth (divided by 100) in the volume and intensity of all physicians' services or of the category of physicians' services for fiscal year 1991 through fiscal year 1996.
- 1.0 plus the Secretary's estimate of the percentage change (divided by 100) in expenditures for all physicians' services or of the category of physicians' services that will result from changes in law or regulations in fiscal year 1997 as compared with expenditures for physicians' services in fiscal year 1996.

Section 1848(f)(1)(C) of the Act requires the Secretary to publish in the Federal Register within the last 15 days of October of each year the volume performance standard rates of increase for all physicians' services and for each category of physicians' services for the Federal fiscal year that began on October 1 of that year. (The MVPS for all physicians' services has no practical effect on the update. We publish it only because we are required to do so by section 1848(f) of the Act.)

3. Past Years' Medicare Volume Performance Standard Rates of Increase and Physician Fee Schedule Updates

MVPS rates have been established under section 1848 of the Act since fiscal year 1990. Calendar year 1992 was the first year in which the update was affected by expenditures under the MVPS system. The following tables illustrate the MVPS rates in each fiscal year since their inception, the actual rates of increase, and the corresponding updates in the second subsequent calendar year.

FEE SCHEDULE UPDATE

[In Percent]

Calendar year	MEI	Performance adjustment	Legislative adjustment	Update
CY 1992:				
All services	3.2	−0.9	−0.4	1.9
CY 1993:				
Surgical	2.7	0.4	.....	3.1
Nonsurgical	2.7	−1.9	.....	0.8
All services [1]	.....	.....	.....	1.4
CY 1994:				
Surgical	2.3	11.3	−3.6	10.0
Primary care	2.3	5.6	0.0	7.9
Other nonsurgical	2.3	5.6	−2.6	5.3
All services [1]	.....	.....	.....	7.0
CY 1995:				
Surgical	2.1	12.8	−2.7	12.2
Primary care	2.1	5.8	0.0	7.9
Other nonsurgical	2.1	5.8	−2.7	5.2
All services [1]	.....	.....	.....	7.7
CY 1996:				
Surgical	2.0	1.8	.....	3.8
Primary care	2.0	−4.3	.....	−2.3
Other nonsurgical	2.0	−1.6	.....	0.4
All services [1]	.....	.....	.....	0.8
CY 1997:				
Surgical	2.0	−0.1	.....	1.9
Primary care	2.0	0.5	.....	2.5
Other nonsurgical	2.0	−2.8	.....	−0.8
All services [1]	.....	.....	.....	0.6

[1] The all services update is the weighted average of the category updates and, except for 1992, does not affect payment.

MEDICARE VOLUME PERFORMANCE STANDARD RATES OF INCREASE

(In Percent)

Fiscal Year	MVPS	Actual	Difference
FY 1990:			
All services	9.1	10.0	−0.9
FY 1991:			
Surgical	3.3	2.9	0.4
Nonsurgical	8.6	10.5	−1.9
FY 1992:			
Surgical	6.5	−4.8	11.3
Nonsurgical	11.2	5.6	5.6
FY 1993:			
Surgical	8.4	−4.4	12.8
Nonsurgical	10.8	5.0	5.8
FY 1994:			
Surgical	9.1	7.3	1.8
Primary care	10.5	14.8	−4.3
Other nonsurgical	9.2	10.8	−1.6
FY 1995:			
Surgical	9.2	9.3	−0.1
Primary care	13.8	13.3	0.5
Other nonsurgical	4.4	7.2	−2.8
FY 1996:			
Surgical	−0.5		
Primary care	9.3		
Other nonsurgical	0.6		
FY 1997:			
Surgical	−3.7		
Primary care	4.5		
Other nonsurgical	−0.5		

Separate MVPS rates for surgical and nonsurgical services were not required until fiscal year 1991. Separate fee schedule updates were not required until calendar year 1993. Beginning with the calendar year 1994 fee schedule update and the fiscal year 1994 MVPS, we established separate updates and MVPS rates of increase for surgical, primary care, and other nonsurgical services.

B. Physicians' Services

Section 1848(f)(5)(A) of the Act defines physicians' services for purposes of the volume performance standard rates of increase as including other items or services (such as clinical diagnostic laboratory tests and radiology services), specified by the Secretary, that are commonly performed by a physician or furnished in a physician's office. Section 1861(s) of the Act defines medical and other health services covered under Part B. As provided for in the fiscal year 1990 volume performance standard rates of increase notice in the Federal Register on December 29, 1989 (54 FR 53819), we are including the following medical and other health services in section 1861(s) of the Act in the physician volume performance standard rates of increase if bills for the items are processed and paid for by Medicare carriers:

- Physicians' services.
- Services and supplies furnished incident to physicians' services.
- Outpatient physical therapy and speech therapy services, and outpatient occupational therapy services.
- Antigens prepared by or under the direct supervision of a physician.
- Services of physician assistants, certified registered nurse anesthetists, certified nurse midwives, clinical psychologists, clinical social workers, nurse practitioners, and clinical nurse specialists.
- Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests.
- X-ray, radium, and radioactive isotope therapy.
- Surgical dressings, splints, casts, and other devices used for reduction of fractures and dislocations.

As stated in our December 8, 1994 final notice (59 FR 63638) announcing the fiscal year 1995 volume performance standard rates of increase, we included outpatient diagnostic laboratory tests paid through intermediaries in the MVPS definition of physicians' services beginning in fiscal year 1996 (59 FR 63640).

C. Definition of Surgical, Primary Care, and Other Nonsurgical Services

As described in the December 2, 1993 notice (58 FR 63858) containing our definitions of surgical, primary care, or other nonsurgical services, we consider a procedure to be surgical if the following conditions are met:

- In the HCFA Part B data system, the service is classified under ''type of service'' as a ''surgery.''
- The service is performed by surgical specialists more than 50 percent of the time.

As also discussed in the December 1993 notice, section 1842(i)(4) of the Act defines primary care services as ''office medical services, emergency department services, home medical services, skilled nursing, intermediate care, and long-term care medical services, or nursing home, boarding home, domiciliary, or custodial care medical services.'' Since this language was the result of an amendment to the Act made by section 4042(b) of the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) (Pub. L. 100–203), enacted on December 22, 1987, we rely on the conference report accompanying OBRA 1987 (H. R. Rep. No. 100–495, 100th Congress, 1st Session 594–595 (1987)) to determine the HCFA Common Procedure Coding System (HCPCS) codes to be included in the definition of primary care services. In addition, section 6102(f)(10) of the Omnibus Budget Reconciliation Act of 1989 (OBRA 1989) (Pub. L. 101–239), enacted on December 19, 1989, indicated intermediate and comprehensive office visits for eye examinations and treatments for new patients were to be considered primary care services.

We classify physicians' services not meeting the surgical or primary care definitions as nonsurgical services.

For a procedure code that is new in 1997 and does not meet the primary care definition, we do not have any data for determining how often the procedure is performed by surgical specialists and therefore whether the service should be classified as surgical or nonsurgical. We categorized these codes as surgical or nonsurgical based on the judgment of our medical staff. To assist us in making these determinations, we considered the type-of-service classification within the Physicians' Current Procedural Terminology (CPT) and the relationship of services represented by the new codes to surgical services meeting the above-described criteria. We followed a similar process to classify codes that were new in 1996. For the 1997 classification of the new 1996 codes, however, we used 6 months of 1996 data to determine whether they meet the criteria for being considered surgical services. Based on these data, we did not need to reclassify any codes as surgical or nonsurgical.

Beginning in 1996, we classified monthly end-stage renal disease services (HCPCS codes 90918 through 90921) as primary care services. For a full discussion of this classification, see the final rule with comment period entitled ''Medicare Program; Revisions to Payment Policies and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1996'' published in the Federal Register on December 8, 1995 (60 FR 63155 through 63156).

Also, Addendum B of the 1997 physician fee schedule final rule, published elsewhere in this Federal Register issue, lists the RVUs and related information used in determining Medicare payments for HCPCS codes. For the purposes of the physician fee schedule, we have assigned the following surgical, primary care, or other nonsurgical service update indicators to these codes:

Update indicator	Interpretation
S	Surgical services.
P	Primary care services.
N	The physician fee schedule update applies, but the code is not defined as surgical or primary care.
O	The physician fee schedule update does not apply.

The MVPS indicator for a procedure code is identical to the update indicator for codes that have a surgical, primary care, or other nonsurgical service update indicator. However, we consider some codes with an update indicator of ''O'' to be nonsurgical for the purposes of the MVPS, most notably the clinical diagnostic laboratory codes.

II. Provisions of This Final Notice

A. Physician Fee Schedule Update for Calendar Year 1997

Under the requirements of section 1848(d)(3) of the Act, the fee schedule update for calendar year 1997 will be 1.9 percent for surgical services, 2.5 percent for primary care services, and −0.8 percent for other nonsurgical services. The weighted average update across all services for 1997 will be 0.6 percent. We determined this update as follows:

	Surgical services	Primary care services	Nonsurgical services
	(In Percent)		
1997 MEI	2.0	2.0	2.0
MVPS Adjustment	-0.1	0.5	-2.8
1997 Update	1.9	2.5	-0.8

As discussed in our December 8, 1995 final rule for the 1996 physician fee schedule (60 FR 63172 through 63173), we began applying budget-neutrality adjustments to the conversion factors rather than to the RVUs in 1996. As we discuss in section IX of the 1997 physician fee schedule final rule, published elsewhere in this Federal Register issue, there will be two separate budget neutrality adjustments in 1997. The first will be a budget neutrality adjustment applied to the work RVUs when calculating Medicare physicians' fees for 1997. This budget neutrality adjustment, 8.3 percent, will account for fee changes related to the 5-year review of work RVUs. The second budget neutrality adjustment, 1.5 percent, will be applied uniformly to the conversion factors to account for both the fee schedule changes unrelated to the 5-year review and the anticipated volume and intensity response to all fee schedule changes unrelated to the conversion factor updates. Because anesthesia services are not paid on the basis of work RVUs, an equivalent −7.5 percent adjustment will be made to the anesthesia conversion factor to account for both these budget neutrality adjustments.

Applying the updates and conversion factor budget neutrality adjustment to the 1996 conversion factors of $40.7986 for surgical services (other than anesthesia services), $35.4173 for primary care services, and $34.6293 for nonsurgical services yields 1997 conversion factors of $40.9603 for surgical services, $35.7671 for primary care services, and $33.8454 for other nonsurgical services. The 1996 anesthesia conversion factor of $15.28, which includes the effect of the 1996 budget neutrality adjustment, will be updated by the surgical update to $16.68 for 1997, after adjusting for the 1997 budget neutrality adjustments.

The specific calculations to determine the fee schedule updates for physicians' services for calendar year 1997 are explained in section III.A. of this notice.

B. Physician Volume Performance Standard Rates of Increase for Fiscal Year 1997

Under the requirements in section 1848(f)(2)(A) and (B) of the Act, we have determined that the volume performance standard rates of increase for physicians' services for fiscal year 1997 are −3.7 percent for surgical services, 4.5 percent for primary care services, −0.5 percent for other nonsurgical services, and a weighted average of −0.3 percent for all physicians' services.

This determination is based on the following statutory factors:

Statutory factors	Surgical services	Primary care services	Nonsurgical services
	(In Percent)		
Fees	2.0	2.0	2.2
Enrollment	−1.1	−1.1	−1.1
	(In Percent)		
Volume and Intensity	1.6	4.0	4.0
Legislation	−2.1	3.4	−1.5
Performance Standard Factor	4.0	4.0	4.0
Total	−3.7	4.5	−0.5

The specific calculations to determine the volume performance standard rates of increase for physicians' services for fiscal year 1997 are explained in section III.B. of this notice.

III. Detail on Calculation of the Calendar Year 1997 Physician Fee Schedule Update and the Fiscal Year 1997 Physician Volume Performance Standard Rates of Increase

A. Physician Fee Schedule Update

1. The Percentage Change in the Medicare Economic Index

The MEI measures the weighted-average annual price change for various inputs needed to produce physicians' services. The MEI is a fixed-weight input price index, with an adjustment for the change in economy-wide labor productivity. This index, which has 1989 base weights, is comprised of two broad categories: (1) Physician's own time, and (2) physician's practice expense.

The physician's own time component represents the net income portion of business receipts and primarily reflects the input of the physician's own time into the production of physicians' services in physicians' offices. This category consists of two subcomponents, wages and salaries and fringe benefits. These components are adjusted by the 10-year moving average percent change in output per man-hour for the nonfarm business sector to eliminate double counting for productivity growth in physicians' offices and the general economy.

The physician's practice expense category represents the rate of price growth in nonphysician inputs to the production of services in physicians' offices. This category consists of wages and salaries and fringe benefits for nonphysician staff and other nonlabor inputs. Like physician's own time, the nonphysician staff categories are adjusted for productivity using the 10-year moving average percent change in output per man-hour for the nonfarm business sector. The physician's practice expense component also includes the following categories of nonlabor inputs: office expense, medical materials and supplies, professional liability insurance, medical equipment, professional car, and other expense. The table below presents a listing of the MEI cost categories with associated weights

and percent changes for price proxies for the 1997 update. The calendar year 1997 MEI is 2.0 percent.

INCREASE IN THE MEDICARE ECONOMIC INDEX UPDATE FOR CALENDAR YEAR 1997 [1]

	1989 weights [2]	CY 1997 percent changes
Medicare Economic Index Total	100.0	2.0
1. Physician's Own Time [3 4]	54.2	2.0
a. Wages and Salaries: Average hourly earnings private nonfarm, net of productivity	45.3	2.2
b. Fringe Benefits: Employment Cost Index, benefits, private nonfarm, net of productivity	8.8	1.0
2. Physician's Practice Expense [3]	45.8	2.0
a. Nonphysician Employee Compensation	16.3	1.9
1. Wages and Salaries: Employment Cost Index, wages and salaries, weighted by occupation, net of productivity	13.8	2.0
2. Fringe Benefits: Employment Cost Index, fringe benefits, white collar, net of productivity	2.5	1.4
b. Office Expense: Consumer Price Index for Urban Consumers (CPI–U), housing	10.3	2.8
c. Medical Materials and Supplies: Producer Price Index (PPI), ethical drugs/PPI, surgical appliances and supplies/CPI–U, medical equipment and supplies (equally weighted)	5.2	2.2
d. Professional Liability Insurance: HCFA professional liability insurance survey [5]	4.8	−1.1
e. Medical Equipment: PPI, medical instruments and equipment	2.3	1.6
f. Other Professional Expense	6.9	2.8
1. Professional Car: CPI–U, private transportation	1.4	2.3
2. Other: CPI–U, all items less food and energy	5.5	2.9
Addendum:		
Productivity: 10-year moving average of output per man-hour, nonfarm business sector	N/A	0.9
Physician's Own Time, not productivity adjusted	54.2	2.9
Wages and salaries, not productivity adjusted	45.3	3.1
Fringe benefits, not productivity adjusted	8.8	1.9
Nonphysician Employee Compensation, not productivity adjusted	16.3	2.8
Wages and salaries, not productivity adjusted	13.8	2.9
Fringe benefits, not productivity adjusted	2.5	2.3

[1] The rates of change are for the 12-month period ending June 30, 1996, which is the period used for computing the calendar year 1997 update. The price proxy values are based upon the latest available Bureau of Labor Statistics data as of September 1996.

[2] The weights shown for the MEI components are the 1989 base-year weights, which may not sum to subtotals or totals because of rounding. The MEI is a fixed-weight, Laspeyres-type input price index whose category weights indicate the distribution of expenditures among the inputs to physicians' services for calendar year 1989. To determine the MEI level for a given year, the price proxy level for each component is multiplied by its 1989 weight. The sum of these products (weights multiplied by the price index levels) over all cost categories yields the composite MEI level for a given year. The annual percent change in the MEI levels is an estimate of price change over time for a fixed market basket of inputs to physicians' services.

[3] The Physician's Own Time and Nonphysician Employee Compensation category price measures include an adjustment for productivity. The price measure for each category is divided by the 10-year moving average of output per man-hour in the nonfarm business sector. For example, the wages and salaries component of Physician's Own Time is calculated by dividing the rate of growth in average hourly earnings by the 10-year moving average rate of growth of output per man-hour for the nonfarm business sector. Dividing one plus the decimal form of the percent change in the average hourly earnings (1+.031=1.031 by one plus the decimal form of the percent change in the 10-year moving average of labor productivity (1+.009=1.009) equals one plus the change in average hourly earnings net of the change in output per manhour (1.031/1.009=1.022). All Physician's Own Time and Nonphysician Employee Compensation categories are adjusted in this way. Due to a higher level of precision the computer calculated quotient may differ from the quotient calculated from rounded individual percent changes.

[4] The average hourly earnings proxy, the Employment Cost Index proxies, as well as the CPI–U, housing and CPI–U, private transportation are published in the Current Labor Statistics Section of the Bureau of Labor Statistics' Monthly Labor Review. The remaining CPIs and PPIs in the revised index can be obtained from the Bureau of Labor Statistics' CPI Detailed Report or Producer Price Indexes.

[5] Derived from a HCFA survey of several major insurers (the latest available historical percent change data are for calendar year 1995). This is consistent with prior computations of the professional liability insurance component of the MEI.

N/A Productivity is factored into the MEI compensation categories as an adjustment to the price variables; therefore, no explicit weight exists for productivity in the MEI.

2. Medicare Volume Performance Standard Performance Adjustment

As required by section 1848(d)(3)(B)(i) of the Act, we are increasing the update by 0.5 percentage points for primary care services and decreasing it by 0.1 percentage points for surgical and 2.8 percentage points for other nonsurgical services to reflect the percentage increase in expenditures between fiscal year 1994 and fiscal year 1995 relative to the volume performance standard rates of increase for fiscal year 1995.

Our estimate of the percentage growth in surgical services between fiscal year 1994 and fiscal year 1995 is 9.3 percent. Because the volume performance standard rate of increase for fiscal year 1995 was 9.2 percent, the rate of increase in expenditures for surgical services was greater than the volume performance standard rate of increase by 0.1 percentage points. For primary care services, the rate of increase in expenditures was 13.3 percent, 0.5 percentage points less than the volume performance standard rate of increase of 13.8 percent. For other nonsurgical services, the rate of increase in expenditures was 7.2 percent, 2.8 percentage points greater than the volume performance standard rate of increase of 4.4 percent.

B. Fiscal Year 1997 Physician Volume Performance Standard Rates of Increase

Below we explain how we determined the increases for each of the four factors used in determining the volume performance standard rates of increase for fiscal year 1997.

Factor 1—Weighted-Average Percentage Increase in Fees for Physicians' Services (Before Applying Legislative Reductions) for Months of Calendar Years 1996 and 1997 Included in Fiscal Year 1997

This factor was calculated as a weighted average of the fee increases that apply to fiscal year 1997; that is, the fee increases that apply to the last 3 months of calendar year 1996 multiplied by 25 percent plus the fee increases that apply to the first 9 months of calendar year 1997 multiplied by 75 percent. Beginning with calendar year 1992, physicians' services are updated by a physician fee schedule update factor that is based on the MEI adjusted for several statutory factors. The update factor for a category of physicians' services for calendar year 1997 is adjusted by the number of percentage points that the rate of increase in expenditures in fiscal year 1995 compared to fiscal year 1994 was less than the volume performance standard rate of increase for the category of physicians' services in fiscal year 1995. Laboratory services are updated by increases in the Consumer Price Index for Urban Consumers (CPI–U).

Table 2 shows the updates that were used to determine the weighted-average percentage increase in physicians' fees.

TABLE 2.—MEDICARE ECONOMIC INDEX AND CONSUMER PRICE INDEX FOR URBAN CONSUMERS FOR CALENDAR YEARS 1996 AND 1997

	1996	1997
MEI	2.0	2.0
CPI–U	3.2	2.7

Physicians' services make up approximately 90 percent of the total expenditures in the definition of physicians' services used for purposes of the volume performance standard rates of increase; laboratory services represent approximately 10 percent.

In addition to the annual updates and individual weights of the above services, one other element has an effect on the rate of increase in physician fees. Section 1842(h)(1) of the Act provides for ''participating physicians'' who agree to accept Medicare payment as payment in full and to bill Medicare beneficiaries only for the 20 percent coinsurance amount and any unmet portion of the $100 annual deductible amount. Sections 1842(b)(4)(A)(iv) and 1848(a)(3) of the Act provide that nonparticipating physicians are paid 5 percent less for their Medicare services than participating physicians. The nonparticipating physicians are given an opportunity at the end of each calendar year to enroll as participating physicians for the next calendar year. Participation rates have increased each year, and we assume that this trend will continue. The increase in the number of participating physicians and the fact that they are paid at a rate higher than nonparticipating physicians also add to the rate of increase in the weighted-average percentage increase in physician fees.

After taking into account all the elements described above, we estimate that the weighted-average increase in fees for physicians' services in fiscal year 1997 before applying the legislative changes will be 2.0 percent for surgical services, 2.0 percent for primary care services, 2.2 percent for other nonsurgical services, and a weighted average of 2.1 percent for all physicians' services.

Factor 2—The Percentage Increase in the Average Number of Part B Enrollees from Fiscal Year 1996 to Fiscal Year 1997

We estimate that average Medicare Part B enrollment in fiscal year 1997, excluding those enrolled in risk health maintenance organizations (whose Medicare-covered medical care is paid for through the adjusted average per capita cost mechanism and is therefore outside the scope of the MVPS) will be 32.170 million.

The corresponding figure for 1996 is estimated to be 32.532 million total Part B enrollees not enrolled in risk health maintenance organizations. This represents a 1.1 percent decrease in enrollment from fiscal year 1996 to fiscal year 1997 for surgical services, primary care services, other nonsurgical services, and the average of all physicians' services.

Factor 3—Average Annual Growth in the Volume and Intensity of Physicians' Services for Fiscal Year 1992 Through Fiscal Year 1996

Section 1848(f)(2)(A)(iii) of the Act requires the Secretary to estimate the average annual percentage growth in the volume and intensity of physicians' services or of the category of physicians' services for fiscal year 1992 through fiscal year 1996. This estimate must be based upon information contained in the most recent annual report issued by the Board of Trustees of the Supplementary Medical Insurance Trust Fund (Trustees' Report).

The data on the percentage increase in the volume and intensity of services in the Trustees' Report are based on historical trends in increases in allowed charges, which are not influenced by the Part B deductible. Increases in expenditures, however, are influenced by the Part B deductible. Section 1832(b) of the Act specifies that the Part B deductible will be $100 for calendar year 1991 and subsequent years. The effect of the deductible remaining fixed at $100 is that the overall annual increases in allowed charges for MVPS physicians' services are lower than the overall annual increases in expenditures. Although we believe it would be consistent with a literal interpretation of section 1848(f)(2)(A)(iii) of the Act, it would be inappropriate to base the volume and intensity component on the lower 5-year growth in allowed charges and compare the volume performance standards to the higher growth in expenditures, so we instead compare the standards to the growth in allowed charges.

Consistent with data contained in the Trustees' Report, we estimated Factor 3 using a definition of physicians' services that includes certain supplies and nonphysician services not otherwise included in computing the volume performance standard rates of increase (primarily durable medical equipment and ambulance services). We included data for these services because we were required to base the estimate on data contained in the Trustees' Report, and it was not feasible to recompute the data from the 5-year period to exclude these supplies and nonphysician services. We believe the inclusion of these nonphysician supplies and services in this component has a minimal effect on the estimate because the component measures rates of change. Since durable medical equipment and ambulance services constitute only about 10 percent of the total charges used in the Trustees' Report, the rate of change for these nonphysician services and supplies would have to be significantly different from the rate of change for physicians' services to have any measurable impact on this volume and intensity increase factor. (Factor 3 is the only component of the volume performance standard rate of increase that was estimated using data that included nonphysician services and supplies.) The volume increases for services performed in independent laboratories were included in the calculation of the physician increases, as were the volume increases for clinical laboratory tests performed in hospital outpatient departments.

As described earlier, the fiscal year 1997 volume performance standards were calculated using category-specific volume and intensity. The 5-year average rate of increase in volume and

intensity equals 1.6 percent for surgical services, 4.0 percent for primary care services, and 4.0 percent for other nonsurgical services. The weighted-average increase for all physicians' services is 3.4 percent.

Factor 4—Percentage Increase in Expenditures for Physicians' Services Resulting From Changes in Law or Regulations in Fiscal Year 1997 Compared With Fiscal Year 1996

Legislative changes enacted in OBRA 1993 and changes in the regulations required by this law, as well as implementation of the physician fee schedule (including changes made in the RVUs for 1996 and 1997) will have an impact on the volume performance standard rates of increase for fiscal year 1997.

The net effect of implementing the physician fee schedule after making RVU changes for 1996 and 1997 is to increase payment rates for primary care services and the volume performance standard for those services. Similarly, the net effect of refining the RVUs and implementing the fee schedule reduces payment rates for most surgical services and many nonsurgical services other than primary care, thus, lowering the volume performance standard rates of increase for these services. Implementing the fee schedule will increase the volume performance standard rates of increase for all physicians' services because, although the net effect of increases in fees for certain services and decreases in fees for other services will have a budget neutral effect on fees for all physicians' services, an adjustment is required to ensure that changes in volume and intensity related to the fee changes do not cause an increase in expenditures. The MVPS targets are increased by this volume and intensity adjustment.

After taking into account these provisions, this factor equals −2.1 percent for surgical services, 3.4 percent for primary care services, and −1.5 percent for other nonsurgical services, and a weighted average of −0.7 percent for all physicians' services.

IV. Inapplicability of 30–Day Delay in Effective Date

We usually provide a delay of 30 days in the effective date for final Federal Register documents. In this case, however, the volume performance standard rates of increase are required by law to be published in the last 15 days of October 1996 and are effective on October 1, 1996. Thus, the Congress has clearly indicated its intent that the rates of increase be implemented without the usual 30-day delay in the effective date and has foreclosed any discretion by us in this matter. Therefore, the requirement for a 30-day delay in the effective date does not apply to this notice. With regard to the physician fee schedule, the effective date will be January 1, 1997, which is more than 30 days beyond the publication date of this notice.

V. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

VI. Regulatory Impact Statement

A. Regulatory Flexibility Act

We generally prepare a regulatory flexibility analysis that is consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612) unless the Secretary certifies that a notice will not have a significant economic impact on a substantial number of small entities. For purposes of the RFA, States and individuals are not entities, but we consider all physicians to be small entities.

We are not preparing a regulatory flexibility analysis since we have determined, and the Secretary certifies, that this notice will not have a significant economic impact on a substantial number of small entities.

Also, section 1102(b) of the Act requires the Secretary to prepare a regulatory impact analysis if a notice may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

We are not preparing a rural impact analysis since we have determined, and the Secretary certifies, that this notice will not have a significant impact on the operations of a substantial number of small rural hospitals.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

(Sections 1848 (d) and (f) of the Social Security Act)

(42 U.S.C. 1395w–4 (d) and (f))

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

Dated: November 7, 1996.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: November 12, 1996.

Donna E. Shalala,

Secretary.

[FR Doc. 96–29557 Filed 11–15–96; 11:51 am]

BILLING CODE 4120–01–P

Federal Register

Friday
November 22, 1996

Part III

Department of Health and Human Services

National Institutes of Health

Recombinant DNA Research: Proposed Actions Under the Guidelines; Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Recombinant DNA Research: Proposed Actions Under the Guidelines

AGENCY: National Institutes of Health (NIH), PHS, DHHS.

ACTION: Notice of proposed actions under the NIH Guidelines for Research Involving Recombinant DNA Molecules.

SUMMARY: On July 8, 1996, the NIH published a Notice of Intent to modify NIH's oversight of gene therapy. Specifically, the NIH proposed to: (1) Terminate the NIH Recombinant DNA Advisory Committee (RAC); (2) relinquish all approval responsibilities for recombinant DNA experiments involving human gene transfer to the Food and Drug Administration (FDA), which holds statutory authority for such approval; (3) establish the Office of Recombinant DNA Activities Advisory Committee (OAC); (4) limit the membership of OAC to 6–10 individuals, as compared to the 25 members appointed to the RAC; (5) regularly convene Gene Therapy Policy Conferences; and (6) continue the publicly available, comprehensive NIH database of human gene transfer clinical trials, including adverse events.

The NIH received 71 written comments in response to the Notice of Intent, reflecting a broad range of opinions. After careful consideration of these comments, the NIH Director revised the proposal put forward in the July 8, Notice of Intent. This revised proposal, described herein as the Notice of Proposed Actions, reflects both public opinion and the NIH Director's intent to increase the effectiveness and efficiency of public discussion of gene therapy. Specifically, because of the historical importance of the RAC as a public platform for discussion of the science, as well as the safe and ethical conduct of gene therapy research, the NIH Director proposes to: (1) Retain the RAC, while modifying its roles and responsibilities relevant to human gene therapy research; (2) continue RAC discussion of novel human gene transfer experiments without RAC approval of individual human gene transfer experiments; (3) reduce the membership of RAC from 25 members to 15 members; (4) regularly convene Gene Therapy Policy Conferences; and (5) maintain public access to human gene transfer clinical trial information.

This notice sets forth proposed actions to be taken by the Director, National Institutes of Health (NIH), regarding enhanced mechanisms for scientific and ethical/societal oversight of human gene transfer research, under the NIH Guidelines for Research Involving Recombinant DNA Molecules (NIH Guidelines) (59 FR 34496, amended 59 FR 40170, amended 60 FR 20726, amended 61 FR 1482, amended 61 FR 10004). These proposed actions reflect a revision of the proposal set forth in the July 8, 1996, Federal Register Notice of Intent. It is important to note that the proposal outlined in the July 8, 1996, Notice of Intent and the revised proposed actions described herein are applicable only to recombinant DNA experiments involving human subjects. NIH oversight of recombinant DNA research conducted in compliance with the NIH Guidelines (with the exception of human gene transfer research) remains unchanged.

DATES: Interested parties are invited to submit comments concerning this proposal. Comments received by December 2, 1996, will be reproduced and distributed to the Recombinant DNA Advisory Committee for consideration at its December 9, 1996, meeting. After consideration of this proposal and comments by the Recombinant DNA Advisory Committee, the Director of the National Institutes of Health will issue decisions in accordance with the NIH Guidelines.

ADDRESSES: Written comments and recommendations should be submitted to Debra Knorr, Office of Recombinant DNA Activities, National Institutes of Health, MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, or by FAX to 301–496–9839.

All comments received in response to this notice will be considered and will be available for public inspection in the above office on weekdays between the hours of 8:30 a.m. and 5:00 p.m.

FOR FURTHER INFORMATION CONTACT: Background documentation and additional information can be obtained from the Office of Recombinant DNA Activities, National Institutes of Health, MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, Phone 301–496–9838, FAX 301–496–9839.

SUPPLEMENTARY INFORMATION: In l990, the NIH reviewed and approved its first gene therapy experiment. In the ensuing six years, knowledge about and experience with somatic cell human gene therapy has grown substantially. As the field has matured, the NIH has sought to preserve both the effectiveness and efficiency of its oversight of human gene therapy research by periodically modifying the functions of the Recombinant DNA Advisory Committee (RAC).

When the NIH first published the Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Into the Genome of Human Subjects (Points to Consider) in the Federal Register in 1990, each human gene therapy experiment was reviewed by both the Human Gene Therapy Subcommittee (HGTS) and the RAC, and then approved by the NIH Director. In 1992, when the HGTS was merged with its parent committee (the Recombinant DNA Advisory Committee), the NIH adopted a semiannual reporting process for human gene transfer experiments. One year later, the NIH established an expedited review process for single patient protocols by allowing written RAC review of such protocols between the committee's quarterly meetings. In the following year, the NIH adopted an accelerated review process for certain categories of clinical trials that had been routinely reviewed by the RAC and determined not to represent any significant risk to human health and the environment. Under this mechanism, such protocols were subject to written review by several RAC members outside of the committee's quarterly meetings and NIH Office of Recombinant DNA Activities (ORDA) approval. In l995, another change relevant to RAC review occurred when the RAC approved consolidated review, in which all protocols determined not to represent a novel gene therapy delivery strategy or target disease were exempted from RAC review and approval and were approved solely by the Food and Drug Administration (FDA).

On July 8, 1996, the NIH Director published a Notice of Intent to Propose Amendments to the NIH Guidelines for Research Involving Recombinant DNA Molecules Regarding Enhanced Oversight of Recombinant DNA Activities (61 FR 35774). This Notice of Intent proposed modifications in NIH oversight of human gene transfer research. Specifically, it was proposed that the RAC would be terminated and that all approval responsibilities for recombinant DNA experiments involving human gene transfer would be relinquished to the FDA, which retains statutory authority for such approval. Under this revised oversight structure, a newly created ORDA Advisory Committee (OAC) would preserve continued public accountability for recombinant DNA research. To ensure quality and efficiency of public discussion of the scientific merit and

the ethical issues relevant to gene therapy clinical trials, it was proposed that the NIH Director implement a regular series of Gene Therapy Policy Conferences. Finally, the proposal assured the continuation of the publicly available comprehensive NIH database of clinical trials with human gene transfer, including reporting of adverse events.

I. Revised Proposal in Response to Public Comment

In response to the Notice of Intent, the NIH received 71 written comments (90 signatures) reflecting a broad spectrum of public opinion on the proposed changes. Comments were received from a variety of stakeholders, including individuals representing academia, industry, patient advocacy organizations, consumer advocacy organizations, professional scientific societies, ethicists, other Federal agencies, NIH-funded investigators, past and present RAC members, and private citizens. Careful consideration was given to each of the written comments that were submitted.

In response to public opinion and in keeping with the NIH Director's intent to increase the usefulness and productivity of public discussion of gene therapy, the NIH Director has revised the proposal set forth in the July 8, 1996, Notice of Intent. In this amended proposal, the NIH Director proposes to retain the RAC, while modifying its responsibilities relevant to human gene therapy research. In doing so, the NIH Director acknowledges the public's view that the RAC has historical importance as a societal platform for discussion of the science, as well as the safe and ethical conduct of gene therapy research. The NIH Director recognizes that this tradition is lacking in OAC and, therefore, decided to retain the RAC instead of replacing it with OAC. The NIH Director's intent to increase the effectiveness and efficiency of the RAC will be achieved by the continuing discussion of novel human gene transfer experiments without RAC approval of individual human gene transfer experiments. The membership of the RAC will be reduced from 25 to 15 individuals to increase efficiency while ensuring sufficient representation from scientific, ethical, and legal communities. In order to stimulate public discussion of the safety, scientific merit, and ethical nature of present and future opportunities in gene therapy research, the NIH Director proposes to regularly convene Gene Therapy Policy Conferences (GTPCs). Finally, recognizing the importance of public access to human gene transfer clinical trial information, the NIH will continue to maintain the gene therapy clinical trial database.

II. Analysis of Written Comments in Response to the Notice of Intent

The following analysis compares and contrasts, point by point, the proposal set forth in the July 8, 1996, Notice of Intent, the public response to each point, and the new proposal described herein as the Notice of Proposed Actions.

II–A. Notice of Intent

Terminate the RAC and establish the Office of Recombinant DNA Activities Advisory Committee (OAC).

Notice of Proposed Actions

Retain the RAC, while modifying its roles and responsibilities relevant to human gene therapy research.

Of the 71 comments submitted in response to the Notice of Intent, 10 did not specifically address NIH's proposal to terminate the RAC. Of the 61 responses which did address the proposal to terminate the RAC, 20 expressed support and 41 expressed opposition. Supporting and opposing comments were submitted by representatives of: Academia (5 supported, 15 opposed), industry (8 supported, 4 opposed), private citizens (4 supported, 6 opposed), current and previous RAC members (3 supported, 10 opposed), professional scientific societies (1 supported, 2 opposed), the ethics community (1 supported, 5 opposed), consumer advocacy organizations (0 supported, 4 opposed), patient advocacy organizations (0 supported, 6 opposed), and professional scientific societies (0 supported, 2 opposed).

Comments in support of termination of the RAC reflected an interest in making substantive changes in the role of the RAC. Most of these comments supported the proposed restructuring of the functions of the RAC and did not specifically endorse termination of RAC. Opposing comments focused on the historical importance of retaining the RAC as an internationally recognized forum for public discussion of the science, safety, and ethics of human gene therapy research. These authors articulated the critical role that the RAC plays in maintaining public confidence in human gene therapy research.

The importance of the continuation of the RAC, *per se,* was underscored by comments which specifically addressed the establishment of the OAC. Of the 53 comments which addressed this issue, 12 expressed support and 41 expressed opposition. The majority of comments submitted in opposition to the OAC stated that the proposed functions of the OAC could be accomplished by the RAC, or by a restructured version of the RAC. Several authors emphasized that, absent the historic credibility of the RAC, the OAC might suffer from an inability to attract and motivate the type of expertise and judgement needed for this important public forum.

II–B. Notice of Intent

Relinquish all approval responsibilities for recombinant DNA experiments involving human gene transfer to the Food and Drug Administration (FDA) which holds statutory authority for such approval.

Notice of Proposed Actions

Relinquish all approval responsibilities of the RAC to the Food and Drug Administration (FDA) which holds statutory authority for such approval, while maintaining RAC discussion of novel human gene transfer experiments.

Of the 71 comments submitted in response to the Notice of Intent, 24 respondents did not specifically address the proposal to eliminate RAC approval of human gene transfer experiments; 23 respondents were in support and 24 respondents were opposed to abolishing protocol approval. Supporting and opposing comments were submitted by representatives of academia (7 supported, 7 opposed), industry (11 supported, 0 opposed), private citizens (2 supported, 7 opposed), previous or current RAC members (4 supported, 5 opposed), professional scientific societies (4 supported, 1 opposed), the ethics community (2 supported, 4 opposed), patient advocacy organizations (0 supported, 2 opposed), and consumer advocacy organizations (0 supported, 4 opposed).

In discussing the responses to the proposal to eliminate RAC approval of human gene therapy protocols, it is important to note that the NIH Director's interest in relinquishing RAC approval recognizes FDA authority to approve human gene therapy research under its Investigational New Drug regulations. This proposal eliminates duplication of this effort by the NIH, which does not have such regulatory authority.

Respondents supporting elimination of RAC approval felt that the current status of human gene transfer research is such that NIH approval is no longer warranted and that it is appropriate that the FDA exclusively manage the approval process. This point of view was supported by authors who suggested that the efficient use of Federal resources is optimized by

eliminating duplicate approval by the NIH. Opposing points of view emphasized that the FDA does not routinely take moral and ethical considerations into account in their review and approval process. Other comments opposed to exclusive FDA approval expressed concern that without NIH authority to approve individual human gene transfer experiments, the FDA could ignore any recommendations coming from the NIH.

After careful consideration of these letters, the NIH Director proposes to retain this element of the Notice of Intent, i.e., eliminate NIH approval of individual protocols. Under this new proposal the RAC will continue to emphasize the ethical, social, and scientific issues arising from the public review and discussion of individual novel protocols. The NIH Director recognizes that opinions on the proposed elimination of NIH approval of human gene transfer experiments were diverse. The majority of comments submitted in opposition to this issue emphasized the critical role of the RAC in providing a forum for the public discussion of ethical issues relevant to human gene therapy research. The NIH Director maintains that the elimination of RAC approval will not hamper critical public discussion, nor will it result in any untoward effects on human health or the environment. NIH's mission is to sponsor and conduct medical research of the highest scientific merit to improve the health of the nation and the world. Many of the submitted comments confirmed the NIH Director's concern that NIH approval on the grounds of safety is often perceived as a scientific endorsement of early-phase clinical trials, some of which have inadequate study design and insufficient preclinical foundations.

II–C. Notice of Intent

Limit the membership of OAC to 6–10 individuals, as compared to the 25 members appointed to the RAC; membership would represent the scientific, ethical and public advocacy communities.

Notice of Proposed Actions

Reduce the membership of RAC from 25 members to 15 members representing the scientific, ethical, and public advocacy communities.

Of the 71 comments submitted in response to the Notice of Intent, only 6 comments submitted specifically addressed the composition of OAC; 2 expressed support and 4 expressed opposition. Supporting and opposing comments were submitted by representatives of academia (1 supported, 0 opposed), current RAC members (1 supported, 2 opposed) and private citizens (0 supported, 2 opposed). Although the vast majority of responses to the Notice of Intent did not address the proposed reduction in the size of the committee membership, those who were opposed expressed concern that a standing committee membership of 6–10 individuals could not adequately represent the four fields of expertise required under the committee charter. Other suggested that a minimum of 12–15 members would be sufficient.

In order to facilitate efficient review and discussion and in response to comments questioning the extent of the reduction, the NIH Director proposes to reduce the current RAC membership from 25 to 15 members, including the Chair. The appointment of the 15 member RAC will adhere to the RAC Charter such that they will be appointed by the DHHS Secretary or his/her designee. At least eight of these members shall be knowledgeable in the fields of molecular genetics, molecular biology, recombinant DNA research, or other related fields and at least four of these members shall be persons knowledgeable in applicable law, standards of professional conduct and practice, public attitudes, the environment, public health, occupational health, or related fields. Representatives of Federal agencies shall continue to serve as non-voting members.

II–D. Notice of Intent

Convene regular Gene Therapy Policy Conferences.

Notice of Proposed Actions

Convene regular Gene Therapy Policy Conferences.

Of the 71 comments submitted in response to the Notice of Intent, 33 specifically addressed NIH's proposal to convene GTPCs. These responses were equally divided, with 16 expressing support and 17 expressing opposition. Supporting and opposing comments were submitted by representatives of academia (3 supported, 5 opposed), industry (7 supported, 3 opposed), private citizens (4 supported, 1 opposed), current or previous RAC members (2 supported, 7 opposed), professional scientific societies (0 supported, 2 opposed), consumer advocacy organizations (0 supported, 2 opposed), patient advocacy organizations (0 supported, 1 opposed), and the ethics community (0 supported, 4 opposed).

Opposing comments did not question the concept of holding GTPCs, but rather suggested that the roles and responsibilities of the GTPCs could be accomplished through the RAC. Supporting comments were enthusiastic about a separate forum for public discussion of human gene therapy issues which would expand its discussions beyond individual protocols. Some responses put forth suggestions for future GTPCs, including discussion of controversial issues that arise as a consequence of human gene transfer clinical trials such as reproductive decisions, susceptibility to workplace dangers, and privacy questions. It was also suggested that GTPC topics should be actively solicited from industry and academia to facilitate development of new technologies.

After careful consideration of the comments submitted with regard to the proposed establishment of GTPCs, the NIH Director proposes to retain this element of the Notice of Intent and to establish GTPCs. However, it is important to note several clarifications of the previous proposal. GTPCs will focus on broad over-arching policy and scientific issues related to gene therapy research. The RAC will advise the NIH Director on GTPC topics. GTPC topics submitted by a member of the RAC, representatives of academia, industry, patient and consumer advocacy organizations, other Federal agencies, professional scientific societies, and the general public will be considered by the NIH Director. GTPC topics will not be limited to discussion of human applications of gene therapy research, i.e., they may include basic research on the use of novel gene delivery vehicles, or novel applications of gene transfer. A member of the RAC will co-chair each GTPC. This member will be selected by the RAC. All RAC members will be encouraged to attend these meetings. The NIH Director anticipates that GTPCs will serve as a model for interagency communication and collaboration, concentrated expert discussion of novel scientific issues, and enhanced opportunity for public understanding of specific gene therapy issues including ethical, legal, and social concerns.

II–E. Notice of Intent

Ensure public access to human gene transfer experiments information by maintaining the publicly available, comprehensive NIH database of human gene transfer clinical trials, including adverse events.

Notice of Proposed Actions

Ensure public access to human gene transfer experiments information by maintaining the publicly available, comprehensive NIH database of human

gene transfer clinical trials, including adverse events.

Of the 71 comments submitted in response to the Notice of Intent, 25 comments specifically addressed NIH's proposal to maintain its human gene transfer database; 20 expressed support and 5 expressed opposition. Supporting and opposing comments were submitted by representatives of academia (8 supported, 1 opposed), industry (4 supported, 2 opposed), private citizens (1 supported, 0 opposed), current or previous RAC members (5 supported, 2 opposed), the ethics community (1 supported, 0 opposed), and the European community (France) (1 supported, 0 opposed).

The overwhelming majority of comments expressed strong support for the NIH Director's proposal to maintain the human gene transfer database. Supporting comments emphasized the importance of maintaining public understanding of human gene therapy research. The majority of comments argued that the human gene transfer database is a vital tool for ensuring public confidence in this novel area of research. Many comments underscored the importance of capturing positive as well as negative data derived from gene therapy clinical trials. Other commentors felt that public access to such information avoids unnecessary duplication of effort and clearly identifies gaps in knowledge that are worthy of further preclinical and clinical investigation.

In response to these comments, the NIH Director will maintain public accountability for human gene therapy research through the publicly available, comprehensive database for human gene transfer clinical trials. Information entered into the database will be derived from the documentation submitted to NIH/ORDA in compliance with: (i) Appendix M–I, Submission Requirements—Human Gene Transfer Experiments and (ii) Appendix M–VII—Reporting Requirements—Human Gene Transfer Experiments, of the Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules Into One or More Human Subjects (Points to Consider) of the NIH Guidelines. In compliance with the NIH Guidelines, investigators will continue to be required to register human gene transfer experiments with NIH/ORDA to ensure continued public access to protocol information, ongoing data (including adverse and significant clinical events), and long-term follow-up data.

III. Proposed Roles and Responsibilities in Accordance With the NIH Guidelines

III–A. The NIH Director

The roles and responsibilities of the NIH Director remain unchanged except for relinquishing approval of human gene transfer experiments. The NIH Director is responsible for: (1) Establishing the NIH Guidelines and overseeing their implementation. (2) Promulgating requirements as necessary to implement the NIH Guidelines. (3) Establishing and maintaining the RAC. (4) Establishing and maintaining ORDA.

III–B. The Recombinant DNA Advisory Committee

The RAC will remain a chartered public advisory committee to the NIH Director regarding recombinant DNA research conducted in compliance with the NIH Guidelines. The RAC will conduct quarterly meetings. RAC members will continue to be appointed by the DHHS Secretary or his/her designee for 4-year terms. RAC membership will be reduced from 25 to 15 members. At least eight of these members shall be knowledgeable in the fields of molecular genetics, molecular biology, recombinant DNA research, or other related fields and at least four of these members shall be persons knowledgeable in applicable law, standards of professional conduct and practice, public attitudes, the environment, public health, occupational health, or related fields. Representatives of Federal agencies shall continue to serve as non-voting members.

The RAC will be responsible for: (1) Identifying novel human gene transfer experiments deserving of public discussion by the full RAC and transmitting comments/recommendations about specific human gene transfer experiments or categories of human gene transfer experiments to the NIH Director. (2) Identifying novel ethical issues relevant to specific human applications of gene transfer and recommending appropriate modifications to the Points to Consider that will provide guidance in the preparation of relevant Informed Consent documents. (3) Identifying novel scientific and safety issues relevant to specific human applications of gene transfer and recommending appropriate modifications to the Points to Consider that will provide guidance in the design and submission of human gene transfer clinical trials. (4) Publicly reviewing human gene transfer clinical trial data captured by NIH/ORDA in accordance with the annual data reporting requirements. (5) Identifying broad scientific and ethical/social issues relevant to gene therapy research as potential Gene Therapy Policy Conference topics.

The RAC will advise the NIH Director on the following actions: (1) Adopting changes in the NIH Guidelines. (2) Assigning containment levels, changing containment levels, and approving experiments considered as Major Actions under the NIH Guidelines, i.e., the deliberate transfer of a drug resistance trait to microorganisms that are not known to acquire the trait naturally, if such acquisition could compromise the use of the drug to control disease agents in humans, veterinary medicine, or agriculture. (3) Promulgating and amending lists of classes of recombinant DNA molecules to be exempt from the NIH Guidelines because they consist entirely of DNA segments from species that exchange DNA by known physiological processes or otherwise do not present a significant risk to health or the environment. (4) Certifying new host-vector systems.

III–C. Gene Therapy Policy Conferences (GTPCs)

In order to enhance the depth and value of public discussion relevant to scientific, safety, and ethical/societal implications of gene therapy research, the NIH Director will convene Gene Therapy Policy Conferences (GTPC) at regular intervals. As appropriate, the NIH Director will convene GTPC immediately following scheduled RAC meetings. GTPC will be administered by the NIH/ORDA. Conference participation will not involve a standing committee membership but rather will offer the unique advantage of assembling numerous participants who possess significant scientific, ethical, and legal expertise and/or interest that is directly applicable to a specific gene therapy research issue. At least one member of the RAC will serve as Co-chair of each GTPC and report the findings of the GTPC to the full committee at its next scheduled meeting. The RAC representative for each GTPC will be chosen based on the participant's area of expertise relative to the specific gene therapy research issue to be discussed. GTPC will also have representation from other Federal agencies, including the FDA. GTPCs will focus on broad over-arching policy and scientific issues related to gene therapy research. Proposals for GTPC topics may be submitted by members of the RAC, representatives of academia, industry, patient and consumer advocacy organizations, other Federal agencies, professional scientific societies, and the general public. GTPC

topics will not be limited to discussion of human applications of gene therapy research, i.e., they may include basic research on the use of novel gene delivery vehicles, or novel applications of gene transfer. The findings of the GTPC will be transmitted to the NIH Director and will be made publicly available. The NIH Director anticipates that this public policy forum will serve as a model for interagency communications and collaboration, concentrated expert discussion of novel scientific issues and their potential societal implications, and enhanced opportunity for public discussion of specific issues and potential impact of such applications on human health and the environment.

III–D. The Office of Recombinant DNA Activities (ORDA)

ORDA is an organizational unit of the NIH Office of Science Policy within the Office of the Director. ORDA shall serve as a focal point for information on recombinant DNA activities and provide advice to all within and outside NIH including institutions, Biological Safety Officers, Principal Investigators, Federal agencies, state and local governments, and institutions in the private sector. ORDA's responsibilities include (but are not limited to) the following: (1) Serving as the focal point for public access to summary information pertaining to human gene transfer experiments. (2) Serving as the focal point for data management of human gene transfer experiments. (3) Administering the annual data reporting requirements (and subsequent review) for human gene transfer experiments. (4) Transmitting comments/recommendations arising from public RAC discussion of a novel human gene transfer experiment to the NIH Director. RAC recommendations shall be forwarded to the Principal Investigator, sponsoring institution, and other Department of Health and Human Services (DHHS) components, as appropriate. (5) Collaborating with Principal Investigators, Institutional Biosafety Committees, Institutional Review Boards, and other DHHS components, to ensure the safe conduct of recombinant DNA research. (6) Administering Gene Therapy Policy Conferences as deemed appropriate by the NIH Director. (7) Reviewing and approving experiments in conjunction with *ad hoc* experts involving the cloning of genes encoding for toxin molecules that are lethal for vertebrates at an LD_{50} of less than or equal to 100 nanograms per kilogram body weight in organisms other than *Escherichia coli* K–12. (8) Serving as the executive secretary of the RAC. (9) Reviewing and approving the membership of Institutional Biosafety Committees. (10) Changing containment levels for experiments that are specified in Section III, Experiments Covered by the NIH Guidelines (except when a Major Action is involved). (11) Assigning containment levels for experiments not explicitly considered in the NIH Guidelines. (12) Interpreting the NIH Guidelines for experiments to which the NIH Guidelines do not specifically assign containment levels. (13) Approving minor modifications and decertifying host-vector systems. (14) Preparing minutes of RAC meetings and gene therapy policy conferences.

III–E. Local Institutions

The roles and responsibilities of local institutions, Institutional Biosafety Committees, Biosafety Officers, Principal Investigators, Animal Facility Directors, and Greenhouse Supervisors relevant to recombinant DNA research conducted in compliance with the NIH Guidelines, remains unchanged.

IV. Proposed Actions

The NIH will consider the following actions under the NIH Guidelines for Research Involving Recombinant DNA Molecules:

[Note: Editorial changes and updating of references are proposed to clarify the document in addition to the Proposed Actions regarding the Notice of Intent.]

IV–A. Proposed Amendments to Section I, Scope of the NIH Guidelines

Section I is proposed to be amended to read:

''Section I. Scope of the NIH Guidelines

''Section I–A. Purpose''

[This section remains unchanged.]

''Section I–A–1. Any recombinant DNA experiment, which according to the NIH Guidelines requires approval by the NIH, must be submitted to the NIH or to another Federal agency that has jurisdiction for review and approval. Once approvals, or other applicable clearances, have been obtained from a Federal agency other than the NIH (whether the experiment is referred to that agency by the NIH or sent directly there by the submitter), the experiment may proceed without the necessity for NIH review or approval. (See exception in Section I–A–1–a regarding requirement for human gene transfer protocol registration.)

''Section I–A–1–a. In the interest of maximizing the resources of both the NIH and the Food and Drug Administration (FDA) and simplifying the method and period for review, research proposals involving the deliberate transfer of recombinant DNA or DNA or RNA derived from recombinant DNA into human subjects (human gene transfer) will be considered through a consolidated submission process involving both the NIH and the FDA. An investigator shall simultaneously submit a human gene transfer experiment to both the NIH and the FDA in a single submission format. This format shall include (but is not limited to) the documentation described in Appendices M–I through M–V, of the Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules into One or More Human Subjects (Points to Consider). Submission to the NIH Office of Recombinant DNA Activities (ORDA) shall be for registration purposes and will ensure continued public access to relevant human gene transfer information conducted in compliance with the NIH Guidelines. The RAC will receive periodic updates regarding recent submissions to NIH/ORDA. If a determination is made that an experiment will undergo full RAC discussion, NIH/ORDA will immediately notify the Principal Investigator. RAC members may forward individual requests for additional information relevant to a specific protocol through NIH/ORDA to the Principal Investigator. In making a determination whether an experiment is novel, and thus deserving of full RAC discussion, reviewers will examine the scientific rationale, scientific context (relative to other proposals reviewed by the RAC), whether the preliminary *in vitro* and *in vivo* data were obtained in appropriate models and are sufficient, and whether questions related to safety, efficacy, and social/ethical context have been resolved. RAC recommendations on a specific human gene transfer experiment will be forwarded to the NIH Director, the Principal Investigator, the sponsoring institution, and, as appropriate, to other Department of Health and Human Services (DHHS) components.

''Section I–B. Definition of Recombinant DNA Molecules''

[This section remains unchanged.]

''Section I–C. General Applicability

''Section I–C–1. The NIH Guidelines are applicable to:

''Section I–C–1–a. All recombinant DNA research within the United States (U.S.) or its territories that is within the category of research described in either Section I–C–1–a–(1) or Section I–C–1–a–(2).

''Section I–C–1–a–(1). Research that is conducted at or sponsored by an

institution that receives any support for recombinant DNA research from the NIH, including research performed directly by the NIH. An individual who receives support for research involving recombinant DNA must be associated with or sponsored by an institution that assumes the responsibilities assigned in the NIH Guidelines.

''Section I–C–1–a–(2). Research that involves testing in humans of materials containing recombinant DNA developed with NIH funds, if the institution that developed those materials sponsors or participates in those projects. Participation includes research collaboration or contractual agreements, not mere provision of research materials.

''Section I–C–1–b. All recombinant DNA research performed abroad that is within the category of research described in either Section I–C–1–b–(1) or Section I–C–1–b–(2).

''Section I–C–1–b–(1). Research supported by NIH funds.

''Section I–C–1–b–(2). Research that involves testing in humans of materials containing recombinant DNA developed with NIH funds, if the institution that developed those materials sponsors or participates in those projects. Participation includes research collaboration or contractual agreements, not mere provision of research materials.

''Section I–C–1–b–(3). If the host country has established rules for the conduct of recombinant DNA research, then the research must be in compliance with those rules. If the host country does not have such rules, the proposed research must be reviewed and approved by an NIH-approved Institutional Biosafety Committee or equivalent review body and accepted in writing by an appropriate national governmental authority of the host country. The safety practices that are employed abroad must be reasonably consistent with the NIH Guidelines.

''Section I–D. Compliance With the NIH Guidelines

''As a condition for NIH funding of recombinant DNA research, institutions shall ensure that such research conducted at or sponsored by the institution, irrespective of the source of funding, shall comply with the NIH Guidelines. The policies on noncompliance are as follows:

''Section I–D–1. All NIH-funded projects involving recombinant DNA techniques must comply with the NIH Guidelines. Non-compliance may result in: (i) Suspension, limitation, or termination of financial assistance for the noncompliant NIH-funded research project and of NIH funds for other recombinant DNA research at the institution, or (ii) a requirement for prior NIH approval of any or all recombinant DNA projects at the institution.

''Section I–D–2. All non-NIH funded projects involving recombinant DNA techniques conducted at or sponsored by an institution that receives NIH funds for projects involving such techniques must comply with the NIH Guidelines. Noncompliance may result in: (i) Suspension, limitation, or termination of NIH funds for recombinant DNA research at the institution, or (ii) a requirement for prior NIH approval of any or all recombinant DNA projects at the institution.

''Information concerning noncompliance with the NIH Guidelines may be brought forward by any person. It should be delivered to both NIH/ORDA and the relevant institution. The institution, generally through the Institutional Biosafety Committee, shall take appropriate action. The institution shall forward a complete report of the incident recommending any further action to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''In cases where NIH proposes to suspend, limit, or terminate financial assistance because of noncompliance with the NIH Guidelines, applicable DHHS and Public Health Service procedures shall govern.''

[The remainder of Section I is proposed to be renumbered to reflect above changes.]

IV–B. Proposed Amendments to Section II, Safety Considerations

The second paragraph of Section II–A–3 is proposed to be amended to read:

''Section II–A–3. Comprehensive Risk Assessment

''* * * A final assessment of risk based on these considerations is then used to set the appropriate containment conditions for the experiment (see Section II–B, Containment). The containment level required may be equivalent to the Risk Group classification of the agent or it may be raised or lowered as a result of the above considerations. The Institutional Biosafety Committee must approve the risk assessment and the biosafety containment level for recombinant DNA experiments described in Sections III–A, Experiments that Require Institutional Biosafety Committee Approval, RAC Review, and NIH Director Approval Before Initiation, III–B, Experiments that Require NIH/ORDA and Institutional Biosafety Committee Approval Before Initiation, III–C, Experiments that Require Institutional Biosafety Committee and Institutional Review Board Approvals and NIH/ORDA Registration Before Initiation, and III–D, Experiments that Require Institutional Biosafety Committee Approval Before Initiation * * *.''

IV–C. Proposed Amendments to Section III, Experiments Covered by the NIH Guidelines

Section III is proposed to be amended to read:

''Section III. Experiments Covered by the NIH Guidelines

''This section describes six categories of experiments involving recombinant DNA: (i) Those that require Institutional Biosafety Committee (IBC) approval, RAC review, and NIH Director approval before initiation (see Section III–A), (ii) those that require NIH/ORDA and Institutional Biosafety Committee approval before initiation (see Section III–B), (iii) those that require Institutional Biosafety Committee and Institutional Review Board approvals and NIH/ORDA registration before initiation (see Section III–C), (iv) those that require Institutional Biosafety Committee approval before initiation (see Section III–D), (v) those that require Institutional Biosafety Committee notification simultaneous with initiation (see Section III–E), and (vi) those that are exempt from the NIH Guidelines (see Section III–F).

''Note: If an experiment falls into Sections III–A, III–B, or III–C and one of the other sections, the rules pertaining to Sections III–A, III–B, or III–C shall be followed. If an experiment falls into Section III–F and into either Sections III–D or III–E as well, the experiment is considered exempt from the NIH Guidelines.

''Any change in containment level, which is different from those specified in the NIH Guidelines, may not be initiated without the expressed approval of NIH/ORDA (see Section IV–C–1–b–(2) and its subsections, Minor Actions).

''Section III–A. Experiments that Require Institutional Biosafety Committee Approval, RAC Review, and NIH Director Approval Before Initiation (See Section IV–C–1–b–(1), Major Actions).

''Section III–A–1. Major Actions Under the NIH Guidelines

''Experiments considered as Major Actions under the NIH Guidelines cannot be initiated without submission of relevant information on the proposed

experiment to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838, the publication of the proposal in the Federal Register for 15 days of comment, review by the RAC, and specific approval by the NIH. The containment conditions or stipulation requirements for such experiments will be recommended by the RAC and set by the NIH at the time of approval. Such experiments require Institutional Biosafety Committee approval before initiation. Specific experiments already approved are included in Appendix D, Major Actions Taken under the NIH Guidelines, which may be obtained from the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010 (301) 496–9838.

''Section III–A–1–a. The deliberate transfer of a drug resistance trait to microorganisms that are not known to acquire the trait naturally (see Section V–B, Footnotes and References of Sections I–IV), if such acquisition could compromise the use of the drug to control disease agents in humans, veterinary medicine, or agriculture, will be reviewed by the RAC.

''Section III–B. Experiments That Require NIH/ORDA and Institutional Biosafety Committee Approval Before Initiation

''Experiments in this category cannot be initiated without submission of relevant information on the proposed experiment to NIH/ORDA. The containment conditions for such experiments will be determined by NIH/ORDA in consultation with *ad hoc* experts. Such experiments require Institutional Biosafety Committee approval before initiation (see Section IV–B–2–b–(1), Institutional Biosafety Committee).

''Section III–B–1. Experiments Involving the Cloning of Toxin Molecules With LD_{50} of Less Than 100 Nanograms per Kilogram Body Weight

''Deliberate formation of recombinant DNA containing genes for the biosynthesis of toxin molecules lethal for vertebrates at an LD_{50} of less than 100 nanograms per kilogram body weight (e.g., microbial toxins such as the botulinum toxins, tetanus toxin, diphtheria toxin, and *Shigella dysenteriae* neurotoxin). Specific approval has been given for the cloning in *Escherichia coli* K–12 of DNA containing genes coding for the biosynthesis of toxic molecules which are lethal to vertebrates at 100 nanograms to 100 micrograms per kilogram body weight. Specific experiments already approved under this section may be obtained from the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''Section III–C. Experiments That Require Institutional Biosafety Committee and Institutional Review Board Approvals and NIH/ORDA Registration Before Initiation

''Experiments in this category cannot be initiated without simultaneous submission of relevant information on the proposed experiment to both NIH/ORDA and the FDA in a single submission format. This format shall include (but is not limited to) the documentation described in Appendices M–I through M–V, of the Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules into One or More Human Subjects (Points to Consider). Prior to initiation of a human gene transfer experiment, the Principal Investigator must obtain both Institutional Biosafety Committee and Institutional Review Board approvals. These local committee approvals and relevant protocol documentation shall be submitted to NIH/ORDA for registration purposes and determination regarding the necessity of full RAC discussion. The RAC prefers that information provided in response to Appendix M, Points to Consider, contain no proprietary data or trade secrets, enabling all aspects of the review to be open to the public. Full RAC review of an individual human gene transfer experiment can be recommended by: (i) A majority of the RAC, (ii) other Federal agencies, (iii) the Principal Investigator, or (iv) the sponsoring institution. An individual human gene transfer experiment that is recommended for full RAC review should represent novel characteristics deserving of public discussion. Recommendations for full RAC review of individual human gene transfer experiments will be transmitted to the NIH Director, who will determine whether an individual human gene transfer experiment shall be discussed by the full RAC and determine the priority of the discussions if more than one experiment is awaiting discussion. RAC recommendations on a specific human gene transfer experiment shall be forwarded to the NIH Director, the Principal Investigator, the sponsoring institution, and, as appropriate, other Department of Health and Human Services (DHHS) components.

''Institutional Biosafety Committee approval must be obtained from any institution responsible for constructing or handling the recombinant DNA material to be used in the experiments. Specifically: (1) any institution involved in the production of the vectors for human application, (2) any institution at which there is *ex vivo* transduction of the recombinant DNA material into target cells for human application, and (3) any institution at which the recombinant DNA material will be directly administered to human subjects.

''Section III–C–1. Experiments Involving the Deliberate Transfer of Recombinant DNA or DNA or RNA Derived From Recombinant DNA Into Human Subjects

''Submission to NIH/ORDA shall be for registration purposes and will ensure continued public access to relevant human gene transfer information conducted in compliance with the NIH Guidelines. Following receipt by NIH/ORDA, relevant information shall be entered into the NIH human gene transfer database for registration purposes. Summary information pertaining to the human gene transfer protocol will be forwarded to RAC members. The NIH/ORDA summary information shall include comparisons to previously registered protocols. Specific items of similarity to previous experiments include (but are not limited to): (i) Gene delivery vehicle, (ii) functional gene, (iii) marker gene, (iv) packaging cell (if applicable), (v) disease application, (vi) route of administration, and (vii) patient selection criteria.

''RAC members shall notify NIH/ORDA within 15 working days if the protocol has been determined to represent novel characteristics requiring further public discussion. Full RAC review of an individual human gene transfer experiment can be recommended by: (i) a majority of the RAC, (ii) other Federal agencies, (iii) the Principal Investigator, or (iv) the sponsoring institution. An individual human gene transfer experiment that is recommended for full RAC review should represent novel characteristics deserving of public discussion. Recommendations for full RAC review of individual human gene transfer experiments will be transmitted to the NIH Director, who will determine whether an individual human gene transfer experiment shall be discussed by the full RAC and determine the priority of the discussions if more than one experiment is awaiting discussion.

If a determination is made that an experiment shall undergo discussion by the full RAC, NIH/ORDA will immediately notify the Principal Investigator. RAC members may forward individual requests for additional information relevant to a specific protocol through NIH/ORDA to the Principal Investigator. Relevant documentation will be included in the material for the RAC meeting at which the experiment is scheduled to be discussed. RAC recommendations on a specific human gene transfer experiment shall be forwarded to the NIH Director, the Principal Investigator, the sponsoring institution, and, as appropriate, other Department of Health and Human Services (DHHS) components.

Note: For specific directives concerning the use of retroviral vectors for gene delivery, consult Appendix B–V–1, Murine Retroviral Vectors.

''Section III–D. Experiments That Require Institutional Biosafety Committee Approval Before Initiation''

[This section remains unchanged except for renumbering and reference changes due to renumbering.]

''Section III–E. Experiments That Require Institutional Biosafety Committee Notice Simultaneous With Initiation''

[This section remains unchanged except for renumbering and reference changes due to renumbering.]

''Section III–F. Exempt Experiments''

[This section remains unchanged except for renumbering and reference changes due to renumbering.]

IV–D. Proposed Amendments to Section IV, Roles and Responsibilities

Section IV is proposed to be amended to read:

''Section IV. Roles and Responsibilities

''Section IV–A. Policy

''The safe conduct of experiments involving recombinant DNA depends on the individual conducting such activities. The NIH Guidelines cannot anticipate every possible situation. Motivation and good judgment are the key essentials to protection of health and the environment. The NIH Guidelines are intended to assist the institution, Institutional Biosafety Committee, Biological Safety Officer, and Principal Investigator in determining safeguards that should be implemented. The NIH Guidelines will never be complete or final since all conceivable experiments involving recombinant DNA cannot be foreseen. Therefore, it is the responsibility of the institution and those associated with it to adhere to the intent of the NIH Guidelines as well as to their specifics. Each institution (and the Institutional Biosafety Committee acting on its behalf) is responsible for ensuring that all recombinant DNA research conducted at or sponsored by that institution is conducted in compliance with the NIH Guidelines. General recognition of institutional authority and responsibility properly establishes accountability for safe conduct of the research at the local level. The following roles and responsibilities constitute an administrative framework in which safety is an essential and integral part of research involving recombinant DNA molecules. Further clarifications and interpretations of roles and responsibilities will be issued by the NIH as necessary.

''Section IV–B. Responsibilities of the Institution

''Section IV–B–1. General Information

''Each institution conducting or sponsoring recombinant DNA research which is covered by the NIH Guidelines is responsible for ensuring that the research is conducted in full conformity with the provisions of the NIH Guidelines. In order to fulfill this responsibility, the institution shall:

''Section IV–B–1–a. Establish and implement policies that provide for the safe conduct of recombinant DNA research and that ensure compliance with the NIH Guidelines. As part of its general responsibilities for implementing the NIH Guidelines, the institution may establish additional procedures, as deemed necessary, to govern the institution and its components in the discharge of its responsibilities under the NIH Guidelines. Such procedures may include: (i) Statements formulated by the institution for the general implementation of the NIH Guidelines, and (ii) any additional precautionary steps the institution deems appropriate.

''Section IV–B–1–b. Establish an Institutional Biosafety Committee that meets the requirements set forth in Section IV–B–2–a and carries out the functions detailed in Section IV–B–2–b.

''Section IV–B–1–c. Appoint a Biological Safety Officer (who is also a member of the Institutional Biosafety Committee) if the institution: (i) conducts recombinant DNA research at Biosafety Level (BL) 3 or BL4, or (ii) engages in large scale (greater than 10 liters) research. The Biological Safety Officer carries out the duties specified in Section IV–B–3.

''Section IV–B–1–d. Appoint at least one individual with expertise in plant, plant pathogen, or plant pest containment principles (who is also a member of the Institutional Biosafety Committee) if the institution conducts recombinant DNA research that requires Institutional Biosafety Committee approval in accordance with Appendix P, Physical and Biological Containment for Recombinant DNA Research Involving Plants.

''Section IV–B–1–e. Appoint at least one individual with expertise in animal containment principles (who is also a member of the Institutional Biosafety Committee) if the institution conducts recombinant DNA research that requires Institutional Biosafety Committee approval in accordance with Appendix Q, Physical and Biological Containment for Recombinant DNA Research Involving Animals.

''Section IV–B–1–f. Assist and ensure compliance with the NIH Guidelines by Principal Investigators conducting research at the institution as specified in Section IV–B–4.

''Section IV–B–1–g. Ensure appropriate training for the Institutional Biosafety Committee Chair and members, Biological Safety Officer and other containment experts (when applicable), Principal Investigators, and laboratory staff regarding laboratory safety and implementation of the NIH Guidelines. The Institutional Biosafety Committee Chair is responsible for ensuring that Institutional Biosafety Committee members are appropriately trained. The Principal Investigator is responsible for ensuring that laboratory staff are appropriately trained. The institution is responsible for ensuring that the Principal Investigator has sufficient training; however, this responsibility may be delegated to the Institutional Biosafety Committee.

''Note: When the institution participates in or sponsors recombinant DNA research involving human subjects, the institution must ensure that: (i) The Institutional Biosafety Committee has adequate expertise and training (using *ad hoc* consultants as deemed necessary) and (ii) all aspects of Appendix M, Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules into One or More Human Subjects (Points to Consider), have been appropriately addressed by the Principal Investigator prior to submission to NIH/ORDA. Institutional Biosafety Committee approval must be obtained from each institution that will handle recombinant DNA material that is to be administered to human subjects.

''Section IV–B–1–h. Determine the necessity for health surveillance of personnel involved in connection with individual recombinant DNA projects;

and if appropriate, conduct a health surveillance program for such projects. The institution shall establish and maintain a health surveillance program for personnel engaged in large scale research or production activities involving viable organisms containing recombinant DNA molecules which require BL3 containment at the laboratory scale. The institution shall establish and maintain a health surveillance program for personnel engaged in animal research involving viable recombinant DNA-containing microorganisms that require BL3 or greater containment in the laboratory. The Laboratory Safety Monograph discusses various components of such a program (e.g., records of agents handled, active investigation of relevant illnesses, and the maintenance of serial serum samples for monitoring serologic changes that may result from the employees' work experience). Certain medical conditions may place a laboratory worker at increased risk in any endeavor where infectious agents are handled. Examples cited in the Laboratory Safety Monograph include gastrointestinal disorders and treatment with steroids, immunosuppressive drugs, or antibiotics. Workers with such disorders or treatment should be evaluated to determine whether they should be engaged in research with potentially hazardous organisms during their treatment or illness. Copies of the Laboratory Safety Monograph are available from the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''Section IV–B–1–i. Report any significant problems, violations of the NIH Guidelines, or any significant research-related accidents and illnesses to NIH/ORDA within thirty days, unless the institution determines that a report has already been filed by the Principal Investigator or Institutional Biosafety Committee. Reports shall be sent to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''Section IV–B–2. Institutional Biosafety Committee (IBC)

''The institution shall establish an Institutional Biosafety Committee whose responsibilities need not be restricted to recombinant DNA. The Institutional Biosafety Committee shall meet the following requirements:

''Section IV–B–2–a. Membership and Procedures

''Section IV–B–2–a–(1). The Institutional Biosafety Committee must be comprised of no fewer than five members so selected that they collectively have experience and expertise in recombinant DNA technology and the capability to assess the safety of recombinant DNA research and to identify any potential risk to public health or the environment. At least two members shall not be affiliated with the institution (apart from their membership on the Institutional Biosafety Committee) and who represent the interest of the surrounding community with respect to health and protection of the environment (e.g., officials of state or local public health or environmental protection agencies, members of other local governmental bodies, or persons active in medical, occupational health, or environmental concerns in the community). The Institutional Biosafety Committee shall include at least one individual with expertise in plant, plant pathogen, or plant pest containment principles when experiments utilizing Appendix P, Physical and Biological Containment for Recombinant DNA Research Involving Plants, require prior approval by the Institutional Biosafety Committee. The Institutional Biosafety Committee shall include at least one scientist with expertise in animal containment principles when experiments utilizing Appendix Q, Physical and Biological Containment for Recombinant DNA Research Involving Animals, require Institutional Biosafety Committee prior approval. When the institution conducts recombinant DNA research at BL3, BL4, or Large Scale (greater than 10 liters), a Biological Safety Officer is mandatory and shall be a member of the Institutional Biosafety Committee (see Section IV–B–3, Biological Safety Officer).

''Note: Individuals, corporations, and institutions not otherwise covered by the NIH Guidelines, are encouraged to adhere to the standards and procedures set forth in Sections I through IV (see Section IV–E, Voluntary Compliance. The policy and procedures for establishing an Institutional Biosafety Committee under Voluntary Compliance, are specified in Section IV–E–2, Institutional Biosafety Committee Approval).

''Section IV–B–2–a–(2). In order to ensure the competence necessary to review and approve recombinant DNA activities, it is recommended that the Institutional Biosafety Committee: (i) Include persons with expertise in recombinant DNA technology, biological safety, and physical containment; (ii) include or have available as consultants persons knowledgeable in institutional commitments and policies, applicable law, standards of professional conduct and practice, community attitudes, and the environment, and (iii) include at least one member representing the laboratory technical staff.

''Note: When the institution participates in or sponsors recombinant DNA research involving human subjects, the institution must ensure that: (i) The Institutional Biosafety Committee has adequate expertise and training (using ad hoc consultants as deemed necessary) and (ii) all aspects of Appendix M, Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules into One or More Human Subjects (Points to Consider), have been appropriately addressed by the Principal Investigator prior to submission to NIH/ORDA. Institutional Biosafety Committee approval must be obtained from each institution that will handle recombinant DNA material that will be administered to human subjects.

''Section IV–B–2–a–(3). The institution shall file an annual report with NIH/ORDA which includes: (i) A roster of all Institutional Biosafety Committee members clearly indicating the Chair, contact person, Biological Safety Officer (if applicable), plant expert (if applicable), and animal expert (if applicable); and (ii) biographical sketches of all Institutional Biosafety Committee members (including community members).

''Section IV–B–2–a–(4). No member of an Institutional Biosafety Committee may be involved (except to provide information requested by the Institutional Biosafety Committee) in the review or approval of a project in which he/she has been or expects to be engaged or has a direct financial interest.

''Section IV–B–2–a–(5). The institution, that is ultimately responsible for the effectiveness of the Institutional Biosafety Committee, may establish procedures that the Institutional Biosafety Committee shall follow in its initial and continuing review and approval of applications, proposals, and activities.

''Section IV–B–2–a–(6). When possible and consistent with protection of privacy and proprietary interests, the institution is encouraged to open its Institutional Biosafety Committee meetings to the public.

''Section IV–B–2–a–(7). Upon request, the institution shall make available to the public all Institutional Biosafety Committee meeting minutes and any documents submitted to or received from funding agencies which the latter are required to make available to the

public. If public comments are made on Institutional Biosafety Committee actions, the institution shall forward both the public comments and the Institutional Biosafety Committee's response to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''Section IV–B–2–b. Functions

''On behalf of the institution, the Institutional Biosafety Committee is responsible for:

''Section IV–B–2–b–(1). Reviewing recombinant DNA research conducted at or sponsored by the institution for compliance with the NIH Guidelines as specified in Section III, Experiments Covered by the NIH Guidelines, and approving those research projects that are found to conform with the NIH Guidelines. This review shall include: (i) Independent assessment of the containment levels required by the NIH Guidelines for the proposed research; (ii) assessment of the facilities, procedures, practices, and training and expertise of personnel involved in recombinant DNA research; and (iii) ensuring compliance with all surveillance, data reporting, and adverse event reporting requirements required by the NIH Guidelines.

''Section IV–B–2–b–(2). Notifying the Principal Investigator of the results of the Institutional Biosafety Committee's review and approval.

''Section IV–B–2–b–(3). Lowering containment levels for certain experiments as specified in Section III–C–2–a, Experiments in which DNA from Human or Animal Pathogens (Class 2, Class 3, Class 4, or Class 5 Agents is Cloned into Nonpathogenic Prokaryotic or Low er Eukaryotic Host-Vector Systems.

''Section IV–B–2–b–(4). Setting containment levels as specified in Sections III–C–4–b, Experiments Involving Whole Animals, and III–C–5, Experiments Involving Whole Plants.

''Section IV–B–2–b–(5). Periodically reviewing recombinant DNA research conducted at the institution to ensure compliance with the NIH Guidelines.

''Section IV–B–2–b–(6). Adopting emergency plans covering accidental spills and personnel contamination resulting from recombinant DNA research.

''Note: The Laboratory Safety Monograph describes basic elements for developing specific procedures dealing with major spills of potentially hazardous materials in the laboratory, including information and references about decontamination and emergency plans. The NIH and the Centers for Disease Control and Prevention are available to provide consultation and direct assistance, if necessary, as posted in the Laboratory Safety Monograph. The institution shall cooperate with the state and local public health departments by reporting any significant research-related illness or accident that may be hazardous to the public health.

''Section IV–B–2–b–(7). Reporting any significant problems with or violations of the NIH Guidelines and any significant research-related accidents or illnesses to the appropriate institutional official and NIH/ORDA within 30 days, unless the Institutional Biosafety Committee determines that a report has already been filed by the Principal Investigator. Reports to NIH/ORDA shall be sent to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''Section IV–B–2–b–(8). The Institutional Biosafety Committee may not authorize initiation of experiments which are not explicitly covered by the NIH Guidelines until NIH (with the advice of the RAC when required) establishes the containment requirement.

''Section IV–B–2–b–(9). Performing such other functions as may be delegated to the Institutional Biosafety Committee under Section IV–B–2, Institutional Biosafety Committee.

''Section IV–B–3. Biological Safety Officer (BSO)

''Section IV–B–3–a. The institution shall appoint a Biological Safety Officer if it engages in large scale research or production activities involving viable organisms containing recombinant DNA molecules.

''Section IV–B–3–b. The institution shall appoint a Biological Safety Officer if it engages in recombinant DNA research at BL3 or BL4. The Biological Safety Officer shall be a member of the Institutional Biosafety Committee.

''Section IV–B–3–c. The Biological Safety Officer's duties include, but are not be limited to:

''Section IV–B–3–c–(1). Periodic inspections to ensure that laboratory standards are rigorously followed;

''Section IV–B–3–c–(2). Reporting to the Institutional Biosafety Committee and the institution any significant problems, violations of the NIH Guidelines, and any significant research-related accidents or illnesses of which the Biological Safety Officer becomes aware unless the Biological Safety Officer determines that a report has already been filed by the Principal Investigator;

''Section IV–B–3–c–(3). Developing emergency plans for handling accidental spills and personnel contamination and investigating laboratory accidents involving recombinant DNA research;

''Section IV–B–3–c–(4). Providing advice on laboratory security;

''Section IV–B–3–c–(5). Providing technical advice to Principal Investigators and the Institutional Biosafety Committee on research safety procedures.

''Note: See the Laboratory Safety Monograph for additional information on the duties of the Biological Safety Officer.

''Section IV–B–4. Plant, Plant Pathogen, or Plant Pest Containment Expert

''When the institution conducts recombinant DNA research that requires Institutional Biosafety Committee approval in accordance with Appendix P, Physical and Biological Containment for Recombinant DNA Research Involving Plants, the institution shall appoint at least one individual with expertise in plant, plant pathogen, or plant pest containment principles (who is also a member of the Institutional Biosafety Committee).

''Section IV–B–5. Animal Containment Expert

''When the institution conducts recombinant DNA research that requires Institutional Biosafety Committee approval in accordance with Appendix Q, Physical and Biological Containment for Recombinant DNA Research Involving Animals, the institution shall appoint at least one individual with expertise in animal containment principles (who is also a member of the Institutional Biosafety Committee).

''Section IV–B–6. Human Gene Therapy Expertise

''When the institution participates in or sponsors recombinant DNA research involving human subjects, the institution must ensure that: (i) The Institutional Biosafety Committee has adequate expertise and training (using *ad hoc* consultants as deemed necessary) and (ii) all aspects of Appendix M, Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules into One or More Human Subjects (Points to Consider), have been appropriately addressed by the Principal Investigator prior to submission to NIH/ORDA. Institutional Biosafety Committee approval must be obtained from each institution that will handle recombinant DNA material that is to be administered to human subjects.

''Section IV–B–7. Principal Investigator (PI)

''On behalf of the institution, the Principal Investigator is responsible for full compliance with the NIH Guidelines in the conduct of recombinant DNA research.

''Section IV–B–7–a. General Responsibilities

''As part of this general responsibility, the Principal Investigator shall:

''Section IV–B–7–a–(1). Initiate or modify no recombinant DNA research which requires Institutional Biosafety Committee approval prior to initiation (see Sections III–A, III–B, III–C, and III–D, Experiments Covered by the NIH Guidelines) until that research or the proposed modification thereof has been approved by the Institutional Biosafety Committee and has met all other requirements of the NIH Guidelines;

''Section IV–B–7–a–(2). Determine whether experiments are covered by Section III–D, Experiments that Require Institutional Biosafety Committee Notice Simultaneous with Initiation, and that the appropriate procedures are followed;

''Section IV–B–7–a–(3). Report any significant problems, violations of the NIH Guidelines, or any significant research-related accidents and illnesses to the Biological Safety Officer (where applicable), Greenhouse/Animal Facility Director (where applicable), Institutional Biosafety Committee, NIH/ORDA, and other appropriate authorities (if applicable) within 30 days. Reports to NIH/ORDA shall be sent to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838;

''Section IV–B–7–a–(4). Report any new information bearing on the NIH Guidelines to the Institutional Biosafety Committee and to NIH/ORDA (reports to NIH/ORDA shall be sent to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838;

''Section IV–B–7–a–(5). Be adequately trained in good microbiological techniques;

''Section IV–B–7–a–(6). Adhere to Institutional Biosafety Committee-approved emergency plans for handling accidental spills and personnel contamination; and

''Section IV–B–7–a–(7). Comply with shipping requirements for recombinant DNA molecules (see Appendix H, Shipment, for shipping requirements and the Laboratory Safety Monograph for technical recommendations).

''Section IV–B–7–b. Submissions by the Principal Investigator to the NIH/ORDA

''The Principal Investigator shall:

''Section IV–B–7–b–(1). Submit information to NIH/ORDA for certification of new host-vector systems;

''Section IV–B–7–b–(2). Petition NIH/ORDA, with notice to the Institutional Biosafety Committee, for proposed exemptions to the NIH Guidelines;

''Section IV–B–7–b–(3). Petition NIH/ORDA, with concurrence of the Institutional Biosafety Committee, for approval to conduct experiments specified in Sections III–A–1, Major Actions Under the NIH Guidelines, and III–B, Experiments that Require NIH/ORDA and Institutional Biosafety Committee Approval Before Initiation;

''Section IV–B–7–b–(4). Petition NIH/ORDA for determination of containment for experiments requiring case-by-case review; and

''Section IV–B–7–b–(5). Petition NIH/ORDA for determination of containment for experiments not covered by the NIH Guidelines.

''Section IV–B–7–b–(6). Ensure that all aspects of Appendix M, Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules into One or More Human Subjects, have been appropriately addressed prior to submission of human gene therapy experiments to NIH/ORDA.

''Section IV–B–7–c. Submissions by the Principal Investigator to the Institutional Biosafety Committee

''The Principal Investigator shall:

''Section IV–B–7–c–(1). Make an initial determination of the required levels of physical and biological containment in accordance with the NIH Guidelines;

''Section IV–B–7–c–(2). Select appropriate microbiological practices and laboratory techniques to be used for the research;

''Section IV–B–7–c–(3). Submit the initial research protocol and any subsequent changes (e.g., changes in the source of DNA or host-vector system), if covered under Sections III–A, III–B, III–C, or III–D (Experiments Covered by the NIH Guidelines), to the Institutional Biosafety Committee for review and approval or disapproval; and

''Section IV–B–7–c–(4). Remain in communication with the Institutional Biosafety Committee throughout the conduct of the project.

''Section IV–B–7–d. Responsibilities of the Principal Investigator Prior to Initiating Research

''The Principal Investigator shall:

''Section IV–B–7–d–(1). Make available to all laboratory staff the protocols that describe the potential biohazards and the precautions to be taken;

''Section IV–B–7–d–(2). Instruct and train laboratory staff in: (i) the practices and techniques required to ensure safety, and (ii) the procedures for dealing with accidents; and

''Section IV–B–7–d–(3). Inform the laboratory staff of the reasons and provisions for any precautionary medical practices advised or requested (e.g., vaccinations or serum collection).

''Section IV–B–7–e. Responsibilities of the Principal Investigator During the Conduct of the Research

''The Principal Investigator shall:

''Section IV–B–7–e–(1). Supervise the safety performance of the laboratory staff to ensure that the required safety practices and techniques are employed;

''Section IV–B–7–e–(2). Investigate and report any significant problems pertaining to the operation and implementation of containment practices and procedures in writing to the Biological Safety Officer (where applicable), Greenhouse/Animal Facility Director (where applicable), the Institutional Biosafety Committee, NIH/ORDA, and other appropriate authorities (if applicable) (reports to the NIH/ORDA shall be sent to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838);

''Section IV–B–7–e–(3). Correct work errors and conditions that may result in the release of recombinant DNA materials; and

''Section IV–B–7–e–(4). Ensure the integrity of the physical containment (e.g., biological safety cabinets) and the biological containment (e.g., purity and genotypic and phenotypic characteristics).

''Section IV–B–7–e–(5). Comply with annual data reporting and adverse event reporting requirements for human gene transfer experiments (see Appendix M–VII, Reporting Requirements—Human Gene Transfer Protocols).

''Section IV–C. Responsibilities of the National Institutes of Health (NIH)

''Section IV–C–1. NIH Director

''The NIH Director is responsible for: (i) Establishing the NIH Guidelines, (ii) overseeing their implementation, and (iii) their final interpretation. The NIH Director has responsibilities under the NIH Guidelines that involve ORDA and

the RAC. ORDA's responsibilities under the NIH Guidelines are administrative. Advice from the RAC is primarily scientific, technical, and ethical. In certain circumstances, there is specific opportunity for public comment with published response prior to final action.

''Section IV–C–1–a. General Responsibilities

''The NIH Director is responsible for:

''Section IV–C–1–a–(1). Promulgating requirements as necessary to implement the NIH Guidelines;

''Section IV–C–1–a–(2). Establishing and maintaining the RAC to carry out the responsibilities set forth in Section IV–C–2, Recombinant DNA Advisory Committee (RAC membership is specified in its charter and in Section IV–C–2);

''Section IV–C–1–a–(3). Establishing and maintaining ORDA to carry out the responsibilities defined in Section IV–C–3, Office of Recombinant DNA Activities;

''Section IV–C–1–a–(4). Conducting and supporting training programs in laboratory safety for Institutional Biosafety Committee members, Biological Safety Officers and other containment experts (if applicable), Principal Investigators, and laboratory staff.

''Section IV–C–1–a–(5). Establishing and convening Gene Therapy Policy Conferences as described in Appendix M, Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules into One or More Human Subjects.

''Section IV–C–1–b. Specific Responsibilities

''In carrying out the responsibilities set forth in this section, the NIH Director, or a designee shall weigh each proposed action through appropriate analysis and consultation to determine whether it complies with the NIH Guidelines and presents no significant risk to health or the environment.

''Section IV–C–1–b–(1). Major Actions

''To execute Major Actions, the NIH Director shall seek the advice of the RAC and provide an opportunity for public and Federal agency comment. Specifically, the Notice of Meeting and Proposed Actions shall be published in the Federal Register at least 15 days before the RAC meeting. The NIH Director's decision/recommendation (at his/her discretion) may be published in the Federal Register for 15 days of comment before final action is taken. The NIH Director's final decision/recommendation, along with responses to public comments, shall be published in the Federal Register. The RAC and Institutional Biosafety Committee Chairs shall be notified of the following decisions:

''Section IV–C–1–b–(1)–(a). Changing containment levels for types of experiments that are specified in the NIH Guidelines when a Major Action is involved;

''Section IV–C–1–b–(1)–(b). Assigning containment levels for types of experiments that are not explicitly considered in the NIH Guidelines when a Major Action is involved;

''Section IV–C–1–b–(1)–(c). Promulgating and amending a list of classes of recombinant DNA molecules to be exempt from the NIH Guidelines because they consist entirely of DNA segments from species that exchange DNA by known physiological processes or otherwise do not present a significant risk to health or the environment;

''Section IV–C–1–b–(1)–(d). Permitting experiments specified by Section III–A, Experiments that Require Institutional Biosafety Committee Approval, RAC Review, and NIH Director Approval Before Initiation;

''Section IV–C–1–b–(1)–(e). Certifying new host-vector systems with the exception of minor modifications of already certified systems (the standards and procedures for certification are described in Appendix I–II, Certification of Host-Vector Systems). Minor modifications constitute (e.g., those of minimal or no consequence to the properties relevant to containment); and

''Section IV–C–1–b–(1)–(f). Adopting other changes in the NIH Guidelines.

''Section IV–C–1–b–(2). Minor Actions

''NIH/ORDA shall carry out certain functions as delegated to it by the NIH Director (see Section IV–C–3, Office of Recombinant DNA Activities). Minor Actions (as determined by NIH/ORDA in consultation with the RAC Chair and one or more RAC members, as necessary) will be transmitted to the RAC and Institutional Biosafety Committee Chairs:

''Section IV–C–1–b–(2)–(a). Changing containment levels for experiments that are specified in Section III, Experiments Covered by the NIH Guidelines (except when a Major Action is involved);

''Section IV–C–1–b–(2)–(b). Assigning containment levels for experiments not explicitly considered in the NIH Guidelines;

''Section IV–C–1–b–(2)–(c). Revising the Classification of Etiologic Agents for the purpose of these NIH Guidelines (see Section V–A, Footnotes and References of Sections I–IV).

''Section IV–C–1–b–(2)–(d). Interpreting the NIH Guidelines for experiments to which the NIH Guidelines do not specifically assign containment levels;

''Section IV–C–1–b–(2)–(e). Setting containment under Sections III–C–1–d, Experiments Using Risk Group 2, Risk Group 3, Risk Group 4, or Restricted Agents as Host-Vector Systems, and III–C–2–b, Experiments in which DNA from Risk Group 2, Risk Group 3, Risk Group 4, or Restricted Agents is Cloned into Nonpathogenic Prokaryotic or Lower Eukaryotic Host-Vector Systems;

''Section IV–C–1–b–(2)–(f). Approving minor modifications of already certified host-vector systems (the standards and procedures for such modifications are described in Appendix I–II, Certification of Host-Vector Systems);

''Section IV–C–1–b–(2)–(g). Decertifying already certified host-vector systems;

''Section IV–C–1–b–(2)–(h). Adding new entries to the list of molecules toxic for vertebrates (see Appendix F, Containment Conditions for Cloning of Genes Coding for the Biosynthesis of Molecules Toxic for Vertebrates); and

''Section IV–C–1–b–(2)–(i). Determining appropriate containment conditions for experiments according to case precedents developed under Section IV–C–1–b–(2)–(c).

''Section IV–C–2. Recombinant DNA Advisory Committee (RAC)

''The RAC is responsible for carrying out specified functions cited below as well as others assigned under its charter or by the DHHS Secretary and the NIH Director. The RAC consists of 15 members including the Chair, appointed by the DHHS Secretary or his/her designee, at least 8 of whom are selected from authorities knowledgeable in the fields of molecular genetics, molecular biology, recombinant DNA research, or other scientific fields. At least 4 members of the RAC shall be persons knowledgeable in applicable law, standards of professional conduct and practice, public attitudes, the environment, public health, occupational health, or related fields. Representatives from Federal agencies shall serve as non-voting members. Nominations for the RAC may be submitted to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''All meetings of the RAC shall be announced in the Federal Register, including tentative agenda items, 15 days before the meeting. Final agendas, if modified, shall be available at least 72 hours before the meeting. No item defined as a Major Action under Section

IV–C–1–b–(1) may be added to an agenda following Federal Register publication.

''The RAC shall be responsible for:

''Section IV–C–2–a. Advising the NIH Director on the actions listed in Sections IV–C–1–b, NIH Director—Specific Responsibility;

''Section IV–C–2–b. Identifying novel human gene transfer experiments deserving of public discussion by the full RAC;

''Section IV–C–2–c. Transmitting specific comments/recommendations about: (i) a specific human gene transfer experiment, or (ii) a category of human gene transfer experiments, to the NIH Director;

''Section IV–C–2–d. Publicly reviewing human gene transfer clinical trial data and relevant information evaluated and summarized by NIH/ORDA in accordance with the annual data reporting requirements; and

''Section IV–C–2–e. Identifying broad scientific and ethical/social issues relevant to gene therapy research as potential Gene Therapy Policy Conference topics.

''Section IV–C–3. Office of Recombinant DNA Activities (ORDA)

''ORDA shall serve as a focal point for information on recombinant DNA activities and provide advice to all within and outside NIH including institutions, Biological Safety Officers, Principal Investigators, Federal agencies, state and local governments, and institutions in the private sector. ORDA shall carry out such other functions as may be delegated to it by the NIH Director. ORDA's responsibilities include (but are not limited to) the following:

''Section IV–C–3–a. Serving as the focal point for public access to summary information pertaining to human gene transfer experiments;

''Section IV–C–3–b. Serving as the focal point for data management of human gene transfer experiments;

''Section IV–C–3–c. Administering the annual data reporting requirements (and subsequent review) for human gene transfer experiments (see Appendix M–VII, Reporting Requirements—Human Gene Transfer Protocols);

''Section IV–C–3–d. Transmitting comments/recommendations arising from public RAC discussion of a novel human gene transfer experiment to the NIH Director. RAC recommendations shall be forwarded to the Principal Investigator, the sponsoring institution, and, as appropriate, other Department of Health and Human Services (DHHS) components.

''Section IV–C–3–e. Collaborating with Principal Investigators, Institutional Biosafety Committees, Institutional Review Boards, and other DHHS components (including the FDA and Office for Protection from Research Risks); to ensure human gene transfer experiment registration compliance in accordance with Appendix M–I, Submission Requirements, Human Gene Transfer Experiments;

''Section IV–C–3–f. Administering Gene Therapy Policy Conferences as deemed appropriate by the NIH Director;

''Section IV–C–3–g. Reviewing and approving experiments in conjunction with *ad hoc* experts involving the cloning of genes encoding for toxin molecules that are lethal for vertebrates at an LD_{50} of less than or equal to 100 nanograms per kilogram body weight in organisms other than *Escherichia coli* K–12 (see Section III–B–1, Experiments Involving the Cloning of Toxin Molecules with LD_{50} of Less than 100 Nanograms Per Kilogram Body Weight, Appendix F–I, Containment Conditions for Cloning of Genes Coding for the Biosynthesis of Molecules Toxic for Vertebrates-General Information, and Appendix F–II, Cloning of Toxin Molecules Genes in *Escherichia coli* K–12);

''Section IV–C–3–h. Serving as the executive secretary of the RAC;

''Section IV–C–3–i. Publishing in the Federal Register:

''Section IV–C–3–i–(1). Announcements of RAC meetings and tentative agendas at least 15 days in advance (Note—If the agenda for a RAC meeting is modified, ORDA shall make the revised agenda available to anyone upon request in advance of the meeting);

''Section IV–C–3–i–(2). Announcements of Gene Therapy Policy Conferences and tentative agendas at least 15 days in advance;

''Section IV–C–3–i–(3). Proposed Major Actions (see Section IV–C–1–b–(1), Major Actions) at least 15 days prior to the RAC meeting; and

''Section IV–C–3–j. Reviewing and approving the membership of an institution's Institutional Biosafety Committee, and where it finds the Institutional Biosafety Committee meets the requirements set forth in Section IV–B–2, Institutional Biosafety Committee (IBC), giving its approval to the Institutional Biosafety Committee membership;

''Section IV–C–4. Other NIH Components

''Other NIH components shall be responsible for certifying maximum containment (BL4) facilities, inspecting them periodically, and inspecting other recombinant DNA facilities as deemed necessary.

''Section IV–D. Voluntary Compliance

''Section IV–D–1. Basic Policy—Voluntary Compliance

''Individuals, corporations, and institutions not otherwise covered by the NIH Guidelines are encouraged to do so by following the standards and procedures set forth in Sections I through IV. In order to simplify discussion, references hereafter to 'institutions' are intended to encompass corporations and individuals who have no organizational affiliation. For purposes of complying with the NIH Guidelines, an individual intending to carry out research involving recombinant DNA is encouraged to affiliate with an institution that has an Institutional Biosafety Committee approved under the NIH Guidelines.

''Since commercial organizations have special concerns, such as protection of proprietary data, some modifications and explanations of the procedures are provided in Sections IV–E–2 through IV–E–5–b, Voluntary Compliance, in order to address these concerns.

''Section IV–D–2. Institutional Biosafety Committee Approval—Voluntary Compliance

''It should be emphasized that employment of an Institutional Biosafety Committee member solely for purposes of membership on the Institutional Biosafety Committee does not itself make the member an institutionally affiliated member. Except for the unaffiliated members, a member of an Institutional Biosafety Committee for an institution not otherwise covered by the NIH Guidelines may participate in the review and approval of a project in which the member has a direct financial interest so long as the member has not been, and does not expect to be, engaged in the project. Section IV–B–2–a–(4), Institutional Biosafety Committee, is modified to that extent for purposes of these institutions.

''Section IV–D–3. Certification of Host-Vector Systems—Voluntary Compliance

''A host-vector system may be proposed for certification by the NIH Director in accordance with the procedures set forth in Appendix I–II, Certification of Host-Vector Systems. In order to ensure protection for proprietary data, any public notice regarding a host-vector system which is designated by the institution as proprietary under Section IV–D, Voluntary Compliance, will be issued

only after consultation with the institution as to the content of the notice.

''Section IV–D–4. Requests for Exemptions and Approvals—Voluntary Compliance

''Requests for exemptions or other approvals as required by the NIH Guidelines should be submitted based on the procedures set forth in Sections I through IV. In order to ensure protection for proprietary data, any public notice regarding a request for an exemption or other approval which is designated by the institution as proprietary under Section IV–E–5–a, Voluntary Compliance, will be issued only after consultation with the institution as to the content of the notice.

''Section IV–D–5. Protection of Proprietary Data—Voluntary Compliance

''Section IV–D–5–a. General

''In general, the Freedom of Information Act requires Federal agencies to make their records available to the public upon request. However, this requirement does not apply to, among other things, 'trade secrets and commercial or financial information that is obtained from a person and that is privileged or confidential.' Under 18 U.S.C. 1905, it is a criminal offense for an officer or employee of the U.S. or any Federal department or agency to publish, divulge, disclose, or make known 'in any manner or to any extent not authorized by law any information coming to him in the course of his employment or official duties or by reason of any examination or investigation made by, or return, report or record made to or filed with, such department or agency or officer or employee thereof, which information concerns or relates to the trade secrets, (or) processes * * * of any person, firm, partnership, corporation, or association.' This provision applies to all employees of the Federal Government, including special Government employees. Members of the RAC are 'special Government employees.'

''In submitting to NIH for purposes of voluntary compliance with the NIH Guidelines, an institution may designate those items of information which the institution believes constitute trade secrets, privileged, confidential, commercial, or financial information. If NIH receives a request under the Freedom of Information Act for information so designated, NIH will promptly contact the institution to secure its views as to whether the information (or some portion) should be released. If the NIH decides to release this information (or some portion) in response to a Freedom of Information request or otherwise, the institution will be advised and the actual release will be delayed in accordance with 45 Code of Federal Regulations, section 5.65 (d) and (e).

''Section IV–D–5–b. Presubmission Review

''Any institution not otherwise covered by the NIH Guidelines, which is considering submission of data or information voluntarily to NIH, may request presubmission review of the records involved to determine if NIH will make all or part of the records available upon request under the Freedom of Information Act.

''A request for presubmission review should be submitted to NIH/ORDA along with the records involved to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838. These records shall be clearly marked as being the property of the institution on loan to NIH solely for the purpose of making a determination under the Freedom on Information Act. NIH/ORDA will seek a determination from the responsible official under DHHS regulations (45 Code of Federal Regulations, Part 5) as to whether the records involved, (or some portion) will be made available to members of the public under the Freedom of Information Act. Pending such a determination, the records will be kept separate from NIH/ORDA files, will be considered records of the institution and not NIH/ORDA, and will not be received as part of NIH/ORDA files. No copies will be made of such records.

''NIH/ORDA will inform the institution of the DHHS Freedom of Information Officer's determination and follow the institution's instructions as to whether some or all of the records involved are to be returned to the institution or to become a part of NIH/ORDA files. If the institution instructs NIH/ORDA to return the records, no copies or summaries of the records will be made or retained by DHHS, NIH, or ORDA. The DHHS Freedom of Information Officer's determination will represent that official's judgment at the time of the determination as to whether the records involved (or some portion) would be exempt from disclosure under the Freedom on Information Act if at the time of the determination the records were in NIH/ORDA files and a request was received for such files under the Freedom of Information Act.''

IV–E. Proposed Amendments to Appendix A, Exemptions Under Section III–E–5—Sublists of Natural Exchanges

Appendix A, first paragraph, is proposed to be amended to reflect renumbering of a previous section.

IV–F. Proposed Amendments to Appendix C, Exemptions Under Section III–E–6

Appendix C is proposed to be amended to reflect renumbering of a previous section.

IV–G. Proposed Amendments to Appendix I, Biological Containment

After the first paragraph in Section I–II–A, Responsibility, the following Note is proposed to be added:

''Note. A host-vector system may be proposed for certification by the NIH Director in accordance with the procedures set forth in Appendix I–II, Certification of Host-Vector Systems. In order to ensure protection for proprietary data, any public notice regarding a host-vector system which is designated by the institution as proprietary under Section IV–D, Voluntary Compliance, will be issued only after consultation with the institution as to the content of the notice (see Section IV–D–3, Certification of Host-Vector Systems—Voluntary Compliance).''

IV–H. Proposed Amendments to Appendix M, Points to Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules Into One or More Human Subjects

Appendix M is proposed to be amended to read:

''Appendix M. The Points To Consider in the Design and Submission of Protocols for the Transfer of Recombinant DNA Molecules Into One or More Human Subjects (Points To Consider)

''Appendix M applies to research conducted at or sponsored by an institution that receives any support for recombinant DNA research from the NIH. Researchers not covered by the NIH Guidelines are encouraged to use Appendix M (see Section I–C, General Applicability).

''The acceptability of human somatic cell gene therapy has been addressed in several public documents as well as in numerous academic studies. In November 1982, the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research published a report, Splicing Life, which resulted from a two-year process of public deliberation and hearings. Upon release of that report, a U.S. House of Representatives subcommittee held three days of public hearings with

witnesses from a wide range of fields from the biomedical and social sciences to theology, philosophy, and law. In December 1984, the Office of Technology Assessment released a background paper, Human Gene Therapy, which concluded: civic, religious, scientific, and medical groups have all accepted, in principle, the appropriateness of gene therapy of somatic cells in humans for specific genetic diseases. Somatic cell gene therapy is seen as an extension of present methods of therapy that might be preferable to other technologies. In light of this public support, the Recombinant DNA Advisory Committee (RAC) is prepared to consider proposals for somatic cell gene transfer.

''The RAC will not at present entertain proposals for germ line alterations but will consider proposals involving somatic cell gene transfer. The purpose of somatic cell gene therapy is to treat an individual patient, e.g., by inserting a properly functioning gene into the subject's somatic cells. Germ line alteration involves a specific attempt to introduce genetic changes into the germ (reproductive) cells of an individual, with the aim of changing the set of genes passed on to the individual's offspring.

''In the interest of maximizing the resources of both the NIH and the Food and Drug Administration (FDA) and simplifying the method and period for review, research proposals involving the deliberate transfer of recombinant DNA or DNA or RNA derived from recombinant DNA into human subjects (human gene transfer) will be considered through a consolidated review process involving both the NIH and the FDA. Investigators shall simultaneously submit their human gene transfer proposal to both the NIH and the FDA. Submissions shall include (but are not limited to) the documentation described in Appendices M–I through M–V of the Points to Consider.

''Factors that may contribute to public discussion of a human gene transfer experiment by the RAC include: (i) New vectors/new gene delivery systems, (ii) new diseases, (iii) unique applications of gene transfer, and (iv) other issues considered to require further public discussion. Among the experiments that may be considered exempt from RAC discussion are those determined not to represent possible risk to human health or the environment. Full RAC review of an individual human gene transfer experiment can be recommended by: (i) A majority of the RAC, (ii) other Federal agencies, (iii) the Principal Investigator, or (iv) the sponsoring institution. An individual human gene transfer experiment that is recommended for full RAC review should represent novel characteristics deserving of public discussion. Recommendations for full RAC review of individual human gene transfer experiments will be transmitted to the NIH Director. The NIH Director will determine whether an individual human gene transfer experiment shall be discussed by the full RAC and will determine the priority of the discussions if more that one experiment is awaiting discussion. Relevant documentation will be included in the material for the RAC meeting at which the experiment is scheduled to be discussed. RAC meetings will be open to the public except where trade secrets and proprietary information are reviewed (see Section IV–D–5, Protection of Proprietary Data). The RAC prefers that information provided in response to Appendix M contain no proprietary data or trade secrets, enabling all aspects of the review to be open to the public.

''Note: Any application submitted to NIH/ORDA should not be designated as ''confidential'' in its entirety. In the event that a sponsor determines that specific responses to one or more of the items described in Appendix M should be considered as proprietary or trade secret, each item should be clearly identified as such. The cover letter (attached to the submitted material) should: (1) Clearly indicate that select portions of the application contain information considered as proprietary or trade secret, (2) a brief explanation as to the reason that each of these items is determined proprietary or trade secret.

''Public discussion of human gene transfer experiments (and access to relevant information) shall serve to inform the public about the technical aspects of the proposals, the meaning and significance of the research, significant safety issues, and ethical/societal implications of the research. RAC discussion is intended to ensure safe and ethical conduct of gene therapy experiments and facilitate public understanding of this novel area of biomedical research.

''RAC recommendations on a specific human gene transfer experiment shall be forwarded to the NIH Director, the Principal Investigator, the sponsoring institution, and, as appropriate, other Department of Health and Human Services (DHHS) components. In its evaluation of human gene transfer proposals, the RAC will consider whether the design of such experiments offers adequate assurance that their consequences will not go beyond their purpose, which is the same as the traditional purpose of clinical investigation, namely, to protect the health and well being of human subjects being treated while at the same time gathering generalizable knowledge. Two possible undesirable consequences of the transfer of recombinant DNA would be unintentional: (i) Vertical transmission of genetic changes from an individual to his/her offspring, or (ii) horizontal transmission of viral infection to other persons with whom the individual comes in contact. Accordingly, Appendices M–I through M–V requests information that will enable the RAC, NIH/ORDA, and the FDA, to assess the possibility that the proposed experiment(s) will inadvertently affect reproductive cells or lead to infection of other people (e.g., medical personnel or relatives).

''In recognition of the social concern that surrounds the subject of human gene transfer, the RAC, NIH/ORDA, and the FDA, will cooperate with other groups in assessing the possible long-term consequences of the proposal and related laboratory and animal experiments in order to define appropriate human applications of this emerging technology.

''In order to enhance the depth and value of public discussion relevant to scientific, safety, and ethical/societal implications of gene therapy research, the NIH Director will convene Gene Therapy Policy Conferences (GTPC) as deemed appropriate. GTPC will be administered by the NIH/ORDA. These conferences will offer the unique advantage of assembling numerous participants who possess significant scientific, ethical, and legal expertise and/or interest that is directly applicable to a specific gene therapy research issue. GTPC topics for discussion may be submitted by a member of the RAC, other Federal agencies, Principal Investigators, industry representatives, patient advocacy groups, or individuals who represent the general public interest through NIH/ORDA to the NIH Director. GTPC topics may include areas such as basic research on the use of novel gene delivery vehicles, novel applications of gene transfer, and relevant ethical/societal implications of a particular application of gene transfer technology. The findings of the GTPC will be transmitted to the NIH Director and will be made publicly available. The NIH Director anticipates that this public policy forum will serve as a model for interagency communications and collaboration, concentrated expert discussion of novel scientific issues and their potential societal implications, and enhanced opportunity for public discussion of specific issues and

potential impact of such applications on human health and the environment.

''Appendix M will be considered for revisions as experience in evaluating proposals accumulates and as new scientific developments occur. This review will be carried out periodically as needed.

''Appendix M–I. Submission Requirements—Human Gene Transfer Experiments

''Investigators must simultaneously submit the following material to both: (1) The Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838 (see exemption in Appendix M–VIII–A, Footnotes of Appendix M); and (2) the Division of Congressional and Public Affairs, Document Control Center, HFM–99, Center for Biologics Evaluation and Research, 1401 Rockville Pike, Rockville, Maryland 20852–1448. Proposals will be submitted in the following order: (1) Scientific abstract; (2) non-technical abstract; (3) Institutional Biosafety Committee and Institutional Review Board approvals and their deliberations pertaining to your protocol; (4) Responses to Appendix M–II through M–V, Description of the Proposal, Informed Consent, Privacy and Confidentiality, and Special Issues; (5) clinical protocol (as approved by the local Institutional Biosafety Committee and Institutional Review Board); (6) Informed Consent document—approved by the Institutional Review Board (see Appendix M–III, Informed Consent); (7) appendices (including tables, figures, and manuscripts); (8) curricula vitae—2 pages for each key professional person in biographical sketch format; and (9) two 3½ inch diskettes with the complete vector nucleotide sequence in ASCII format.

''Appendix M–II. Description of the Proposal''

[This section remains unchanged.]

''Appendix M–III. Informed Consent''

[This section remains unchanged.]

''Appendix M–IV. Privacy and Confidentiality''

[This section remains unchanged.]

''Appendix M–V. Special Issues''

[This section remains unchanged.]

''Appendix M–VI. RAC Review—Human Gene Transfer Experiments

''In order to maintain public access to information regarding human gene transfer protocols, NIH/ORDA will maintain the documentation described in Appendices M–I through M–V (including protocols that are not reviewed by the RAC). The RAC prefers that information provided in response to Appendix M, Points to Consider, contain no proprietary data or trade secrets, enabling all aspects of the discussion to be open to the public.

''Appendix M–VI–A. RAC Members' Written Comments

''Following receipt by NIH/ORDA, summary information on each human gene transfer protocol will be forwarded to RAC members. Each RAC member shall notify NIH/ORDA within 15 working days regarding the necessity for full RAC discussion. Full RAC review of an individual human gene transfer experiment can be recommended by: (i) A majority of the RAC, (ii) other Federal agencies, (iii) the Principal Investigator, or (iv) the sponsoring institution. An individual human gene transfer experiment that is recommended for full RAC review should represent novel characteristics deserving of public discussion. If the Director, NIH, determines that an experiment will undergo full RAC discussion, NIH/ORDA will immediately notify the Principal Investigator. RAC members may forward individual requests for additional information relevant to a specific protocol through NIH/ORDA to the Principal Investigator. In making a determination whether an experiment is novel, and thus deserving of full RAC discussion, reviewers will examine the scientific rationale, scientific context (relative to other proposals reviewed by the RAC), whether the preliminary *in vitro* and *in vivo* data were obtained in appropriate models and are sufficient, and whether questions related to safety, efficacy, and social/ethical context have been resolved. RAC recommendations on a specific human gene transfer experiment shall be forwarded to the NIH Director, the Principal Investigator, the sponsoring institution, and, as appropriate, other Department of Health and Human Services (DHHS) components.

''Appendix M–VII. Reporting Requirements—Human Gene Transfer Protocols

''Appendix M–VII–A. Annual Data Reporting

''Investigators shall comply with the annual data reporting requirements. Annual Data Report forms will be forwarded by NIH/ORDA to investigators. Data submitted in these reports will be evaluated by the RAC and NIH/ORDA, and reviewed at a future RAC meeting.

''Appendix M–VII–B. Adverse Event Reporting

''Investigators who have received approval from the FDA to initiate a human gene transfer protocol must report any serious adverse event immediately to the local Institutional Review Board, Institutional Biosafety Committee, Office for Protection from Research Risks (if applicable), NIH/ORDA, and FDA, followed by the submission of a written report filed with each group. Reports submitted to NIH/ORDA shall be sent to the Office of Recombinant DNA Activities, National Institutes of Health/MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, (301) 496–9838.

''Appendix M–VIII. Footnotes of Appendix M

''Appendix M–VIII–A. Human studies in which the induction or enhancement of an immune response to a vector-encoded microbial immunogen is the major goal, such an immune response has been demonstrated in model systems, and the persistence of the vector-encoded immunogen is not expected, are exempt from Appendix M–I, Submission Requirements, and Appendix M–VIII, Reporting Requirements-Human Gene Transfer Experiments.''

OMB's ''Mandatory Information Requirements for Federal Assistance Program Announcements'' (45 FR 39592) requires a statement concerning the official government programs contained in the Catalog of Federal Domestic Assistance. Normally NIH lists in its announcements the number and title of affected individual programs for the guidance of the public. Because the guidance in this notice covers not only virtually every NIH program but also essentially every Federal research program in which DNA recombinant molecule techniques could be used, it has been determined to be not cost effective or in the public interest to attempt to list these programs. Such a list would likely require several additional pages. In addition, NIH could not be certain that every Federal program would be included as many Federal agencies, as well as private organizations, both national and international, have elected to follow the NIH Guidelines. In lieu of the individual program listing, NIH invites readers to direct questions to the information address above about whether individual programs listed in

the Catalog of Federal Domestic Assistance are affected.

Dated: November 15, 1996.

Harold Varmus,

Director National Institutes of Health.

[FR Doc. 96–29891 Filed 11–21–96; 8:45 am]

BILLING CODE 4140–01–P

Federal Register

Friday
November 22, 1996

Part IV

Environmental Protection Agency

Certain Chemicals; Premanufacture Notices

ENVIRONMENTAL PROTECTION AGENCY

[OPPTS–51848; FRL–5574–3]

Certain Chemicals; Premanufacture Notices

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: Section 5 of the Toxic Substances Control Act (TSCA) requires any person who intends to manufacture or import a new chemical to notify EPA and comply with the statutory provisions pertaining to the manufacture or import of substances not on the TSCA Inventory. Section 5 of TSCA also requires EPA to publish receipt and status information in the Federal Register each month reporting premanufacture notices (PMN) and test marketing exemption (TME) application requests received, both pending and expired. The information in this document contains notices received from December 16, 1995 to February 29, 1996.

ADDRESSES: Written comments, identified by the document control number ''[OPPTS–51848]'' and the specific PMN number, if appropriate, should be sent to: Document Control Office (7407), Office of Pollution Prevention and Toxics, Environmental Protection Agency, 401 M St., SW., Rm. ETG–099 Washington, DC 20460.

Comments and data may also be submitted electronically by sending electronic mail (e-mail) to: ncic@epamail.epa.gov. Electronic comments must be submitted as an ASCII file avoiding the use of special characters and any form of encryption. Comments and data will also be accepted on disks in WordPerfect in 5.1 file format or ASCII file format. All comments and data in electronic form must be identified by the docket number [OPPTS–51848]. No Confidential Business Information (CBI) should be submitted through e-mail. Electronic comments on this notice may be filed online at many Federal Depository Libraries. Additional information on electronic submissions can be found under ''SUPPLEMENTARY INFORMATION'' of this document.

FOR FURTHER INFORMATION CONTACT: Susan B. Hazen, Director, Environmental Assistance Division (7408), Office of Pollution Prevention and Toxics, Environmental Protection Agency, Rm. E–545, 401 M St., SW., Washington, DC, 20460, (202) 554–1404, TDD (202) 554–0551; e-mail: TSCA-Hotline@epamail.epa.gov.

SUPPLEMENTARY INFORMATION: Under the provisions of TSCA, EPA is required to publish notice of receipt and status reports of chemicals subject to section 5 reporting requirements. The notice requirements are provided in TSCA sections 5(d)(2) and 5(d)(3). Specifically, EPA is required to provide notice of receipt of PMNs and TME application requests received. EPA also is required to identify those chemical submissions for which data has been received, the uses or intended uses of such chemicals, and the nature of any test data which may have been developed. Lastly, EPA is required to provide periodic status reports of all chemical substances undergoing review and receipt of notices of commencement.

A record has been established for this notice under docket number ''[OPPTS–51848]'' (including comments and data submitted electronically as described below). A public version of this record, including printed, paper versions of electronic comments, which does not include any information claimed as CBI, is available for inspection from 12 noon to 4 p.m., Monday through Friday, excluding legal holidays. The public record is located in the TSCA Nonconfidential Information Center (NCIC), Rm. NEM–B607, 401 M St., SW., Washington, DC 20460.

Electronic comments can be sent directly to EPA at:
oppt.ncic@epamail.epa.gov

Electronic comments must be submitted as an ASCII file avoiding the use of special characters and any form of encryption.

The official record for this notice, as well as the public version, as described above will be kept in paper form. Accordingly, EPA will transfer all comments received electronically into printed, paper form as they are received and will place the paper copies in the official record which will also include all comments submitted directly in writing. The official record is the paper record maintained at the address in ''ADDRESSES'' at the beginning of this document.

In the past, EPA has published individual notices reflecting the status of section 5 filings received, pending or expired, as well as notices reflecting receipt of notices of commencement. In an effort to become more responsive to the regulated community, the users of this information and the general public, to comply with the requirements of TSCA, to conserve EPA resources, and to streamline the process and make it more timely, EPA is consolidating these separate notices into one comprehensive notice that will be issued at regular intervals.

In this notice, EPA shall provide a consolidated report in the Federal Register reflecting the dates PMN requests were received, the projected notice end date, the manufacturer or importer identity, to the extent that such information is not claimed as confidential and chemical identity, either specific or generic depending on whether chemical identity has been claimed confidential. Additionally, in this same report, EPA shall provide a listing of receipt of new notices of commencement.

EPA believes the new format of the notice will be easier to understand by the interested public, and provides the information that is of greatest interest to the public users. Certain information provided in the earlier notices will not be provided under the new format. The status reports of substances under review, potential production volume, and summaries of health and safety data will not be provided in the new notices.

EPA is not providing production volume information in the consolidated notice since such information is generally claimed as confidential. For this reason, there is no substantive loss to the public in not publishing the data. Health and safety data are not summarized in the notice since it is recognized as impossible, given the format of this notice, as well as the previous style of notices, to provide meaningful information on the subject. In those submissions where health and safety data were received by the Agency, a footnote is included by the Manufacturer/Importer identity to indicate its existence. As stated below, interested persons may contact EPA directly to secure information on such studies.

For persons who are interested in data not included in this notice, access can be secured at EPA Headquarters in the NCIC at the address provided above. Additionally, interested parties may telephone the Document Control Office at (202) 260–1532, TDD (202) 554–0551, for generic use information, health and safety data not claimed as confidential or status reports on section 5 filings.

Send all comments to the address listed above. All comments received will be reviewed and appropriate amendments will be made as deemed necessary.

This notice will identify: (I) PMNs received; and (II) Notices of Commencement to manufacture/import.

I. 401 Premanufacture Notices Received From: 12/16/95 to 02/29/96

Case No.	Received Date	Projected Notice End Date	Manufacturer/Importer	Use	Chemical
P–96–0356	01/11/96	04/10/96	Bostik, Inc.	(G) Open, non-dispersive	(G) Polyurethane
P–96–0357	01/11/96	04/10/96	CBI	(S) Flexographic printing plates	(G) Carboxylic polybutadiene
P–96–0358	01/11/96	04/10/96	Ciba-Geigy Corporation, Textile Products Division	(G) Textile ultra-violent absorber	(G) Chloro, sulfoxy,ethyl sulfonylphenyl, substituted triazinyl aminophenyl oxoacetylamino substituted benzene sulfonic acid derivative
P–96–0359	01/11/96	04/10/96	Fiber-Resins Corporation,	(S) Castable urethane	(G) Aliphatic isocyanate prepolymer
P–96–0360	01/11/96	04/10/96	Fiber-Resins Corporation	(S) Casting compound, part A	(G) Aromatic isocyanate prepolymer
P–96–0361	01/11/96	04/10/96	CBI	(G) Resin for printing inks and coatings	(G) Oil free terephthalic polyester
P–96–0362	01/11/96	04/10/96	CBI	(G) Thickening compound for aqueous systems	(G) Hydrophobically modified acrylate copolymer, sodium salt
P–96–0363	01/11/96	04/10/96	CBI	(S) Adjuvant for agrochemicals (nonoionic surfactant)	(G) Organo modified heptamethyltrisiloxane
P–96–0364	01/11/96	04/10/96	CBI	(G) Synthetic high temperature lubricant base stock	(G) Pentaerythritol tetraester with mixed fatty acids
P–96–0365	01/11/96	04/10/96	Fiber-Resins Corporation	(S) Reverse osmosis filter adhesive; casting compound	(G) Aromatic isocyanate prepolymer
P–96–0366	01/16/96	04/15/96	Aldrich Chemical Company, Inc.	(G) Destructive use	(S) Ethanedione, bis(4-fluorophenyl)-
P–96–0367	01/16/96	04/15/96	CBI	(S) Urethane foam catalyst	(G) Di-*T*-amine amide
P–96–0368	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0369	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0370	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0371	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0372	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0373	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0374	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0375	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0376	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0377	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0378	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0379	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0380	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0381	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0382	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0383	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0384	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0385	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0386	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0387	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0388	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0389	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0390	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0391	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0392	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0393	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0394	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0395	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0396	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0397	01/16/96	04/15/96	CBI	(G) Destructive use	(G) Olefins
P–96–0398	01/16/96	04/15/96	CBI	(G) Site-limited intermediate	(G) Alkyl nitrile
P–96–0399	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0400	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0401	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0402	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol ester
P–96–0403	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol ester
P–96–0404	01/16/96	04/15/96	CBI	(S)Industrial lubricant and fuel addittive	(G) Fatty alcohol esters
P–96–0405	01/16/96	04/15/96	CBI	(G) Open, dispersive use	(G) Alkyl diamine
P–96–0406	01/16/96	04/15/96	CBI	(G) Open, dispersive use	(G) Alkyl triamine
P–96–0407	01/16/96	04/15/96	CBI	(G) Open, dispersive use	(G) Alkyl tetramine

I. 401 Premanufacture Notices Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Projected Notice End Date	Manufacturer/Importer	Use	Chemical
P–96–0408	01/16/96	04/15/96	CBI	(G) Open, dispersive use	(G) Alkyl pentamine
P–96–0409	01/16/96	04/15/96	CBI	(S) Intermediate chemical (penultimate material in synthetic chain)	(G) 4-cyano-*N*-heptyltoluene derivative
P–96–0410	01/16/96	04/15/96	CBI	(G) Printing plate additive in open, non-dispersive use	(G) 4-[bis (Trichloromethyl) heteromonocycle]-*N*-*N*heptyl) benzamide
P–96–0411	01/16/96	04/15/96	CBI	(G) Open, non-dispersive use (coating)	(G) Amino epoxy microgel
P–96–0412	01/16/96	04/15/96	CBI	(G) Open, non-dispersive	(G) Hydroxy functional oligomer
P–96–0413	01/17/96	04/16/96	3M Company	(S) Hot melt adhesive	(G) Polyurethane polymer
P–96–0414	01/11/96	04/10/96	BASF Wyandotte Corporation	(S) Intermediate for the production of polyether polyols	(G) Polyether polyol, salt of
P–96–0415	01/11/96	04/10/96	BASF Wyandotte Corporation	(S) Intermediate for the production of polyether polyols	(G) Polyether polyol, salt of
P–96–0416	01/11/96	04/10/96	Basf Wyandotte Corporation	(S) Intermediate for the production of polyether polyols	(G) Polyether polyol, salt of
P–96–0417	01/11/96	04/10/96	Basf Wyandotte Corporation	(S) Intermediate for the production of polyether polyols	(G) Polyether polyol, salt of
P–96–0418	01/11/96	04/10/96	BASF Wyandotte Corporation	(S) Intermediate for the production of polyether polyols	(G) Polyether polyol, salt of
P–96–0419	01/11/96	04/15/96	BASF Wyandotte Corporation	(S) Intermediate for the production of polyether polyols	(G) Polyether polyol, salt of
P–96–0420	01/16/96	04/15/96	CBI	(G) Antistatic agent	(G) Ethoxylated alkyl amine
P–96–0421	01/16/96	04/02/96	CBI	(S) Component of an industrial coating that cures under exposure to ultraviolet light or electron beam	(S) 2-propenoic acid, (4-methyl-1,3-phenylene) bis (iminocarbonyloxy-2,1-ethanediyl) ester
P–96–0422	01/18/96	04/17/96	CBI	(G) Adhesive for flexible substrates	(G) Polyester urethane polymer
P–96–0423	01/22/96	04/21/96	Eastman Kodak Company	(G) Contained use in an article	(G) Substituted alkyl amide
P–96–0424	01/11/96	04/10/96	CBI	(G) Additive, open, non-dispersive	(G) Epoxy resin-fatty acids copolymer
P–96–0425	01/11/96	04/10/96	CBI	(G) Additive, open, non-dispersive use	(G) Epoxy resin-fatty acids copolymer
P–96–0426	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0427	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0428	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0429	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0430	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0431	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0432	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0433	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0434	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0435	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0436	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0437	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0438	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0439	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0440	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0441	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0442	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0443	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0444	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer

I. 401 Premanufacture Notices Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Projected Notice End Date	Manufacturer/Importer	Use	Chemical
P–96–0445	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0446	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0447	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0448	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0449	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0450	01/11/96	04/24/96	H.B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0451	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0452	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0453	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0454	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0455	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0456	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0457	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0458	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0459	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0460	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0461	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0462	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0463	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0464	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0465	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0466	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0467	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0468	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0469	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0470	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0471	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0472	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0473	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0474	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0475	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0476	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0477	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0478	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0479	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer

I. 401 Premanufacture Notices Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Projected Notice End Date	Manufacturer/Importer	Use	Chemical
P–96–0480	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0481	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0482	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0483	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0484	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0485	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0486	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0487	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0488	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0489	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0490	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0491	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0492	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0493	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0494	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0495	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0496	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0497	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0498	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0499	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0500	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0501	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0502	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0503	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0504	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0505	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0506	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0507	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0508	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0509	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0510	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0511	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0512	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0513	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0514	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer

I. 401 Premanufacture Notices Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Projected Notice End Date	Manufacturer/Importer	Use	Chemical
P–96–0515	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0516	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0517	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0518	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0519	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0520	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0521	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0522	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0523	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0524	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0525	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0526	01/11/96	04/24/96	H. B. Fuller Ccompany	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0527	01/11/96	04/24/96	H. B. Fuller company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0528	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0529	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0530	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0531	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0532	01/11/96	04/26/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0533	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0534	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0535	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0536	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0537	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0538	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0539	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0540	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0541	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0542	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0543	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0544	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0545	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0546	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0547	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0548	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer
P–96–0549	01/11/96	04/24/96	H. B. Fuller Company	(S) Moisture-cure adhesive for variety of substrates	(G) Isocyanate-terminated polyester polyurethane prepolymer

I. 401 Premanufacture Notices Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Projected Notice End Date	Manufacturer/Importer	Use	Chemical
P–96–0550	01/22/96	04/21/96	CBI	(G) Dye for printing material	(G) Metallo, dihydro hydroxy, hydroxyethylsulfonyl, alkylether, azo, sulfo, polycarbocycle, substituted heterocycle, carboxylate, salt.
P–96–0551	01/22/96	04/21/96	Eastman Chemical Company	(S) Chemical intermediate for surface-active product	(S) Hexanoic acid, 6-[(1-oxononyl) amino]-
P–96–0552	01/18/96	04/18/96	CBI	(S) Resin for pigment	(S) Benzenesulfonamide, ar-methyl, polymer with formaldehyde and urea
P–96–0553	01/22/96	04/18/96	Eastman Kodak Company	(G) Chemical intermediate	(G) Substituted naphthalene carboxamide
P–96–0554	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0555	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0556	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0557	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0558	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0559	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0560	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0561	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0562	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0563	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0564	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol esters
P–96–0565	01/16/96	04/15/96	CBI	(S) Site-limited production intermediate	(G) Fatty alcohol ethers
P–96–0566	01/18/96	04/17/96	CBI	(G) Polymer intermediate for open non-dispersive use	(G) Polyester resin
P–96–0567	01/18/96	04/17/96	CBI	(G) Open,non-dispersive coating additive	(G) Polyester resin
P–96–0568	01/18/96	04/17/96	CBI	(S) Coil coating for appliances	(G) Polyester containing neopentyl glycol
P–96–0569	01/18/96	04/17/96	Fiber-Resins Corporation	(S) Potting compound	(G) Aromatic isocyanate prepolymer
P–96–0570	01/18/96	04/17/96	CBI	(G) Component of dispersively applied coating	(G) Polyester polyol
P–96–0571	01/18/96	04/17/96	CBI	(G) Raw material for coatings for plastics	(G) Polyurethane resin
P–96–0572	01/16/96	04/17/96	CBI	(G) Destructive use	(G) Aromatic boron complex
P–96–0573	01/16/96	04/17/96	CBI	(G) Open, dispersive use	(G) Ethoxylated alkyl quaternary ammonium compound
P–96–0574	01/16/96	04/17/96	Aldrich Chemical Company, Inc.	(G) Destructive use	(S) Benzaldehyde,2,3,5 trichloro
P–96–0575	01/23/96	04/17/96	CBI	(G) Industrial coating binder component	(G) Polymer of hydroxy polyester acrylate with phthalate ester of alkyl diglycidyl ether
P–96–0576	01/18/96	04/17/96	CBI	(G) Light duty detergent	(G) Polyoxyethylene alkyl citrate sulfosuccinate
P–96–0577	01/18/96	04/17/96	CBI	(G) Light duty detergent	(G) Polyoxyethylene alkyl citrate sulfosuccinate
P–96–0578	01/18/96	04/17/96	CBI	(G) Light duty detergent	(G) Polyoxyethylene alkyl citrate sulfosuccinate
P–96–0579	01/18/96	04/17/96	CBI	(G) Light duty detergent	(G) Polyoxyethlene alkyl citrate sulfosuccinate
P–96–0580	01/18/96	04/17/96	CBI	(G) Light duty detergent	(G) Polyoxyethylene alkyl citrate sulfosuccinate
P–96–0581	01/18/96	04/17/96	CBI	(G) Light duty detergent	(G) Polyoxyethylene alkyl citrate sulfosuccinate
P–96–0582	01/24/96	04/17/96	CBI	(S) Spray applied coatings	(G) Amine salt of polyurethane resin
P–96–0583	01/25/96	04/17/96	CBI	(G) Chemical process aid	(G) Alkyl n-heterocycle

I. 401 Premanufacture Notices Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Projected Notice End Date	Manufacturer/Importer	Use	Chemical
P–96–0584	01/24/96	04/17/96	CBI	(G) Open, non-dispersive	(G) Organo acid salt
P–96–0585	01/24/96	04/17/96	CBI	(G) Processing aid	(G) Salt of a substituted polyalkylenepolyamine
P–96–0586	01/24/96	04/17/96	Goldschmidt Chemical Corporation	(G) Open, non dispersive use	(G) Acrylmodified polysiloxane
P–96–0587	01/23/96	04/17/96	CBI	(S) Castable urethane part A	(G) Aromatic isocyanate prepolymer
P–96–0588	01/16/96	04/15/96	Ciba-Geigy Corporation	(G) Textile dye	(G) Substituted naphthalenesulfonic acid azo naphthalenyly amino triazinyl substituted alkane
P–96–0589	01/26/96	04/25/96	CBI	(G) Thickening compound for aqueous systems	(G) *N,N*-dimethyl amino ethyl methacrylate-ethyl acrylate copolymer
P–96–0590	01/30/96	04/24/96	Cytec Iindustries	(G) Resin for on-dispresive use	(G) Substituted polyimide resin
P–96–0591	01/25/96	04/24/96	Fiber-Resins Corporation	(S) Casting urethane part a	(G) Aliphatic isocyanate terminated prepolymer
P–96–0592	01/30/96	04/29/96	CBI	(G) Coating material	(G) Polycarbonate based polyurethaneurea
P–96–0593	01/26/96	04/25/96	CBI	(G) Lubricant additive	(G) Alkyl substituted phenyl glycidyl ether
P–96–0594	01/30/96	04/29/96	Cytec Industries	(G) Captive intermediate	(G) Substituted aromatic imide
P–96–0595	01/24/96	04/23/96	CBI	(S) Coatings	(G) Polyurethane basecoat resin
P–96–0596	01/24/96	04/23/96	CBI	(S) Coatings	(G) Polyurethane basecoat resin
P–96–0597	01/24/96	04/23/96	CBI	(S) Coatings	(G) Polyurethane basecoat resin
P–96–0598	01/24/96	04/23/96	CBI	(S) Coatings	(G) Polyurethane basecoat resin
P–96–0599	01/26/96	04/25/96	E. I. DuPont - Agricultural Products	(S) Industrial intermediate	(G) 5-substituted hexanamide
P–96–0600	01/31/96	04/30/96	Ausimont USA, Inc.	(S) High performance fluid for electronics; heat transfer fluid; cleaning	(G) Poly(perfluoropropylene oxide)
P–96–0601	01/26/96	04/25/96	Aldrich Chemical Company, Inc.	(G) Destructive use	(S) 8-Azabicyclo[3,2,1]octan-3-one, 8-methyl
P–96–0602	01/29/96	04/28/96	The Dow Chemical Company	(G) General metal coatings	(S) 2-propenioc acid, 2-methyl-, 2-[(aminocarbonyl)oxy]ethyl ester
P–96–0603	01/31/96	04/30/96	CBI	(S) Adhesion promoter for adhesives and sealants; crosslinker for industrial coating	(G) Organofunctional silane ester
P–96–0604	01/31/96	04/30/96	Spies Hecker, Inc.	(S) Binder for paints (esp. clear coats)	(S) 2-methyl-2-propenoic acid butyl ester, polymer with ethenyl methyl benzene and methyl 2-methyl-2-propenoate
P–96–0605	01/31/96	04/30/96	W. R. Grace	(G) Mineral processing additive	(G) Ethanolamine acetate ethyleneamine acetate solution
P–96–0606	01/31/96	04/30/96	CBI	(G) Site limited intermediate	(G) Amino-benzothiazolyl substituted phenol phosphoric acid salt
P–96–0607	01/31/96	04/30/96	Spies Hecker, Inc.	(S) Wire enamels	(S) 1,4-benzenedicarboxylic acid, dimethyl ester, polymer with 1,3-dihydro-1,3-dioxo-5-isobenzofurancarboxylic acid, 1,2-ethanediol, 2-ethyl-2-(hydroxymethyl)-1,3-propanediol, 4,4′-methylenebis(benzenamine) and 1,2,3-propanetriol
P–96–0608	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0609	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrulic resin
P–96–0610	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrulic resin
P–96–0611	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrulic resin
P–96–0612	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrulic resin
P–96–0613	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrulic resin
P–96–0614	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrulic resin
P–96–0615	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrulic resin
P–96–0616	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0617	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin

I. 401 Premanufacture Notices Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Projected Notice End Date	Manufacturer/Importer	Use	Chemical
P–96–0618	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0619	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0620	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0621	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0622	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0623	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0624	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0625	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0626	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0627	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0628	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0629	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0630	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0631	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0632	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0633	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0634	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0635	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0636	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0637	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Neutralized polyacrylic resin
P–96–0638	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Amine functional polyoxypropylene polyurethane
P–96–0639	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Amine functional polyoxypropylene polyurethane
P–96–0640	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Amine functional polyoxypropylene polyurethane
P–96–0641	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Amine functional polyoxypropylene polyurethane
P–96–0642	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Amine functional polyoxypropylene polyurethane
P–96–0643	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Amine functional polyoxypropylene polyurethane
P–96–0644	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Amine functional polyoxypropylene polyurethane
P–96–0645	01/31/96	04/30/96	CBI	(G) Component of coating with open use	(G) Amine functional polyoxypropylene polyurethane
P–96–0646	01/31/96	04/30/96	CBI	(S) Coatings	(G) Urethane modified polyester
P–96–0647	02/06/96	04/05/96	CBI	(G) Destructive use	(G) Alkyl phenol
P–96–0648	02/06/96	04/05/96	CBI	(G) Destructive use	(G) Alkyl phenol
P–96–0649	02/06/96	04/05/96	CBI	(G) Destructive use	(G) Alkyl phenol
P–96–0650	02/06/96	04/05/96	CBI	(G) Destructive use	(G) Alkyl phenol
P–96–0651	02/06/96	04/05/96	CBI	(G) Destructive use	(G) Alkyl phenol
P–96–0652	02/06/96	04/05/96	CBI	(G) Destructive use	(G) Alkyl phenol
P–96–0653	02/06/96	04/05/96	CBI	(G) Destructive use	(G) Alkyl phenol
P–96–0654	02/06/96	04/05/96	CBI	(G) Destructive use	(G) Alkyl phenol
P–96–0655	02/02/96	04/01/96	CBI	(G) Destructive use	(G) Branched hydrocarbon
P–96–0656	02/05/96	04/05/96	Dow Corning Company	(S) Silicone fabric softener	(G) Amino-functional polydimethylsiloxane

I. 401 Premanufacture Notices Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Projected Notice End Date	Manufacturer/Importer	Use	Chemical
P–96–0657	02/05/96	04/05/96	NAa Industries, Inc.	(S) Curing agent for epoxy resins	(S) 2-propenoic acid, 2-methyl, methy ester, polymer with aziridine, butyl 2-propenoate, ethenylbenzene and 2-propenoic acid, graft
P–96–0658	02/05/96	04/25/96	Dystar L.P.	(S) Dyeing of polyester fiber	(G) Tri-substituted acetanilide
P–96–0659	02/06/96	05/06/96	E. I. DuPont - Agricultural Products	(S) Industrial intermediate	(G) Carbomethoxy imino heteromonocycle hydrochloride
P–96–0660	02/06/96	05/06/96	E. I. DuPont-Agricultural Products	(S) Industrial intermediate	(G) *N*-carbomethoxy-5-substituted-pentanamine
P–96–0661	02/06/96	05/06/96	AKZO Nobel Resins	(S) Resin used to manufacturing industrial ctgs.	(G) Hydroxy acrylic resin
P–96–0662	02/06/96	05/06/96	AKZO Nobel Resins	(S) Resin used to mfg. industrial ctgs.	(G) Hydroxy acrylic resin
P–96–0663	02/06/96	05/06/96	AKZO Nobel Resins	(S) Resin used to mfg. industrial ctgs.	(G) Hydroxy acrylic resin
P–96–0664	02/06/96	05/06/96	Dystar L. P.	(S) Reactive dye for cellulose powder formulation; reactive dye for cellulose liquid formulation	(G) Tri-substituted naphthalene disulfonic acid salt
P–96–0665	02/06/96	05/06/96	Dystar L. P.	(S) Reactive dye for cellulose powder formulation; reaction dye for cellulose liquid formulation	(G) Tri-substituted naphthalene disulfonic acid salt
P–96–0666	02/01/96	05/01/96	Cerdec Corporation;	(G) Glass enamel additive	(S) Bismuth oxide silicate (bi 2 O(SIO4))
P–96–0667	02/01/96	05/01/96	Cerdec Corporation	(G) Glass enamel additive	(S) Silicate acid (H4SIOA), bismuth (3+) salt (3:4)
P–96–0668	02/01/96	05/01/96	Cerdec Corporation	(G) Glass enamel additive	(S) Bismuth oxid silicate (bi 12 o 16(SIO4))
P–96–0669	02/06/96	05/06/96	S. C. Johnson & Son, Inc.	(G) Open, non-dispersive use.	(G) Acrylic emulsion polymer
P–96–0670	02/06/96	05/06/96	S. C. Johnson & Son, Inc.	(G) Open, non-dispersive use.	(G) Acrylic emulsion polymer
P–96–0671	02/06/96	05/06/96	Daicolor-Pope, Inc.	(G) This substance is added during pigment manufacture. the resulting treated pigment has superior properties.	(G) Copper phthalocyanine, alkylaminomethyl derivative
P–96–0672	02/06/96	05/06/96	Stamford Chemicals Corporation	(G) Polymeric thickener	(G) Aqueous copolymer
P–96–0673	02/07/96	05/07/96	CBI	(G) Additive, open, non-dispersive use	(G) Siloxanes and silicones, di-me, polyether polyester modified
P–96–0674	02/07/96	05/07/96	E. I. DuPont de Nemours & Company	(S) Additive for fibers to provide water and oil repellency	(G) Parially fluorinated aliphatic ester
P–96–0675	02/07/96	05/07/96	E. I. DuPont de Nemours & Company,	(S) Isolated intermediate for final PMN product	(G) Partially fluorinated alkylcarboxylic acid
P–96–0676	02/07/96	05/07/96	Eastman Kodak Company	(G) Chemical intermediate	(G) Halo amino benzoic acid derivative
P–96–0677	02/09/96	05/09/96	3M Company	(G) Coating	(G) 2-propenoic acid copolymer
P–96–0678	02/09/96	05/09/96	CBI	(G) Open, non-dispersive	(G) Potassium aspartate
P–96–0679	02/12/96	05/12/96	Henkel Corporation	(G) Energy curable compounds	(S) Poly oxy-1,2-ethanediyl,(bis x,x'-1,6-hexanediyl bis (w-(1-oxo-2-propenyl)oxy hydroxy-
P–96–0680	02/12/96	05/12/96	Henkel Corporation	(G) Energy curable compounds	(S) Poly oxy-1,2-ethanediyl,(bis x,x'-1,6-hexanediyl bis (w-(1-oxo-2-propenyl)oxy hydroxy-
P–96–0681	02/12/96	05/12/96	Henkel Corporation	(S) Intermediate	(S) Poly oxy-1,2-ethanediyl,(bis x,x'-1,6-hexanediyl bis (w-(1-oxo-2-propenyl)oxy hydroxy-
P–96–0682	02/12/96	05/12/96	Henkel Corporation	(S) Intermediate	(S) Poly oxo(methyl-1,2-ethanediyl)x,x' 1,6-hexanediyl bis(w-hydroxyl)-
P–96–0683	02/12/96	05/12/96	CBI	(G) Bis phenyl substituted urea	
P–96–0684	02/12/96	05/12/96	Orient Chemical Corporation	(S) Printing ink	(S) Carbon black, carboxy-modified, sodium salts
P–96–0685	02/14/96	04/30/96	Westvaco Corporation	(G) Coupler/carrier for corrosion inhibitors	(G) C5 oligimers and naphtha steam cracked reaction overheads
P–96–0686	02/14/96	04/30/96	Westvaco Corporation	(G) Coupler/carrier for corrosion inhibitors	(G) Hack oligimers and naphtha steam cracked reaction overheads
P–96–0687	02/14/96	04/30/96	Westvaco Corporation	(G) Coupler/carrier for corrosion inhibitors	(G) C_5 oligimers and naphtha steam cracked reaction overheads
P–96–0688	02/14/96	04/30/96	Westvaco Corporation	(G) Coupler/carrier for corrosion inhibitors	(G) C_5 oligimers and naphtha steam cracked reaction heads over

I. 401 Premanufacture Notices Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Projected Notice End Date	Manufacturer/Importer	Use	Chemical
P–96–0689	02/12/96	05/12/96	Ciba-Geigy Corporation	(G) Textile dye	(G) Substituted phenyl azo substituted naphthalenyl amino triazinyl substituted alkyl compound
P–96–0690	02/13/96	05/13/96	CBI	(G) Component in polyurethane adhesive	(G) Polyurethane prepolymer
P–96–0691	02/13/96	05/13/96	Mona Industries, Inc.	(S) Cleaners specialty cleaners exempt personal care cleaners	(G) Potassium alkanonate
P–96–0692	02/13/96	05/13/96	R. T. Vanderbilt	(S) Neoprene curing agent	(G) 1,3,4-thiadiazole derivative
P–96–0693	02/14/96	05/14/96	CBI	(G) Additive for oil well cement	(S) Phosphonic acid, [1,2-ethanediylbis [nitrilobis (methylene)]] tetrakis-, pentasodium salt
P–96–0694	02/14/96	05/14/96	Fiber-Resins Corporation	(S) Adhesive; casting compounds	(G) Aromatic isocyanate prepolymer
P–96–0695	02/16/96	05/16/96	Dow Corning	(S) Silcone adhesion promoter	(G) Silylated polyglycol
P–96–0696	02/20/96	05/20/96	The Dow Chemical Company	(S) Latex binder for paper coating application	(G) Carboxylated styrene-butadiene polymer
P–96–0697	02/20/96	05/20/96	The Dow Chemical Company	(S) Latex binder for paper coating application	(G) Carboxylated styrene-butadiene polymer
P–96–0698	02/20/96	05/20/96	The Dow Chemical Company	(S) Latex binder for paper coating application	(G) Carboxylated styrene-butadiene polymer
P–96–0699	02/14/96	05/14/96	Hercules Incorporated	(G) Papermaking production aid	(G)Epichlorohydrin modified polyamide polyvinyl acohol
P–96–0700	02/16/96	05/16/96	CBI	(G) Paint	(G) Polyurethane resin,*N,N*-dimethylethano]amine salt
P–96–0701	02/20/96	05/20/96	CBI	(G) Petroleum hydrocarbon additive	(S) Fatty acids, C_{18}-unsaturated., dimers, compds. with 1-hexanamine
P–96–0702	02/20/96	05/20/96	CBI	(G) Open, nondispersive use	(G) Substituted phenyl azo substituted sulfo carbopolycycle
P–96–0703	02/20/96	05/20/96	Ciba-Geigy Corporation	(S) Extrudable master model paste hardener	(S) Formaldehyde, polymer with alpha-(2-aminomethylethyl)-omega-(2-aminomethylethoxy)poly[oxy(methyl-1,2-ethanediyl)], (chloromethyl)oxirane and phenol
P–96–0704	02/20/96	05/20/96	CBI	(S) As a hot melt adhesive to bond copper wire coils to noryl plastic television deflection yoke housings.	(G) Fatty acids, C_{18}-unsaturated, dimers, polymers with ethylenediamine, a dibasic acid, diamines and a mono-basic acid
P–96–0705	02/20/96	05/20/96	CBI	(S) As a hot melt adhesive to bond copper wire coils to noryl plastic television deflection yoke housing.	(G) Fatty acids, C_{18}-unsaturated, dimers, polymers with ethylenediamine, tall-oil fatty acids, a dibasic acid and diamines
P–96–0706	02/20/96	05/20/96	CBI	(S) As a hot melt adhesive to bond copper wire coils to noryl plastic television deflection yoke housing.	(G) Fatty acids, C_{18}-unsaturated, dimers, polymers with ethylenediamine, tall-oil fatty acids, a dibasic acid, and diamines
P–96–0707	02/20/96	05/20/96	CBI	(S) As a hot melt adhesive to bond copper wire coils to noryl plastic television deflection yoke housing.	(G) Fatty acids, C_{18}-unsaturated, dimers, polymers with ethylenediamine, a dibasic acid, diamines and a mono-basic acid
P–96–0708	02/20/96	05/20/96	CBI	(S) As a hot melt adhesive to bond copper wire coils to noryl plastic television deflection yoke housing.	(G) Fatty acids, C_{18}-unsaturated, dimers, polymers with ethylenediamine, a dibasic acid, diamines and a mono-basic acid.
P–96–0709	02/20/96	05/20/96	CBI	(S) As a hot melt adhesive to bond copper wire coils to noryl plastic television deflection yoke housing.	(G) Fatty acids, C_{18}-unsaturated, dimers, polymers with ethyleneidiamine, tall-oil fatty acids a dibasic acid and diamines
P–96–0710	02/20/96	05/20/96	CBI	(S) As a hot melt adhesive to bond copper wire coils to noryl plastic television deflection yoke housing.	(G) Fatty acids, C_{18}-unsaturated, dimers, polymers with ethylenediamine, a dibasic acid and a diamines
P–96–0711	02/20/96	05/20/96	CBI	(S) As a hot melt adhesive to bond copper wire coils to noryl plastic television deflection yoke housing.	(G) Fatty acids, C_{18}-unsaturated, dimers, polymers with ethylenediamine, a dibasic acid and a diamine
P–96–0712	02/21/96	05/21/96	CBI	(G) Chemical intermediate	(G) Macrocyclic hydroperoxide
P–96–0713	02/21/96	05/21/96	CBI	(G) Pressure-sensitive adhesive	(G) Hydrogenated petroleum resin
P–96–0714	02/21/96	05/21/96	Bostik, Inc.	(G) Open-non dispersive use	(G) Polyurethane

I. 401 Premanufacture Notices Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Projected Notice End Date	Manufacturer/Importer	Use	Chemical
P–96–0715	02/22/96	05/22/96	Worthen Industries, Inc.	(S) Primer for thermoplastic polyolefin in automotive applications	(S) Propanoic acid, 3-hydroxy-2-(hydroxymethyl)-2-methyl-, polymer with 1,1′-methylenebis[4-isocyanatocyclohexane], 2-oxepanone and 2,2′-oxybis[ethanol], compound with *N,N*-diethylethanamine
P–96–0716	02/23/96	05/23/96	E. I. Dupont de Nemours & Co.	(G) Film additive	(G) Substituted biphenol
P–96–0717	02/23/96	05/23/96	CBI	(S) Hardener for architectural coatings hardener for metal primers for maintenance coatings	(G) 4,4′-(methylethylidene)bisphenol, polymer with (chloromethyl)oxirane, reaction products with alkylglycidyl ethers and triethylenetetramine
P–96–0718	02/23/96	05/23/96	E. I. Dupont de Nemours & Co.	(G) Synthetic intermediate, totally consumed	(G) Substituted biphenol
P–96–0719	02/26/96	05/26/96	CBI	(G) Lubrication oil additives	(G) Alkylbenzene sulfonic acid, calcium salt
P–96–0720	02/26/96	05/26/96	CBI	(G) Lubrication oil additives	(G) Alkylbenzene sulfonic acid, barium salt
P–96–0721	02/26/96	05/26/96	CBI	(G) Lubrication oil additives	(G) Alkylbenzene sulfonic acid, calcium salt
P–96–0722	02/26/96	05/26/96	CBI	(G) Lubrication oil additives	(G) Alkylbenzene sulfonic acid
P–96–0723	02/26/96	05/26/96	CBI	(G) Soluble oil additives	(G) Alkylbenzene sulfonic acid, sodium salt
P–96–0724	02/26/96	05/20/96	Uniroyal Chemical Company.	(S) Rubber crosslinking accelerator	(S) 2-benzothiazolesulfenamide, *N*-(2-benzothiazolylthio)-*N*-cyclohexyl
P–96–0725	02/23/96	05/23/96	Dow Corning	(S) Chemical intermediate	(S) M-(diacetoxyiodo)toluene
P–96–0726	02/23/96	05/23/96	Dow Corning	(G) Catalyst in a coating formulation	(S) Ioduim, (3-methylphenyl)phenyl-, ar′–$C_{14–30}$-alkyl derivs., salts with trifluoromethanesulfonic acid (1:1)
P–96–0727	02/27/96	05/13/96	I C & S Distributing Company	(S) An ingredient of a wood coating	(S) Polymer of: ethanol,2,2′-oxybis; 1,2-propanediol; 2-butenedioic acid; 1,3,-isobenzofurandione,3a,4,7,7a-tetrahydro-; 1-butanol, 2,2-bis[(2-propenyoloxy)menthy]-
P–96–0728	02/27/96	05/13/96	I C & S Distributing Company	(S) An ingredient of a wood coating	(S) Polymer of: 1,2-ethanediol; ethanol,2,2′-oxybis; 2-butenedioic acid; 1-butanol, 2,2-bis[(2-propenyoloxy)menthy]-
P–96–0729	02/23/96	05/23/96	CBI	(G) Additive precursor	(G) Substituted alkylenepolyamine
P–96–0730	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted alkylenepolyamine
P–96–0731	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted alkylenepolyamine
P–96–0732	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted alkylenepolyamine
P–96–0733	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted alkylenepolyamine
P–96–0734	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted alkylenepolyamine
P–96–0735	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted alkylenepolyamine
P–96–0736	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted alkylenepolyamine
P–96–0737	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted ethylenepolyamine
P–96–0738	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted ethylenepolyamine
P–96–0739	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted ethylenepolyamine
P–96–0740	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted ethylenepolyamine
P–96–0741	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted ethylenepolyamine
P–96–0742	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted ethylenepolyamine
P–96–0743	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted ethylenepolyamine
P–96–0744	02/23/96	05/23/96	CBI	(G) Specialty additive	(G) Salt of a substituted ethylenepolyamine

I. 401 Premanufacture Notices Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Projected Notice End Date	Manufacturer/Importer	Use	Chemical
P–96–0745	02/26/96	05/26/96	CBI	(G) Petroleum hydrocarbon process aid	(G) Alkyl-substituted-*N*-heterocycle
P–96–0746	02/26/96	05/26/96	Engelhard Corporation	(S) As a organic pigment in plastics and coatings and inks	(G) Organic orange pigment
P–96–0747	02/27/96	05/27/96	Huls America Inc.	(S) Pigment dipersant for waterborne industrial coatings	(S) 2,5-furandione, polymer with ethenylbenzene, propyl ester, compd. with 2-amino-2-methyl-1-propanol
P–96–0748	02/27/96	05/27/96	CBI	(G) Polyurethane adhesive component	(G) Polyurethane prepolymer
P–96–0749	02/27/96	05/27/96	Ciba-Geigy Corporation, Textile Products Division	(G) Textile dye	(G) Substituted phenyl azo sustituted phenyl aminotriazinyl substituted phenyl substituted naphthalenesulfonic acid
P–96–0750	02/27/96	05/27/96	CBI	(G) Coloring material for printing ink.	(G) Tetraazo naphthalene sulfonic dye
P–96–0751	02/27/96	05/27/96	R.T. Vanderbilt	(S) Friction modifier for engine oil	(G) Organomolybdenum complex of organic amide
P–96–0754	02/28/96	05/28/96	E. I. Dupont - agricultural products	(S) Industrial intermediate	(G) 2-substituted-1-ol benzene sulfonate
P–96–0755	02/27/96	05/27/96	CBI	(G) Modified epoxy used in a structual composite matrix	(G) Modified epoxy resin
P–96–0756	02/28/96	05/28/96	E. I. Dupont - Agricultural Products	(S) Industrial intermediate	(G) 1-Piperidinecarboxylic acid, 2-[(dichloro-hydroxy-carbomonocycle)hydrazono]-,methyl ester
P–96–0757	02/28/96	05/28/96	E. I. Dupont - Agricultural Products	(S) Industrial intermediate	(G) Dichloro, hydroxy, hydrazino-carbomonocycle
P–96–0758	02/28/96	05/28/96	E. I. Dupont - Agricultural Products	(S) Industrial intermediate	(G) Dichloro, hydroxy, hydrazino-carbomonocycle-monohydrochloride

II. 144 Notices of Commencement Received From: 12/16/95 to 02/29/96

Case No.	Received Date	Commencement/Import Date	Chemical
P–87–1559	08/10/87	01/16/96	(G)Polymer of aliphthalic diisocyanate and a diol
P–88–2247	08/28/89	11/01/96	(G)Sulfonated polyacrylate mixed ammonium sodium salt; sulfonated polyacrylate ammonium salt
P–89–0538	03/27/89	02/22/96	(G)Aliphatic dione
P–90–1835	04/23/90	01/30/96	(G) alkylnaphthalene
P–91–0303	02/14/96	04/15/92	(G) Diquaterneric polydimethylsiloxane
P–92–0782	02/21/96	01/26/96	(G) Crosslinked acrylic polymer
P–92–0894	05/18/96	02/29/96	(G)High heat polyurethane
P–92–1317	01/30/96	12/29/95	(S) Benzenepropanol,beta-pentyl-
P–93–0018	02/28/96	02/07/96	(G) *N,N*-dimethylethanolamine salted, acid functional, styrenated acrylic polymer
P–93–0311	01/23/96	01/03/96	(G) Organofunctional silica
P–93–0347	12/30/96	02/29/96	(S) Ethylene carbonmonoxide copolymer oxygen
P–93–0453	01/21/93	02/28/96	(S)Titanium IV tetrakis tridecanolato, adduct 2 moles of tris tridecyl phosphate
P–93–0454	0121/93	02/28/96	(S)Zirconium IV tetrakis tridecanolato, adduct 2 moles of tris tridecyl phosphate
P–93–0562	01/21/96	12/21/95	(S) Phosphonic acid, ethenylidene bis-, tetrakis(1-methylethyl)ester
P–93–0591	02/28/96	11/01/95	(S) Zirconium iv bis hydrogen, tris (bis tridecyl) diphosphato-o bis *N,N*-dimethylamino propyl methacylamide salt
P–93–0592	02/22/93	02/28/96	(G) Oxy bis titanium IV (tridecyl) phosphate-o
P–93–0593	02/28/96	11/01/95	(S) Oxy bis zirconium iv tris (tridecyl) phosphato-o
P–93–0594	02/28/96	11/01/95	(S)Oxy bis titanium iv tris (ethoxylated butyl) phosphato-o
P–93–0595	02/28/96	11/01/95	(S)Oxy bis zirconium iv tris (ethoxylated butyl) phosphato-o
P–93–0620	02/21/96	01/30/96	(G) Aryl, cyano, phosphorus ester based olefin polymer
P–93–0633	02/06/96	01/10/96	(G) Aliphatic ester
P–93–0676	02/21/96	02/08/96	(G) Aryl, cyano, phosphorus ester based olefin polymer, sulfonated and hydrolyzed
P–93–0678	02/21/96	02/08/96	(G) Aryl,cyano,phosporus ester based olefin polymer, sulfonated and hydrolyzed, alkali salt
P–93–0937	02/28/96	11/01/95	(S) Butanolato oligo oxyethylene hydroxy acetate
P–93–1693	01/11/96	12/08/95	(G) Modified olefinic hydrocarbon resin
P–94–0612	01/11/96	05/17/94	(G) Cyclohexane, 5-isocyanato-1-(isocyanatomethyl)-1,3,3-trimethyl-, polymer with 5-amino-1,3,3-trimethylcyclohexamethanamine, trimethylhexamethylenediamine, alkanediol, hexanedioic acid, dimethylalkanediol and polypropyleneglycol
P–94–0619	01/18/96	01/05/96	(G) Polymeric colorant

II. 144 Notices of Commencement Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Commencement/Import Date	Chemical
P–94–0671	02/20/96	01/30/96	(G) Aminoalkyl-alkoxysilane
P–94–1017	01/25/96	01/09/96	(G) Substituted urea
P–94–1018	02/21/96	02/05/96	(G) Substituted guanidine
P–94–1019	02/21/96	02/08/96	(G) Quaternary ammonium halide
P–94–1117	01/31/96	01/23/96	(G) Rosin, maleated, polymer with an alkylphenol, carboxylic acids, formaldehyde and a polyol
P–94–1126	01/30/96	12/28/95	(G) Water polyurethane dispersions
P–94–1415	01/31/96	01/15/96	(G) Poly hydroxy poly amino resin
P–94–1476	02/14/96	09/23/94	(G) Modified silicone resin
P–94–1521	01/23/96	01/05/96	(G) Adipic acid, polymer with diols and a monohydric alcohol
P–94–1743	01/11/96	12/09/95	(G) Isophorone diisocyanate neopentyl glycol adipate polyurethane prepolymer
P–94–1843	01/16/96	12/06/95	(G) Polyaromatic polymer
P–94–1891	01/11/96	11/13/95	(G) Perflouroalkylethyl acrylate copolymer
P–94–1928	02/06/96	01/08/96	(G) Copolyester
P–94–1960	02/28/96	01/30/96	(G) Ethylene interpolymer
P–94–2061	01/11/96	11/22/95	(G) Benzotriazole derivative
P–94–2237	01/11/96	12/15/95	(G) Diol ethoxylated
P–95–0014	02/01/96	01/11/96	(G) Rosin, maleated polymer, with substituted phenols, paraformaldehyde and pentaerythritol
P–95–0194	01/29/96	01/02/96	(G) Perfluoropolyether diol
P–95–0241	01/11/96	11/13/95	(G) Perfluoroalkylethyl acrylate copolymer
P–95–0243	01/16/96	12/20/95	(G) Poly alkylphenol
P–95–0248	01/30/96	01/04/96	(G) Aminofunctional siliconate
P–95–0422	01/31/96	12/26/95	(G) Substituted cyclopentadienyl metal complex
P–95–0514	02/20/96	02/07/96	(G) Substituted diphenyl azo dye
P–95–0535	02/15/96	02/08/96	(G) Reaction products of formalin (37%) with amine C_{-12} [the fractional forecuts-diethylene glycol and ammonia]
P–95–0536	01/11/96	11/30/95	(G) Sodium group iva metal hydroxyalkanoate
P–95–0576	02/13/96	02/04/96	(G) Acrylate/acrylonitrile copolymer
P–95–0600	01/23/96	01/11/96	(G) Alkoxysilane-isocyanate terminated polyether based urethane prepolymer
P–95–0640	02/23/96	02/06/96	(G) Epoxy ester polymer
P–95–0725	01/22/96	12/29/95	(G) PEG polymer with mono-and di-functional hydroxy-and amino-alkanes, alkanoic acid and alkanedioic acid.
P–95–0726	01/22/96	12/29/95	(G) PEG polymer with mono-and di-functional hydroxy-and amino-alkanes, alkanoic acid and alkanedioic acid.
P–95–0732	01/11/96	12/23/95	(G) Silyloxy organolithium
P–95–0750	02/27/96	02/08/96	(G) Polyamide resin
P–95–0886	01/11/96	12/01/95	(G) Acrylic resin salt
P–95–0888	02/06/96	01/05/96	(G) Acrylic resin salt
P–95–0975	01/30/96	01/26/96	(G) Aluminum organometallic compound
P–95–1197	01/11/96	12/05/95	(G) Modified epoxy resin
P–95–1198	01/11/96	12/05/95	(G) Acrylic resin salt
P–95–1201	01/11/96	11/29/95	(G) Acrylate polymer
P–95–1220	02/26/96	02/05/96	(G) Fatty acid diamide
P–95–1327	02/05/96	10/06/95	(G) Polyhydroxyester of epoxidized soybean oil with anlky-aryl sulphonic acids
P–95–1331	01/16/96	01/10/96	(G) Substituted phenyl azo substituted naphthalenesulfonic acid azo phenyl amino substituted naphthalenesulfonic acid derivative
P–95–1333	01/11/96	12/14/95	(S) A mixture of potassium fluoroaluminate known as fl–7 containing 15–25% dipotassium pentafluoro aluminate monohydrate and 75–85% potassium aluminum fluoride
P–95–1350	02/07/96	01/18/96	(G) Heterocyclic aromatic ester
P–95–1361	01/16/96	12/11/95	(S) Benzoic acid, 2-[(2-hydroxy-3,6-disulfo-1-1naphtaneyl) azo]-aluminum salt(1:1)
P–95–1397	02/15/96	01/25/96	(G) Amine sulfonate monomer
P–95–1398	02/28/96	02/09/96	(G) Vinyl chloride, polymer with vinyl acetate and amine sulfonate monomer.
P–95–1399	02/28/96	02/09/96	(G) Vinyl chloride, polymer with vinyl acetate and amine sulfonate monomer.
P–95–1411	01/11/96	12/27/95	(G) Substituted malonic acid, bis (substitutedmonoheterocycle) ester
P–95–1421	01/31/96	01/11/96	(G) Polyhydroxy polyphosphate ester salt
P–95–1439	01/23/96	12/27/95	(G) Hydroxy functional acrylic
P–95–1467	01/22/96	01/04/96	(G) Substituted aromatic aldoxime
P–95–1471	02/20/96	01/10/96	(G) Epoxy amine adduct
P–95–1472	02/14/96	01/10/96	(G) Component in an epoxy curative
P–95–1508	02/01/96	01/08/96	(G) Acid functional acrylic latex
P–95–1531	01/30/96	11/30/95	(G) Water-borne polyurethane dispersion
P–95–1589	01/11/96	12/21/95	(G) Silyloxy organochloride
P–95–1591	06/27/95	02/29/96	(G)Thermoplastic MDI based polyurethane resin
P–95–1672	01/11/96	11/29/95	(G) Aromatic polycarbodimide
P–95–1696	01/11/96	12/04/95	(G) Isocyanate-terminated polycarbonate polyurethane prepolymer
P–95–1707	01/22/96	12/14/95	(G) Metal salt of aromatic sulfo carboxylate
P–95–1708	01/16/96	10/31/95	(G) High molecular weight unsaturated carboxylic acid
P–95–1711	01/11/96	11/28/95	(S) 2,5-furandione, dihydro-, monopolyisobutylene deriverstive, reaction products with 1-(dimethylamino)-2-propanol and 4(or 5) -methyl-1*H*-benzotriazole

II. 144 Notices of Commencement Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Commencement/Import Date	Chemical
P–95–1715	02/05/96	01/25/96	(G) Olefin modified hydrocarbon resin
P–95–1729	02/13/96	02/04/96	(G) Olefin modified hydrocarbon resin
P–95–1735	02/27/96	02/01/96	(G) Starch, 2-carboxy-2-substituted-ether
P–95–1749	01/24/96	10/23/95	(G) Substituted pyridinedicarboxylic ester
P–95–1759	02/13/96	02/06/96	(G) Acid functional polyester resin
P–95–1767	01/29/96	01/12/96	(G) Diakylheterocyclic amine
P–95–1772	02/27/96	02/07/96	(G) Polyalkyl phosphate
P–95–1822	01/11/96	11/28/95	(S) Butanedioic acid, octadecenyl-, mixed esters with diethylene glycol and (tetrapropenyl) butanedioic acid
P–95–1823	01/11/96	11/15/95	(S) Butanedioic acid, octadecenyl-, mixed esters with diethylene glycol and (tetrapropenyl) butanedioic acid, compounds, with triethenolamine
P–95–1824	01/11/96	12/12/95	(S) Butanedioic acid, octadecenyl-, mixed esters with diethylene glycol and (tetrapropenyl) butanedioic acid, compounds, with branched 3-(tridecyloxy)-1-propenamine, ethanolamine and triethanolamine
P–95–1827	02/05/96	02/01/96	(S) Benzoic acid, 4-hydroxy-, 2-hydroxy-3-[(1-oxoneodecyl)propyl ester
P–95–1828	01/23/96	12/28/95	(G) Styryl pyridinium derivative
P–95–1838	01/25/96	01/04/96	(S) Naptha (petroleum), isomerization, C_6-fraction
P–95–1839	01/11/96	12/08/95	(G) High solids polyester
P–95–1857	01/16/96	01/07/96	(G) Substituted phenyl substituted thiomorpholine
P–95–1864	01/23/96	01/17/96	(S) Silicic acid (HSIO3), strontium salt (1:1)
P–95–1865	02/23/96	02/05/96	(S) Phenethyl diisopropyl chloilosilane (mixture 2-phenylethyldiisopropylchlorosilane 1-phenyl ethyl diisopropyl chlorosilane
P–95–1867	02/28/96	02/12/96	(G) Alkenoic acid, trisubstituted-phenylalkyl-disubstituted-phenyl ester
P–95–1868	01/16/96	12/30/95	(G) Substituted alkyl ester
P–95–1872	01/11/96	12/27/95	(G) Styrene-maleic anhydride copolymer, compd. with alkanolamine
P–95–1876	01/11/96	11/30/95	(G) Cycloaliphatic acrylic polyol
P–95–1884	01/11/96	12/14/95	(G) Carboxy alkanol reaction product
P–95–1885	01/24/96	01/11/96	(G) Modified vinyl polymer
P–95–1886	01/24/96	01/11/96	(G) Modified biopolymer
P–95–1895	01/11/96	12/02/95	(S) 2-ethyl-1,3-propanediol
P–95–1896	01/16/96	12/12/95	(G) Acrylic copolymer modified with fatty acids and olefins
P–95–1897	01/16/96	12/12/95	(G) Fatty acid modified polymer, free of solvents and volatile amines
P–95–1898	01/16/96	12/12/95	(G) Acrylic copolymer modified with fatty acids and olefins.
P–95–1899	01/30/96	01/19/96	(S) Bicyclo[2.2.1]heptan-2-one,1,7,7-trimethyl-3-[(4-methylphenyl)methylene]-,(+/-)
P–95–1900	01/11/96	12/27/95	(G) Methacrylic acid ester, homopolymer
P–95–1901	01/11/96	12/27/95	(G) Phosphoric acid ester, metal salt
P–95–1903	01/23/96	01/03/96	(G) Polymer of isophorone diisocyanate and aliphatic diols/aliphatic dicarboxylic acid
P–95–1943	01/22/96	12/26/95	(G) Dialkyl pyridine
P–95–1944	02/09/96	01/10/96	(G) Acrylic polymer
P–95–1953	02/05/96	01/09/96	(S) Hexanoic acid, 6-amino-, monosodium salt
P–95–1964	02/13/96	02/02/96	(G) Amine salt of polyurethane resin
P–95–1966	01/29/96	01/10/96	(G) Starch, 2-[(substituted)methylamino] -2-oxoethyl 2-hydroxy-3 (trimethylammonio)propylether, chloride, hydrochloride
P–95–1969	01/18/96	12/22/95	(G) Bis(dimethylaminosubstituted)carbomonocycle
P–95–1971	01/11/96	12/12/95	(G) Modified melamine, formaldehyde, urea polymer
P–95–2000	01/22/96	12/17/95	(G) Polyiminoamide salt
P–95–2029	01/11/96	12/13/95	(G) Alicyclic diester
P–95–2031	02/28/96	02/01/96	(G) Amide-functional polydimethlsiloxane
P–95–2034	02/13/96	01/26/96	(G) Melamine, polymer with formaldehyde, methylated, hydrochloride
P–95–2038	01/11/96	12/13/95	(G) Saturated polyester resin
P–95–2059	02/09/96	01/29/96	(G) Acrylate copolymer
P–95–2062	01/31/96	01/11/96	(G) Diketo-pyrrolopyrrole
P–95–2088	01/25/96	01/09/96	(G) Polyester
P–95–2096	02/21/96	02/05/96	(G) Water thinnable fatty acid modified polyurethane resin
P–95–2104	01/29/96	01/05/96	(G) Starch, 2-hydroxy-3-(trimethylammonio)propyl 2-[methyl (2-substituted) amino]-2-substituted ether, chloride
P–95–2105	01/16/96	01/04/96	(G) Modified polyester resin
P–95–2106	01/26/96	01/24/96	(G) Organosilicone copolymer
P–95–2108	01/26/96	01/24/96	(S) Beta.-alanine, *N*-[2-[[[[2-(trimethoxysilyl)ethyl]phenyl]methyl]amino]ethyl]-,3-(trimethoxysilyl)propyl ester; .beta.-alanine, *N*-(2-aminoethyl)-*N*-[[[2-(trimethoxysilyl)ethyl]phenyl]methyl]-3-(trimethoxysilyl)propyl ester
P–95–2109	01/26/96	01/24/96	(S) Polymer of: siloxanes and silicones, di-me, 3-hydroxypropyl, group-terminated, ethoxylated; cyclosiloxanes, di-me; cyclotetrasiloxane, octaphenyl-
P–95–2111	02/21/96	01/24/96	(G) Polyurethane
P–96–0005	02/06/96	01/04/96	(G) Polyethylene terephthalate copolymer containing lithium sulfo isophthalate
P–96–0013	02/13/96	01/26/96	(G) Polyurethane prepolymer
P–96–0014	02/21/96	01/23/96	(S) Neodecanoic acid, ethenyl ester, polymer with butyl 2-methyl-2-propenoate, cyclohexyl 2-methyl-2-propenoate, 1,1-dimethylethyl 2-propenoate, 2-hydroxyethyl 2-methyl-2-propenoate, 2-methylpropyl 2-methyl-2-propenoate, 1,2-propanediol mono (2-methyl-2-propenoate) and 2-propenoic acid

II. 144 Notices of Commencement Received From: 12/16/95 to 02/29/96—Continued

Case No.	Received Date	Commence-ment/Import Date	Chemical
P–96–0015	02/13/96	02/11/96	(G) Naphthalene sulfonic acid azo substituted naphthalene
P–96–0023	02/21/96	02/13/96	(G) Alkyne
P–96–0040	02/22/96	02/15/96	(G) Styrene-maleic anhydrid copolymer, reaction products with alcoholic compounds, salt with alkanolamine
P–96–0154	02/15/96	02/05/96	(S) 2-(3 heptl)-*N*-butyl-1,3-oxazolane
P–96–0161	02/15/96	02/05/96	(S) Hexanedioic acid, polymer with 1,4-butanediol, 2,2 dimethyl-1,3-propanediol, 1,2-ethanediamine, 3-hydroxy-2-(hydroxymethyl)-2-methylpropanoic acid and 5-isocyanato-1-(isocyanatomethyl)-1,3,3-trimethylcyclohexane, compound with ethanamine,*N,N*-diethyl-
Y–91–0129	04/04/91	01/14/96	(G) Norbornene polymer derivative
Y–92–0192	08/24/92	01/14/96	(G) Water emulsion at different concentrations of polypropylene modified with a carboxilic groups insetion and emulsionated with surfactants not ionics, such as etho-nonyl phenols.
Y–94–0050	05/31/94	11/30/95	(G) Unsaturated urethane acrylate
Y–94–0115	05/31/94	11/30/95	(G) Saturated polyester

List of Subjects

Environmental protection, Premanufacture notices.

Dated: November 18, 1996.

Geogre A. Bonina,

Acting Director, Information Management Division, Office of Pollution Prevention and Toxics.

[FR Doc. 96–29931 Filed 11–21–96; 8:45 am]

BILLING CODE 6560–50–F

Federal Register

Friday
November 22, 1996

Part V

Department of Agriculture

Rural Housing Service

Rural Business-Cooperative Service

Rural Utilities Service

Farm Service Agency

7 CFR Part 1806, et al.

Reengineering and Reinvention of the Direct Section 502 and 504 Single Family Housing (SFH) Programs; Interim Final Rule

DEPARTMENT OF AGRICULTURE

Rural Housing Service

Rural Business-Cooperative Service

Rural Utilities Service

Farm Service Agency

7 CFR Parts 1806, 1910, 1922, 1944, 1951, 1955, 1956, 1965, and 3550

RIN 0575–AB99

Reengineering and Reinvention of the Direct Section 502 and 504 Single Family Housing (SFH) Programs

AGENCIES: Rural Housing Service, Rural Business-Cooperative Service, Rural Utilities Service, and Farm Service Agency, USDA.

ACTION: Interim final rule.

SUMMARY: The Rural Housing Service (RHS), formerly Rural Housing and Community Development Service (RHCDS), a successor Agency to the Farmers Home Administration (FmHA), is streamlining and reengineering its regulations and will be utilizing private sector processes and techniques in the administration of its direct SFH portfolio. This action is taken to reduce unnecessary federal regulations, improve customer service, and improve the agency's ability to achieve greater efficiency, flexibility and effectiveness in managing its SFH portfolio. The intended effect of this action is to improve service to rural America and comply with the National Performance Review's (NPR's) goal of reducing unnecessary federal regulations.

DATES: The effective date of this interim final rule is December 26, 1996.

Written comments are requested on §§ 3550.53(g), 3550.57(a), 3550.63, and 3550.68. Comments are due on or before December 26, 1996.

ADDRESSES: Submit written comments in duplicate to the Director, Regulations and Paperwork Management Division, Rural Housing Service, U.S. Department of Agriculture, Stop 6348, 1400 Independence Ave., SW, Washington, D.C. 20250–6348. Comments may be submitted via the Internet by addressing them to ''comments'rus.usda.gov'' and must contain the word ''DLOS'' in the Subject. All comments made pursuant to this notice will be made available for public inspection during regular work hours at the above address.

FOR FURTHER INFORMATION CONTACT: David J. Villano, Special Assistant to the Administrator for Regulatory and Policy Development, Rural Housing Service, U.S. Department of Agriculture, Stop 0781, 1400 Independence Ave., S.W., Washington, D.C. 20250–0781, telephone (202) 720–1628.

SUPPLEMENTARY INFORMATION:

Classification

This rule has been determined to be significant, but not economically significant, and was reviewed by the Office of Management and Budget (OMB) under Executive Order 12866.

Congressional Review

In accordance with section 251 of the Small Business Regulatory Enforcement Fairness Act of 1996 (5 U.S.C. 801 et seq.), this rule was determined to be a major rule by OMB and has been submitted to Congress and the Comptroller General. The aforementioned Act stipulates that a major rule may not take effect until the later of: submission of a report to Congress on the rule; or 60 days after publication in the Federal Register unless the Agency finds good cause that such timeframe is impracticable, unnecessary, or contrary to the public interest.

As discussed in this rule, this regulatory action is taken to consolidate, streamline and simplify existing regulations, make them clearer and easier to understand, improve the delivery of service to our customers, and save the Government $250 million over the next five years. A delay in implementing these regulations would forestall these savings to the public. For these reasons, RHS has determined that delaying implementation of these regulations is impracticable and contrary to the public interest.

It should also be noted that, in accordance with section 534(b) of the Housing Act of 1949, as amended, these regulations cannot take effect until 30 days after publication in the Federal Register. Further, section 534(b) requires that copies of the rule be sent to Chairman and Ranking Member of the Committee on Banking Housing and Urban Affairs of the senate and the Chairman and Ranking Member of the Committee on Banking, Finance and Urban Affairs of the house before being published in the Federal Register. Copies were submitted to these members on August 29, 1996.

Paperwork Reduction Act

The information collection requirements contained in this regulation have been approved by the Office of Management and Budget (OMB) under the provisions of 44 U.S.C. Chapter 35 and have been assigned OMB control number 0575–0166, in accordance with the Paperwork Reduction Act (PRA) of 1995. No comments were received with regard to the proposed information collection requirements during the 60-day comment period under PRA and this rule does not impose any new information collection requirements from those previously approved by OMB. The only change RHS has made to the proposed information collection package is to change the acronym before the form number. The proposed rule was developed when the RHS was known as the RHCDS and was part of the Rural Economic and Community Development (RECD) mission area within the USDA. The name of the RECD mission area has been changed to Rural Development. The proposed rule included the use of the acronym ''RECD'' before the form number. RHS has changed the acronym from ''RECD'' to ''RHS'' for forms used strictly in RHS, or ''RD'' for forms which may be used by other services within the Rural Development mission area or the Farm Service Agency (FSA).

The information collection requirements for the Handbooks which accompany this regulation were published in the Federal Register for a 60-day comment period on July 18, 1996 (61 FR 37440). No comments were received on this information collection package which is currently under review by OMB. RHS is proposing an overall 11 percent reduction in information collection hours and 20 percent reduction in information collection costs.

Paperwork Reduction Act of 1995

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number as assigned to the collection of information in these final regulations is displayed at the end of the affected section of the regulations.

Civil Justice Reform

This rule has been reviewed under Executive Order 12778, Civil Justice Reform. In accordance with this rule: (1) All state and local laws and regulations that are in conflict with this rule will be preempted; (2) no retroactive effect will be given to this rule; and (3) administrative proceedings must be exhausted before bringing suit in court challenging action taken under this rule in accordance with subtitle H of title II of Pub. L. 103–354.

Unfunded Mandate Reform Act

Title II of the Unfunded Mandates Reform Act of 1995 (UMRA), Pub. L. 104–4, establishes requirements for

Federal agencies to assess the effects of their regulatory actions on State, local, and tribal governments and the private sector. Under section 202 of the UMRA, RHS generally must prepare a written statement, including a cost-benefit analysis, for proposed and final rules with ''Federal mandates'' that may result in expenditures to State, local, or tribal governments, in the aggregate, or to the private sector, of $100 million or more in any one year. When such a statement is needed for a rule, section 205 of the UMRA generally requires RHS to identify and consider a reasonable number of regulatory alternatives and adopt the least costly, more cost-effective or least burdensome alternative that achieves the objectives of the rule.

This rule contains no Federal mandates (under the regulatory provisions of Title II of the UMRA) for State, local, and tribal governments or the private sector. Therefore, this rule is not subject to the requirements of sections 202 and 205 of the UMRA.

National Performance Review

This regulatory action is being taken as part of the National Performance Review (NPR) program to reduce or eliminate unnecessary regulations and improve those that remain in force. Currently, the administration of the SFH program is guided by 18 separate regulations totaling 290 pages in the CFR.

RHS has purchased a commercial-off-the-shelf Dedicated Loan Origination and Servicing System (DLOS) which includes escrow capability to improve program performance and efficiency to its customers. RHS intends to adopt processes and techniques currently utilized by the private sector including centralized servicing and automation of many forms and processes. The system is being customized to provide the additional features and servicing benefits available to RHS customers to assist them in becoming successful homeowners.

Rather than modify the current 18 regulations to implement DLOS, RHS committed itself to meet the true spirit and intent of the NPR. RHS has undertaken a massive effort to completely reinvent and reengineer its regulatory process. RHS is combining the guidance provided in all 18 regulations into one consolidated rule. Administrative matters have been eliminated, remaining text has been completely revised to be consistent, simple, and clear. RHS estimates the final rule, after DLOS is fully implemented, will cover approximately 30 pages in the CFR, for a 90% reduction in regulations. This regulatory initiative follows our final rule of October 27, 1995, in which the cost of the direct section 502 program was reduced by 30%.

Programs Affected

These programs are listed in the Catalog of Federal Domestic Assistance under Number 10.410, Very-Low to Moderate Income Housing Loans (Section 502 Rural Housing Loans) and 10.417 Very-Low Income Housing Repair Loans and Grants (Section 504 Rural Housing Loans and Grants).

Intergovernmental Consultation

For the reasons set forth in the Final Rule related Notice to 7 CFR part 3015, subpart V, these programs are not subject to Executive Order 12372 which requires intergovernmental consultation with State and local officials.

Environmental Impact Statement

This document has been reviewed in accordance with 7 CFR part 1940, subpart G, ''Environmental Program.'' It is the determination of RHS that this action does not constitute a major Federal action significantly affecting the quality of the human environment and in accordance with the National Environmental Policy Act of 1969, Public Law 91–190, an Environmental Impact Statement is not required.

Regulatory Flexibility Act

This rule has been reviewed with regard to the requirements of the Regulatory Flexibility Act (5 U.S.C. 601–612). The undersigned has determined and certified by signature of this document that this rule will not have a significant economic impact on a substantial number of small entities since this rulemaking action does not involve a new or expanded program.

Background Information

An Overview

The RHS is completing the final steps to the reengineering and reinvention of the manner in which direct loans and grants under sections 502 and 504 of the Housing Act of 1949 are made and serviced. This follows our October 27, 1995, final rule in which the cost of our direct single family housing low income loan program under section 502 of the Housing Act of 1949 was reduced by 30%. The regulations which follow are a significant departure from business practices of the former FmHA. As part of the USDA reorganization, RHS made a commitment to make its programs more customer friendly, to streamline processes, reduce costs to the taxpayer, and increase our level of customer service. These regulations will accomplish these goals within our SFH program and set the standard for future regulatory actions within RHS.

RHS has approximately 700,000 direct Section 502 and 504 loans with approximately 600,000 customers in its portfolio. With our Fiscal Year (FY) 1996 direct section 502 and 504 loan appropriation, the Agency expects to make approximately 35,000 new direct SFH loans during this FY. The accounting system established by FmHA in the 1970's to maintain its vast farm, housing, community and business loan programs is severely outdated and is not capable of expansion to keep pace with an ever increasingly automated society. FmHA was not able to provide the same level of customer service provided by commercial lenders such as the escrow of real estate taxes and insurance for its customers and toll free telephone numbers to contact a servicing representative. These features are critical for RHS to provide prudent supervised credit to its very-low and low income customers and assist these families in becoming successful homeowners.

Additionally, RHS is aggressively meeting the Administration's goal of reducing staff through reorganization and streamlining of processes. National and field staffs are being reduced and many offices will be consolidated. This, coupled with our outdated accounting system, made the accomplishment of our Agency goals more challenging.

In May 1995, the RHS awarded a contract to Fiserv, Inc. and its subsidiary, Data-Link systems for the purchase of a commercial-off-the-shelf Dedicated Loan Origination and Servicing System (DLOS) which includes escrow capability. This system will replace the Agency's current Program Loan Accounting System (PLAS) and the Management Records System (MRS) and will provide agency personnel with the tools to deliver high quality customer service to its customers. RHS has adopted processes and techniques currently utilized by the private sector including centralized servicing and automation of many forms and processes. The system has been customized to provide the additional features and servicing benefits available to RHS customers to assist them in becoming successful homeowners. The Agency implemented this system on October 1, 1996 in two pilot states. Other states will be phased into the DLOS system through FY 1997 with full implementation anticipated by September 30, 1997. Further information on the implementation of the system follows.

The centralized servicing unit is located in St. Louis, Missouri, and will assume primary responsibility for the functions associated with servicing and managing the loan portfolio such as collection of loan payments, day to day loan servicing, escrowing, and accounting in a focused effort to monitor and reduce loan defaults thereby achieving our goal of having successful homeowners that can eventually refinance to commercial credit. The centralized unit is staffed with many existing RHS employees.

The objectives of DLOS are to:

- Establish an escrow system for real estate taxes and insurance
- Facilitate the centralization of RHS SFH loan servicing
- Reduce the foreclosure rate through early and consistent intervention with customers having trouble making payments
- Reduce costs by reducing delinquency rates, loan losses and operating costs
- Account for direct SFH loans on a amortized rather than simple interest rate
- Improve efficiency and service to our customers
- Develop clear, concise and easy to read regulations and handbooks
- Reduce burden on our customers

This initiative has been highlighted in the NPR and will streamline and improve the delivery of program assistance to customers. There are anticipated savings to the Government of $250 million over a five year period.

The Regulations

RHS has completed a major redevelopment and consolidation of FmHA regulations affecting the direct Section 502 and 504 programs. Prior to this rule becoming effective, direct SFH customers were affected, in part, by the following regulations:

- 7 CFR part 1806, subpart A—Real Property Insurance
- 7 CFR part 1910, subpart A—Receiving and Processing Applications
- 7 CFR part 1922, subpart C—Appraisal of Single Family Residential Property
- 7 CFR part 1944, subpart A—Section 502 Rural Housing Loan Policies, Procedures, and Authorizations
- 7 CFR part 1944, subpart J—Section 504 Rural Housing Loans and Grants
- 7 CFR part 1951, subpart C—Offsets of Federal Payments to FmHA or its successor agency under Public Law 103–354 Borrowers
- 7 CFR part 1951, subpart D—Final Payment on Loans
- 7 CFR part 1951, subpart F—Analyzing Credit Needs and Graduation of Borrowers
- 7 CFR part 1951, subpart G—Borrower Supervision, Servicing and Collection of Single Family Housing Loan Accounts
- 7 CFR part 1951, subpart I—Recapture of Section 502 Rural Housing Subsidy
- 7 CFR part 1951, subpart J—Management and Collection of Nonprogram (NP) Loans
- 7 CFR part 1951, subpart M—Servicing Cases Where Unauthorized Loan or Other Financial Assistance Was Received—Single Family Housing
- 7 CFR part 1955, subpart A—Liquidation of Loans Secured by Real Estate and Acquisition of Real and Chattel Property
- 7 CFR part 1955, subpart B—Management of Property
- 7 CFR part 1955, subpart C—Disposal of Inventory Property
- 7 CFR part 1956, subpart B—Debt Settlement—Farmer Programs and Housing
- 7 CFR part 1965, subpart C—Security Servicing for Single Family Rural Housing Loans

Some of the above mentioned regulations involve only SFH loans, while others are combined with regulatory provisions of other programs of the former FmHA such as farm loans, business and industrial loans, community facilities and multi- family housing. RHS has consolidated all regulatory actions in the above mentioned regulations which affect direct SFH loans into one new regulation—7 CFR part 3550. This consolidated regulation will make it easier for RHS field staff, and most importantly, our customers, to understand how to obtain program benefits.

Additionally, RHS has removed all administrative processes from the regulations, leaving only regulatory actions which impact the public in the CFR. This streamlining makes the regulation more concise and much easier to read and understand. The Agency has developed two Handbooks which cover administrative matters such as what forms must be filed and where to submit loan requests and the agency's internal processing procedures. The first Handbook will be used in Rural Development field offices and deals primarily with loan originations and property management. The second Handbook will be used in the Centralized Servicing Center in St. Louis, MO., and deals primarily with loan servicing, liquidation and debt settlement. These Handbooks will not be published in the Federal Register but will be available upon request to the public at no cost.

Implementation Proposal

As previously mentioned, the DLOS system is being implemented over a one year period. Two pilot states started the process and other states will be added to DLOS over the next 12 months. In addition, field offices within a state may be phased onto the DLOS system over a several week period. The 12 month phased implementation period is critical to ensure for the orderly transfer of account information on 700,000 loans to the new DLOS system. This implementation period presents administrative challenges to the Agency as states will be operating under different computer systems with significantly different capabilities. As discussed in our Proposed Rule, RHS is removing the following regulations from the CFR:

- 7 CFR part 1922, subpart C—Appraisal of Single Family Housing Residential Property
- 7 CFR part 1944, subpart A—Section 502 Rural Housing Loan Policies, Procedures, and Authorizations.
- 7 CFR part 1944, subpart J—Section 504 Rural Housing Loans and Grants.
- 7 CFR part 1951, subpart G—Borrower Supervision, Servicing and Collection of Single Family Housing Loan Accounts.
- 7 CFR part 1951, subpart I—Recapture of Section 502 Rural Housing Subsidy.
- 7 CFR part 1951, subpart M—Servicing Cases Where Unauthorized Loan or Other Financial Assistance Was Received—Single Family Housing.
- 7 CFR part 1965, subpart C—Security Servicing for Single Family Rural Housing Loans.
- 7 CFR part 1922, subpart C was not mentioned in the Proposed Rule; however, it is included in this Interim Final Rule as it contains administrative guidance on appraising SFH properties. The above mentioned regulations dealt strictly with the direct SFH programs of the RHS. The following regulations will remain in the CFR as they contain provisions relating to other program areas. These regulations are being amended as part of this final rule to clearly indicate that they no longer apply to the direct SFH loans and grants:
- 7 CFR part 1806, subpart A—Real Property Insurance.
- 7 CFR part 1910, subpart A—Receiving and Processing Applications.

- 7 CFR part 1944, subpart D—Farm Labor Housing Loan and Grant Policies, Procedures and Authorizations.
- 7 CFR part 1951, subpart C—Offsets of Federal Payments to FmHA or its successor agency under Public Law 103–354 Borrowers.
- 7 CFR part 1951, subpart D—Final Payment on Loans.
- 7 CFR part 1951, subpart F—Analyzing Credit Needs and Graduation of Borrowers.
- 7 CFR part 1951, subpart J—Management and Collection of Nonprogram (NP) Loans.
- 7 CFR part 1955, subpart A—Liquidation of Loans Secured by Real Estate and Acquisition of Real and Chattel Property.
- 7 CFR part 1955, subpart B—Management of Property.
- 7 CFR part 1955, subpart C—Disposal of Inventory Property.
- 7 CFR part 1956, subpart B—Debt Settlement—Farmer Programs and Housing.

7 CFR part 1944, subpart D was added to the above list since our Proposed Rule. In making amendments to 7 CFR part 1910, subpart A to exclude the direct SFH program, it was noted that the only Rural Development program that would remain in 7 CFR part 1910, subpart A would be the Farm Labor Housing Programs. To make it clearer for USDA field staff and the public, RHS took the administrative guidance contained in 7 CFR part 1910, subpart A which related to Farm Labor Housing loans and added it to the Farm Labor Housing regulations—7 CFR part 1944, subpart D. Through this effort, 7 CFR part 1944, subpart D is more complete, and 7 CFR part 1910, subpart A only impacts the Farm Credit Programs of the FSA. 7 CFR part 1910, subpart A has been amended to reflect this change.

After the effective date of this rule, the direct SFH program will be guided by 7 CFR part 3550 and the accompanying Handbooks. This method will ensure that all customers have access to the same program benefits. However, some changes contained in 7 CFR part 3550, which cannot be implemented under the PLAS computer system, will be applicable to customers only in states under the DLOS computer system. For example, the regulation imposes a late fee on payments which are more than 15 days delinquent. The DLOS computer system can handle such a charge, whereas the current PLAS computer system cannot. Therefore, customers in states under DLOS will be subject to a late fee. Customers in states under the PLAS system will not be subject to a late fee until they are put under the DLOS system. Another example is the ability to escrow for taxes and insurance. Existing customers in states under DLOS may escrow; however, customers in states not under DLOS cannot escrow because the PLAS system does not have escrow capability. These differences are unavoidable due to the shortcomings of the current PLAS computer system and the massive effort the Agency will be undertaking to convert all 700,000 loans to the new system.

Discussion of Comments

The proposed rule was published in the Federal Register on April 8, 1996 (61 FR 15395), with a 60-day comment period that ended June 7, 1996 Thirty-five comments were received from Rural Development personnel, housing advocacy groups, developers, builders, attorneys, housing authorities, private lenders, housing organizations, a member of congress, and others with an interest in our housing programs.

Many of the comments focused on areas currently published in the Code of Federal Regulations (CFR) which were not a part of the proposed rule. As discussed, part of the intent behind the reengineering and reinvention of these regulations was to remove much of the administrative guidance from the CFR and include this administrative material in handbooks which would not be published in the CFR. The handbooks provide more flexibility for RHS and its customers. For example, RHS did not publish the actual amount of the downpayment required for Nonprogram (NP) purchasers of real estate owned (REO) by the government or RHS financed property. This is an administrative determination and included in the handbooks. In this manner, RHS can adjust the amount of the downpayment to more quickly react to changes in the marketplace.

In our responses to many of the comments, we have indicated that the guidance requested by a commentor is administrative and contained in the applicable handbooks. RHS sincerely appreciates the time and effort of all the commentors. Comments, by section number from the proposed rule are discussed below:

Section 3550.4(b). Non-appealable decisions. One comment was received on this section which expressed concern that language contained in 7 CFR part 1900, subpart B, which provided that program administrative decisions based upon such clear and objective statutory or regulatory requirements were not appealable was omitted. The commentor felt that this language was critical to ensure that all parties understand appealable decisions and to avoid unnecessary work on the part of appellants, U.S. Department of Agriculture National Appeals Division (NAD), and RHS. NAD determines if an Agency decision is appealable; therefore, we cannot adopt this comment. We have also made other amendments to this section consistent with the statutes governing appeals and reviews.

Section 3550.6. State law or state supplement. Two comments were received which recommended that this title be broadened to include local and Indian tribal laws. RHS agrees and has adopted this comment.

Section 3550.8. Exception authority. Two comments were received on this section. The commentors recommended that RHS customers be provided the authority to initiate requests for exceptions rather than just the State Director. RHS considered these comments; however, RHS believes that the rules and regulations are necessary to ensure fairness and consistency to all customers. Providing anyone with the opportunity to request an exception creates an administrative burden on RHS and undermines the need for regulations. We continue to support our policy that only State Directors may request an exception to the regulations. Exceptions are rare and only used in individual cases. We believe the regulatory process, which provides for public comment, provides ample opportunity for public input and our regulations provide sufficient flexibility to provide assistance to our clients. Customers are also provided review and appeal rights, and are not prohibited from contacting or writing USDA officials with regard to concerns over regulatory issues.

Section 3550.9. Conflict of interest. Two comments were received on this section which recommended that the language be expanded to include Rural Development employees instead of just Rural Housing Service employees. RHS agrees and has added a definition of ''RHS employee,'' to include Rural Development employees involved with the direct SFH programs. RHS also amended the section with regard to ''loan closing agents.'' This section prohibited loan closing agents from purchasing property which was security for an RHS loan. This prohibition was included in the regulations when the Agency ''designated'' attorneys and required that an applicant select a designated attorney to perform loan closing functions. Since RHS no longer designates attorneys, only loan closing agents who performed legal work on a particular security property should be prohibited to purchase said property

due to the potential for a conflict of interest.

Section 3550.10. Definitions—Cost appraisals. Two commentors recommended a definition of cost appraisals for properties located in remote areas or on tribal lands. RHS agrees that additional guidance on such appraisals is necessary and will include these in the Handbooks.

Deferred mortgage payments. One commentor requested that we clarify that deferred amounts are subject to recapture on sale. RHS agrees and has amended the definition to provide that deferred amounts are due on sale or nonoccupancy.

Deficient housing. One commentor recommended we expand the definition to include housing that is uninhabitable, unsafe, or poses a health or environmental threat to the occupant or others. RHS agrees and has made this change.

Existing dwelling or unit. Several commentors noted that the definition included an inadvertent ''not'' with regard to dwellings covered by an approved 10-year warranty plan and that the definition of ''New dwelling,'' was missing the term ''not.'' RHS appreciates these comments and has rewritten both definitions for clarity.

False information. One commentor recommended that the definition be expanded to include information deliberately omitted for the purpose of receiving or continuing to receive assistance for which they were not eligible to receive. We agree and have clarified and expanded the definition accordingly.

Legal alien. One commentor did not feel the definition provided sufficient information. RHS believes this definition is sufficient; and will provide additional information on how to verify alien status in the handbooks.

Market value. One commentor recommended that the definition be expanded to include a ''Broker Price Opinion,'' (BPO) where authorized. A BPO is a quick and inexpensive tool which helps determine the value of a house based upon recent sales in the area. RHS agrees that a BPO would be beneficial for certain servicing, but not loan origination purposes. In addition, it is less costly to the government and RHS customers. As such, we have adopted this comment.

Moderate income. Two comments were received indicating the definition of moderate income for direct SFH assistance (for which RHS had proposed no change) is different than the definition of moderate income for the guaranteed SFH program. RHS recognizes that the definitions are different. The direct SFH programs are aimed at assisting lower income families, that even with a potential loan guarantee, could not obtain financing for housing. The guarantee program is aimed at assisting higher income families who could not obtain housing without a guarantee. The moderate income level is set higher in the guarantee program to assist a wider spectrum of low and moderate income families to obtain housing.

Modest housing. Two commentors felt that our definition of modest housing, which relies upon the section 203 (b) limits established by the National Housing Act, often times resulted in the Agency financing homes which were not actually modest in rural areas, especially in terms of size. RHS shares these concerns.

For this reason, as discussed elsewhere in this rule, we are reopening the comment period regarding this issue.

One commentor felt that RHS should not prohibit the financing of houses with in-ground swimming pools. The commentor stated that RHS has financed homes where an in-ground pool existed but was removed so the property could be financed by RHS. RHS agrees that physically removing an in-ground swimming pool so that RHS will finance a property is impractical; however, RHS is providing subsidized credit to families with limited incomes. In-ground pools are expensive to own and operate and are viewed as an above-modest feature. It does not serve the best interests of the overall program by financing homes with in-ground pools. Further, the cost of maintaining such a feature is generally beyond the financial capability of our clientele.

Modular home. One commentor noted we had included a definition of ''manufactured home,'' but did not include a definition of modular home. We regret the oversight and have included a definition.

New dwelling. See comments under ''Existing dwelling.''

Person with disability. One commentor thought the definition was cumbersome, and noted that Social Security no longer considers drug addiction and alcoholism a disability. RHS agrees that the definition was long and has streamlined it. With regard to the Social Security Administration (SSA) no longer considering drug addiction or alcoholism a disability, this is a determination made by SSA for their program eligibility. RHS does not consider an applicant's disability, in itself, for determining eligibility for housing assistance. Disability of an applicant is used in determining adjusted income.

Recapture amount. One commentor recommended an expansion of the definition to cover exceptional cases such as nonoccupancy beyond the customers control or when in the best interests of the government. RHS believes the definition is sufficient, and such exceptional cases handled on a case-by-case basis under the exception authority. It should be noted that section 521(a)(1)(D)(i) of the Housing Act of 1949, as amended, requires the Secretary to provide for recapture upon the disposition or nonoccupancy of the property by the borrower.

Repayment income. Two commentors did not like this term and felt ''gross income'' was more appropriate. Gross income is the basis for calculating adjusted income and is not the same income from which a customer could ''repay'' their loan. RHS believes the term ''repayment income'' is more appropriate in describing the use of this income.

Rural area. One commentor felt that the reference to ''rural in character'' was misplaced in the definition. This portion of definition came directly from section 520 of the Housing Act of 1949, as amended, and is correct.

Scheduled payment. One commentor recommended that the definition be expanded to include protective advances. We agree and have included this language in the definition.

Total Debt Ratio. One commentor recommended that this definition include a clarification on whether baby-sitting expenses are included in total debts. We disagree. This is a brief definition and does not include guidance on all the aspects of what is included or not included in total debt ratio. Baby-sitting expenses are not considered a debt and this guidance is contained in the handbooks.

Value appreciation. One commentor felt the definition did not give the homeowner credit for home improvements and for principal paid. RHS agrees and has clarified the definition.

Other amendments to ''Definitions.'' RHS has added definitions of Household, Nonprogram (NP) interest rate, Principal reduction attributed to subsidy (PRAS), Recipient, RHS employee, Subsidy, U.S. citizen, and USDA and provided to make it easier for our customers and staff to understand these terms used throughout 7 CFR part 3550. RHS has also clarified the definitions of Interest credit, Net family assets, and Payment assistance, and provided legal citations for the Housing Act of 1949. The definition of Veterans

preference was also expanded to include the Persian Gulf War.

Section 3550.51. Program objectives. Several comments were received regarding RHS's encouragement of applicants to seek other sources of funding in conjunction with their single family housing loan. Several commentors recommended that due to limited funding and the tremendous need for affordable housing, that RHS should require leveraging, where feasible, to ensure that limited resources serve the maximum number of families. RHS agrees and has adopted this recommendation. One commentor suggested the proposed reference to ''if possible'' be replaced with ''where the income required for eligibility is not greater than that for a loan funded by Section 502 alone.'' RHS disagrees. The language in this paragraph only requires an applicant to seek other funds, where feasible. Since most lenders do not use income limits, but rather debt ratios to determine an applicant eligibility, the second comment is not applicable. In addition, we do not believe that participation loans result in our program serving higher income families since many of the participation funds come from other loan and grant programs aimed at assisting very-low income families. We believe the language, as modified, is appropriate.

Section 3550.52. Loan purposes. One commentor recommended that conditional commitment fees and credit report fees be included as an eligible cost for loan making purposes. A conditional commitment fee is paid by a builder to RHS as partial reimbursement to RHS for the administrative costs of appraising and inspecting a property. This is a builder's cost of doing business and not an eligible loan purpose for an applicant. In most cases, this is generally included in the commitment price, so as a practical matter, the conditional commitment fee is included in the amount financed. Credit report fees are small and should be paid by the applicant.

Another commentor felt that RHS should allow packaging fees in connection with the sale of Real Estate Owned (REO) by RHS. REO properties are generally sold by real estate brokers under an exclusive or open-listing arrangement with RHS. RHS pays a typical brokers commission and expects that the selling agent, to facilitate the sale of the REO, will package the loan application if the purchaser is applying for a loan from RHS. Authorizing a packaging fee would increase costs to the government.

Section 3550.52(b). Refinancing non-RHS debts. Two commentors felt that RHS inadvertently forgot to include its ability to refinance debts incurred for necessary repair and rehabilitation work. The regulation provides that funds for refinancing can cover costs for ''eligible loan purposes.'' Since necessary repairs and rehabilitation is an eligible loan purpose, this section is correct.

Section 3550.53(a). Income eligibility. One commentor suggested that we include a reference to moderate income families for renewal of payment subsidies. Since this section deals with an applicant's eligibility for a loan, and not a borrower's eligibility for continued subsidy, the comment is not applicable.

Section 3550.53(g). Repayment ability. Seventeen comments were received on this section, most recommending that the debt ratios for principal, interest, taxes and insurance (PITI), and maximum debt limits should be consistent for very-low and low income applicants, and consistent with our guaranteed SFH program. Currently, the PITI ratio is 29% for very-low income applicants and 33% for low income applicants; and the maximum debt limit is 38% for all applicants. Most argued convincingly that the PITI ratios for very-low and low income applicants should be the same. Some felt the ratios were prudent loan underwriting and should remain as is. Some argued that the ratios should remain the same with the State Director having a broader exception authority. Some argued for higher ratios, but still with a difference between very-low and low income applicants. RHS believes that the different ratios for applicant types and programs is confusing to both Rural Development staff and the public. RHS also agrees that the maximum debt limit should be increased. RHS has retained the limits of 29% for PITI for very-low and 33% for PITI for low income applicants, and modified the total debt ratio to 41%. RHS is still fully analyzing all comments regarding this section and has reopened the comment period on this section to solicit further public input.

Section 3550.53(h). Credit qualifications. Thirteen comments were received on this section, most expressing concern that certain conditions which indicated an acceptable or unacceptable credit history were missing from the proposed rule that are currently contained in 7 CFR part 1944, subpart A.

RHS intent in developing this rule was to remove administrative decisions from the CFR and include these in the Handbooks which will accompany the regulations. The sections which were left out of the proposed rule dealt strictly with administrative waivers or other conditions which the Agency may consider in determining the creditworthiness of applicants. As these are administrative decisions, these areas are included in the Handbooks and in much greater detail.

One commentor felt RHS should waive instances of poor credit if the applicant was unaware of a collection account. RHS disagrees. It would be difficult to document whether an applicant was unaware of the collection. Further, an applicant must demonstrate that they have a credit history which demonstrates a reasonable ability and willingness to meet debt obligations. Being unaware of a debt and a resulting collection account does not demonstrate a reasonable credit history.

One commentor felt RHS was too liberal in its credit policy by allowing 2 late payments in the past 12 months and by not including a requirement that rent payments over the previous 24 months had to be paid on a timely basis. Low income families are impacted to a greater degree than higher income families with unforeseen changes in their financial situation. A car repair or medical bill could cause a low income family to miss a due date for a short timeframe. These instances of late payments do not necessarily reflect an unwillingness or inability to meet future obligations. We believe this recommendation is too rigid for very-low and low income families.

One commentor felt that RHS was confusing credit history with repayment ability. The commentor felt that someone delinquent on rent payments did not demonstrate a favorable credit history. The concern expressed was over the provision that permits such unfavorable credit to be waived if the proposed PITI under the loan is less than the present rent payment. The commentor felt that comparing rent to PITI was a repayment ability consideration. Credit history and repayment ability are linked in that lessening a family's shelter costs would likely enhance their ability to meet the obligation when due. Therefore, we believe the provision for considering extenuating circumstances, such as this example, is appropriate. The commentor also felt that RHS made an error in explaining the difference between evaluating the rental history of applicants. The proposed regulation could be read to imply that an applicant could be two or more payments late on their rent if their other credit history was satisfactory. We have clarified this to provide that if an applicant's other

credit history is satisfactory, only one year of rental history will be evaluated.

Another commentor recommended that where an applicant had a non-RHS write-off, and subsequently paid off the debt at least 12 months ago, we not count this negative credit reference against the applicant. RHS agrees and has modified the regulation accordingly.

RHS has also clarified that a delinquency on a federal debt and foreclosure in the past 36 months are indicators of unacceptable credit.

One commentor felt that a lack of credit history should not automatically be considered acceptable credit. They explained convincingly that the first credit experience for a family should not be their largest financial obligation. A recent study by Chase Manhattan indicated that the highest delinquency rate in the first year of RHS homeownership was attributed to customers who had no credit history prior to obtaining their RHS loan. This was particularly evident in customers who had resided with family and had no credit experience on their own. This policy has been in effect for many years and was established, in part, to recognize the lack of credit in rural areas. However, as the commentor indicated, non-real estate related credit in one form or another is now readily available even in rural areas, and it is not possible for a prudent loan underwriter to document that someone who has never had any financial obligations demonstrates a reasonable ability and willingness to meet debt obligations. RHS agrees and has removed this criteria from the regulation. Additional guidance in evaluating applications where the applicant may lack a credit history is provided in the Handbooks.

Section 3550.54 Calculation of income and assets. Several comments were received regarding this section asking that RHS further simplify and clarify how to calculate the various types of income and assets. RHS agrees that this section was cumbersome. As such, RHS has clarified this entire section to make it easier to understand repayment, annual and adjusted incomes, and net family assets.

Section 3550.54(a) Annual income. Three comments were received. One commentor recommended that the paragraph be revised because annual income and repayment income are sometimes different. Annual income and repayment income are different. As mentioned in this section, annual income is the base from which repayment income is calculated.

One commentor recommended that the regulation provide guidance on verifying alimony or child support for separated or divorced persons who cannot afford legal costs, or the action has not proceeded far enough for executed papers to confirm payment amounts. Verifying income is an administrative function and guidance on such cases is provided in the handbooks.

One commentor recommended that the Equivalent Interest Rate be based upon the applicant's income only and not the total family income. The commentor felt the extra income that may be included in the total family income may not be readily available in the future and may jeopardize the customer's repayment ability. RHS understands the comment; however, the income of all persons living in the household must be used to determine monthly payments. Should the income of the household change, the customer may qualify for increased payment assistance or other servicing options.

Section 3550.54(b) Adjusted income. One commentor mentioned that the regulation does not include the actual dollar amount for allowable deductions. These deductions are set by law (see section 501 (b)(5) of the Housing Act, as amended) and need not be repeated in the regulation. They are included in the Handbooks.

One commentor recommended all medical expenses of a disabled family member should be deductible. Section 501(b) of the Housing Act of 1949, as amended, requires that the definition of income and adjusted income for RHS programs have the meanings given section 3(b)(5) of the Housing Act of 1937. The current regulation is not the appropriate forum for the suggested change to be made, but the changes will be considered in a revision of the definition of income under section 3(b)(4) which must be jointly made with the Secretary of HUD.

One commentor was unclear as to whether eligible deductions for an elderly family includes all expenses or just those expenses in excess of three percent of income. RHS has clarified the regulation to be clear that it is only expenses in excess of three percent.

One commentor recommended that long-term debts that will be paid in full within 12 months should not be considered in the total debt ratio for self-help applicants because the time between application, construction, and first payment is generally one year. RHS agrees that the time between application and closing for a self-help applicant is generally longer, however, RHS believes that all applicants must be treated consistently. To provide self-help applicants with this flexibility would not be consistent with our treatment of other applicants. Generally, RHS does not know the length of time between application and closing when it receives an application. This is influenced by many factors including the availability of funding, the applicant's decision to build or purchase an existing home, the time it takes for the applicant to execute the necessary documents to purchase or build a home, and other influences outside the control of RHS or the applicant. While the comment has merit, the inconsistent manner in which applicants would obtain our services outweighs its advantages.

Section 3550.54(d). Income exclusions. Two comments were received stating that RHS may have inadvertently omitted a list of income that is included in repayment income. This paragraph deals with income exclusions. The information mentioned is correctly included in 3550.54(c), *Repayment income.*

Section 3550.54(e). Net family assets. Two comments were received. One commentor recommended that the cash value of life insurance not be considered an asset from which an imputed income is calculated since the applicant cannot obtain access to its value. RHS must be consistent with the manner in which HUD handles net family assets. HUD considers the cash value of life insurance an asset from which imputed income is calculated, and therefore RHS, through this rulemaking document, cannot adopt this comment.

Another commentor recommended that for self-employed applicants, RHS allow depreciation reported to the Internal Revenue Service (IRS) to be added to income for repayment income and then deducted from income for determining loan payments. RHS disagrees. The Agency has always utilized the net income of such applicants, and used such income consistently throughout the underwriting process. We believe this is more reflective of the income from which self-employed applicants can reasonably depend upon to afford the costs of homeownership.

Section 3550.55(b). Agency processing of applications. One commentor felt that returning incomplete applications is burdensome on both the applicant and RHS. It is policy to return incomplete applications to ensure consistent handling; however, the Handbooks contain administrative provisions for handling minor omissions in the package which would not require returning the complete package to the applicant.

Two commentors felt that RHS should include a specific timeframe for an

applicant to respond to RHS's inquiry as to their continued interest in the program. RHS believes this is an administrative function, and as such, is included in the Handbooks.

Section 3550.55(c). Funding priorities. Seven comments were received. One commentor fully supported the priorities as proposed. The other commentors felt that the priorities should be rearranged consistent with the statute which requires that priority to be given to applicants with the greatest need. Unfortunately, what each commentor felt was the greatest need differed depending upon their own perspective and interests. RHS developed the list taking into consideration the intent of the authorizing statute and prior comments from Rural Development field staff and the public. As evidenced by the comments, ''need'' is subjective. RHS continues its policy that existing RHS customers with the need for a repair loan to correct health and safety hazards will have the greatest priority. These loans are generally of a smaller amount (compared to an initial loan) and RHS can assist many needy families through this priority. Second priority is for the sale of Real Estate Owned (REO) and for the transfer of existing RHS loans. These priorities ensure that RHS' existing portfolio is adequately managed, and these currently held resources assist as many families as possible. RHS agrees with the majority of other commentors that hardship circumstances should be considered a higher priority than participation loans and self-help housing loans, and has made hardships third priority. The aforementioned areas are considered equally as fourth priority, and all other loans are fifth priority.

In addition, RHS retitled this section to ''Selection for Processing,'' to better reflect the intent of the paragraph. Loans are selected for processing in the order outlined in this section. After selection for processing, loans are funded on first come, first served basis.

Section 3550.56(b). Site standards. Four comments were received. Three favored our proposed removal of the one-acre lot restriction provided the lot could not be subdivided into more than one parcel. One commentor stated that there is no zoning in many rural areas and therefore no documentation could be obtained that the lot could not be subdivided. This and another commentor recommended that the value of the lot should not exceed 30% of the total market value of the proposal. RHS agrees and has modified the language accordingly.

One commentor recommended that RHS provide additional guidance on how to review sites. This information is included in the handbooks.

Section 3550.57(a). Modest dwelling. Five comments were received. The majority supported RHS's current policy that the property must not exceed the limits established under 203(b) of the National Housing Act. However, several questioned what is considered ''modest'' and several thought the 203(b) limits provided above modest housing in many rural communities. RHS agrees that the housing must be modest, and is aware of cases where the 203(b) limits allow for the financing of homes which are excessive in size and cost. The government should not be providing subsidized credit to anyone to purchase above modest housing. RHS will continue with the 203(b) limits being the maximum loan amount and is reopening the comment period on this section to solicit comments on how the Agency can best address the concerns raised in this area.

Section 3550.57(c). Existing dwellings. One commentor felt RHS should provide more administrative guidance, or a checklist in the regulation on how to determine if a house is structurally sound, functionally adequate, in good repair or to be placed in good repair. RHS disagrees that such guidance is necessary in the regulation, and has included this administrative guidance in the Handbooks.

Section 3550.58(b). Secure leasehold interest. Two commentors recommended that the term of an acceptable lease be increased from 15 to 25 years. RHS agrees and has adopted this comment.

Section 3550.59. Security requirements. Five comments were received. Two commentors recommended that RHS accept a junior lien position if the senior lien is an affordable mortgage and the RHS loan is for necessary repairs. RHS agrees and has adopted this recommendation. Two commentors recommended that when RHS accepts a junior lien position, the total secured debt must be less than or equal to market value. The commentors recommended expansion to include the words ''equal to.'' RHS again agrees and has adopted this comment. One commentor recommended that we allow junior liens to RHS to exceed the market value when the purpose of the junior lien is to secure other financing for a downpayment or closing costs. RHS disagrees, especially since RHS does not require a downpayment, and closing costs may be included in the RHS loan.

Section 3550.60. Escrow account. Eight comments were received on this section, and all supported the escrow of taxes and insurance to assist our customers in becoming successful homeowners. One commentor felt the language requiring ''customers to deposit funds sufficient to pay taxes and insurance premiums applicable to the mortgage for the period since the last payments were made'' to be too restrictive. The commentor suggested that RHS consider requiring funds for only the initial year of escrow. We intended this language to cover existing customers who may be delinquent in taxes at the time they go on escrow. Since RHS will consider paying the customer's delinquent taxes, charging them to the customer's account, and then reamortizing the loan, the proposed language would not be too restrictive. It is RHS's intent to assist existing customers to every extent possible to establish an escrow account.

One commentor questioned the timing for escrow accounts. All new loans which are originated or closed under DLOS will have an escrow account automatically established. All customers who received loans since October 27, 1995, have been specifically advised that RHS was in the process of implementing an escrow system and they would be required to escrow when the system became operational. RHS may require these customers to convert to escrow shortly after their state comes under the DLOS system. All other customers will be asked to voluntarily convert to escrow when their state comes under DLOS.

One commentor questioned payments to escrow if a customer is on a moratorium. If a borrower cannot pay their escrow payments during a moratorium, a negative balance may occur in their escrow account. In these cases, RHS will pay the customer's taxes as if the escrow payments had been made. The negative balance, or delinquency created in the escrow account, will be handled at the conclusion of the moratorium period either through repayment or reamortization.

One commentor recommended that the cost of the tax service fee should not be paid entirely by the customer, but shared between RHS and its customer since the benefits of the escrow are shared. RHS understands the comment, but does not agree that the fee to obtain tax service should be split. The small one-time fee is the cost for the customer to ensure that taxes and assessments are paid when due. These are services which directly benefit the customer, and should be paid for by the customer. As previously mentioned, this fee can be included in the loan. For existing

customers, the fee may be charged to their account.

Section 3550.61. Insurance. Two comments were received. One commentor recommended that RHS secure the services of a vendor and have the ability to ''force-place'' insurance. This was always RHS's intent, and is being administratively secured. This guidance is contained in the Handbooks.

Another commentor recommended that RHS require a ''loss payable clause,'' in all insurance policies to ensure enforceability. The Handbooks contain such language, however, we agree that it should be specifically mentioned in the regulation. The commentor further recommended that insurance be based on the unpaid loan balance and not the depreciated replacement value. This is because the depreciated replacement value is costly to determine, and for existing dwellings, generally more expensive for the client. RHS agrees and has modified the insurance sections to require insurance to cover the entire secured debt. RHS also amended this section to allow excess insurance proceeds, following a loss, to be released to the borrower provided the RHS debt is adequately secured. The previous language required that the borrower had to have at least 20 percent equity in the property before excess proceeds would be released.

Section 3550.62. Appraisals. Two commentors recommended that RHS include a provision that when a participating lender, in a leveraging situation, secures an appraisal acceptable to RHS, that no appraisal fee be charged. RHS agrees and has revised this section accordingly.

Two commentors recommended that a new paragraph be added to this section to provide guidance on appraisals on Indian Trust lands. RHS agrees that guidance is needed, however, this is an administrative matter which will be included in the Handbooks.

One commentor recommended the language for additional security be removed because it is not often used and is confusing. RHS agrees that additional security is rarely taken; however, in those cases where it is taken, we believe the guidance is necessary. Since this passage is not used often, we moved the language to the end of the paragraph.

Section 3550.63. Maximum loan amount. Five comments were received. One commentor felt the limits were too low in rural areas of their state, because many low-end existing property sales brought the median sales price below the average new construction house. Some felt the limits were too high. As mentioned, RHS shares these concerns and is reopening the comment period on this section.

Section 3550.64. Down payment. One commentor recommended that RHS authorize an exception to allow applicants not to liquidate assets which could be difficult or expensive to liquidate. RHS provides subsidized credit to facilitate the purchase of a home by very-low and low income families. If this family has assets by which to reduce the amount of the loan, they should liquidate those assets. The overall interests of the program are not served when the Government provides subsidized credit to persons with assets that can be liquidated to reduce their loan amounts.

Section 3550.65. Loan to value ratio. In reviewing comments to §§ 3550.63 and 3550.65, RHS recognized that the two sections were interrelated. For clarity, RHS has combined this guidance into one consolidated section—§ 3550.63. The comments discussed below correspond to the numbering in the Proposed Rule.

Section 3550.65(b). Loans limited to 90% of Market Value. Five comments were received. The commentors recommended that we expand our list of allowable inspection sources. RHS agrees and has modified the regulations to provide for other approved inspection sources. The Handbooks will contain a list of such sources.

Section 3550.65(c). Loans in excess of market value. One commentor recommended that we allow junior liens to exceed the market value when the purpose of the junior lien is to secure other financing for downpayments or closing costs. RHS disagrees, especially since RHS does not require a downpayment, and closing costs may be included in the loan.

Section 3550.67. Repayment period. RHS amended this section for clarity and included guidance on manufactured homes.

Section 3550.68. Payment subsidies. The comments under this section were essentially identical to those found in §§ 3550.53(g), 3550.57(a), and 3550.63. As discussed elsewhere in this rule, RHS is reopening the comment period on this section. See the aforementioned section numbers for a summary of the comments and the section in this rule called ''Reopening of Comment Period For Selected Issues.''

Section 3550.68(b). Conversion from interest credit to payment assistance. Two comments were received. One commentor thought that RHS should provide interest credit on any subsequent loan made to a customer that has an existing loan under interest credit. This section provides for such authority. RHS customers who are currently on interest credit will continue to receive interest credit for as long as they remain eligible for this assistance. A subsequent loan or reamortization of the account has no impact on this policy.

One commentor felt that RHS administering two types of subsidies was confusing and administratively burdensome upon the Agency. RHS agrees that administering the two programs is administratively burdensome; however, feels that existing customers should be allowed to stay on interest credit until they no longer qualify for this assistance. The two programs are different. Existing customers who have had their loans serviced by the Agency for many years understand the interest credit program and how changes in income impact their payments. In brief, they handle their finances accordingly. Converting to payment assistance, in most cases, increases a customer's payments. And in some cases, some newer customers may not have been able to qualify for their loans if interest credit assistance were not available. RHS believes that it would not serve the public interest by jeopardizing the repayment ability of these existing customers.

One commentor felt that we should continue to extend interest credit to a customer who had once received it, later became ineligible for it, and subsequently needed it again. RHS disagrees. Most typically, a customer becomes ineligible for interest credit when their income increases to the above-moderate level. These customers are making payments at the full note rate and have established their finances accordingly. If they suffer a reduction in income, payment assistance can reduce their payments. In addition, the Agency can consider a moratorium or other servicing tool to assist them. We believe that customers on interest credit should continue to receive it as long as they so qualify; however, if they need a new payment subsidy, they should be treated consistently with new customers requesting a payment subsidy.

For clarity, RHS retitled this section to ''Determining type of payment subsidy.''

Section 3550.69. Deferred mortgage payments. Four comments were received. One commentor recommended removal of this section from the regulation since the program is not funded; although the regulation should continue to include administrative guidance of how to calculate and collect deferred payments. Administrative guidance is contained in the

Handbooks. Another commentor recommended that although the program is not funded, it remain in the regulations in case the program is ever again funded. Additionally, the commentor recommended the debt ratio be increased from 29% to a higher level. RHS will leave the provisions in the regulation since the program may again be funded. The debt ratio will remain as is for consistency throughout the program.

Two commentors recommended that if a customer who received a deferred mortgage no longer qualifies for the deferral, and at a later date, would benefit from this assistance, the Agency should again defer the loan. The deferred mortgage program is a loan underwriting tool. This is evidenced by the fact that appropriations are necessary to make a deferred loan. A deferral of payments is not a servicing option. In cases where a customer may suffer a reduction in income, they may qualify for an increased payment subsidy or a payment moratorium.

Section 3550.70. Conditional commitments. Three comments were received. One commentor felt that the builder should not have to own the site in order for RHS to provide a commitment and recommended a long term option be acceptable. The premise behind a conditional commitment is to allow a builder to construct a house knowing that RHS will inspect the property and will finance it to a qualified applicant. RHS does not feel it would be prudent for a builder to construct a house on land which it does not own and does not want to encourage such a practice.

One comment was received concerning packaged loans on presold houses. The existing regulation and proposed rule provided that RHS will not approve a conditional commitment until the loan has been approved. In these cases, the property is presold. We believe it prudent practice to ensure that the person holding a valid contract to purchase the property have an approvable loan before the commitment is approved.

Another commentor felt that we should refund the conditional commitment price if RHS does not finance the property. RHS disagrees. RHS incurred the expense of appraising and inspecting the property and is entitled to these fees for the services provided.

Section 3550.71. Special requirements for condominiums. Three comments were received. One felt the revised language would allow RHS to finance more condominiums. RHS agrees. Two commentors felt that RHS should relax its requirements that at least 70 percent of the units had to be sold before it will consider financing units in the complex. We believe this a prudent underwriting practice and protects the best interests of our customers and the government.

RHS recently became aware that this section was preventing us from financing units in several states because our regulations were not consistent with state laws regarding homeowners association dues. For instance, current regulations provide that if RHS acquires title to a condominium, the Agency would not be liable for more than 3 months of the unit's unpaid regularly budgeted dues or charges accrued before acquisition and the liens priority may not include costs of collecting unpaid dues. However, in Massachusetts, for example, state law provides that the lien of a homeowners association will have priority over a first mortgage for the six month period prior to filing action and such lien may include costs. Other lenders have modified their underwriting standards to be consistent with state laws. RHS has included these changes in the final rule.

Section 3550.72. Community land trusts. Two commentors objected to RHS's requirement that land trust restrictions must be able to be terminated should RHS acquire title to the property. RHS believes this is a prudent loan underwriting practice. Further, without this provision, the market value of the property at loan origination may be significantly lower because of the restrictions which may preclude the Agency from financing the property.

Section 3550.73. Manufactured homes. Four comments were received. One commentor pointed out a potential conflict between paragraphs 3550.73(a)(4) which authorizes a loan for repairs and 3550.73(b)(4) which excludes repairs after the initial loan is made. RHS has corrected the conflict to provide that the purchase loan may not include funds for alteration or remodeling. RHS has also amended this section for clarity.

One commentor felt that RHS should not have to approve dealer-contractors of manufactured homes. RHS disagrees. The Agency and its customer need reasonable assurances, which are provided through the approval process, that our best interests are protected.

Two commentors felt that the Agency should not require a Release of Claimants from all persons furnishing labor or materials. RHS disagrees. Again, these documents help ensure the Agency's, and its customers', interests are protected by verifying that all labor and materials are paid for and there is no potential for mechanics liens.

Section 3550.74. Nonprogram (NP) loans. One commentor mentioned a conflict between the opening sentence which states that NP credit is available for the assumption of existing RHS loans and § 3550.74(a)(1) which states NP credit can be extended on Real Estate Owned (REO). We have clarified the opening sentence.

Two commentors expressed concern that RHS did not include the amount of the required downpayment in the regulation. NP credit is offered for RHS's convenience as a lender and when in the government's best financial interests. Since it is not a customer entitlement, but rather an administrative function, the downpayment amounts are contained in the Handbooks. The required downpayments are currently 2% for owner-occupants and 5% for investors.

Sections 3550.103 thru 3550.114 Section 504 Origination. These sections have to be reorganized and expanded to be consistent with the sections dealing with section 502 origination. This was done to ensure consistency, where appropriate, between the programs. The comments discussed below refer to the section number as provided in the Proposed Rule.

Section 3550.102. Grant and loan purposes. Two comments were received which requested a definition of ''modest'' housing for section 504 purposes. The definition of modest housing contained in § 3550.10 applies to both section 502 and 504 loans.

Section 3550.105(b). Age (grant applicants). One commentor recommended that we expand the definition of age for 504 grants to include persons with a disability of any age, especially for handicapped accessibility. Previous appropriations language has prevented RHS from making 504 grants available to persons who were not 62 years young. While we agree that some type of grant should be available for this purpose, the demand for section 504 grant funds far outweighs the available resources. Expanding the base for eligibility would only further delay approving these grants which are used to address critical health and safety needs for those 62 years of age or older. Therefore, we are not adopting this recommendation.

Section 3550.105(f). Credit qualifications. Four comments were received. One requested we clarify that the credit standards do not apply to 504 grants. This clarification has been made.

The other three commentors all strongly opposed the proposed change to the credit qualification standards.

RHS had proposed imposing the same standards on 504 recipients as 502 recipients. The commentors argued convincingly that the standards may be too rigid for such applicants who are generally of extremely low incomes with no alternatives to make necessary repairs and improvements to their homes. RHS agrees and has relaxed the standards for 504 participants; however, similar to the section 502 program, RHS has clarified that a delinquency on a federal debt or foreclosure within the past 36 months are indicators of unacceptable credit.

Section 3550.107(b). Secure leasehold interest. Two commentors recommended that a leasehold for mutual help housing financed by HUD, with no minimum lease term, constitute acceptable ownership for section 504 assistance. RHS agrees and has modified this section accordingly.

Section 3550.108. Loan rates and terms. One commentor recommended that when a combination loan and grant is made, that the loan term not be set at 20 years if the applicant can repay the loan sooner. RHS partially agrees, however grant funds are extremely limited and only provided when the applicant cannot afford repayment ability on a loan. If the loan period were shortened, the grant portion of the proposal may increase to ensure affordability. We believe the language is appropriate. Of course, a recipient of a combined loan and grant can prepay the loan prior to the 20 year term or may request an accelerated repayment schedule at any time he or she experiences an increase in repayment ability.

Section 3550.109. Security requirements (loans only). Two comments were received. One recommended the threshold for a loan which is required to be secured be increased from $2,500 to $4,000 to recognize the increase in costs since the regulations were developed. This amount is statutory and no change was made.

One commentor pointed out the different thresholds for security purposes. Loans over $2,500 must have a mortgage, loans over $7,500 must also have title clearance, and loans over $15,000 must also have an appraisal. The commentor recommended more consistency. RHS needs to carefully balance the imposition of costs to a customer against protection of the government's best financial interest. While the aforementioned thresholds are different, we believe they are balanced consistent with the program's objectives and available resources.

Section 3550.110. Appraisals. One commentor recommended that we clarify that an appraisal is required if the total secured debt exceeds $15,000 or just the section 504 debt exceeds $15,000. An appraisal is required whenever the secured debts exceeds $15,000. We have revised the regulations accordingly.

Another commentor recommended that RHS include guidance on appraisals on Indian Trust lands. As previously mentioned, this guidance will be provided in the Handbooks.

Section 3550.111. Escrow account. Four comments were received concerning RHS's proposal to escrow for section 504 customers. RHS agrees that not all section 504 loan recipients should be required to escrow, particularly when a senior lienholder may require an escrow. Section 504 customers have very low incomes and do not often have the resources to establish an escrow account. Based upon comments, any 504 loan recipient with an outstanding 504 indebtedness exceeding $2,500 may voluntarily request to escrow. RHS will require an escrow on 504 loans where the total secured debt exceeds $15,000 and there is no junior lienholder requiring an escrow, and in cases where the customer defaults on the terms of the promissory note and escrow is necessary to protect the best interests of the government.

Section 3550.112. Insurance (loans only). Again, comments were received opposing the requirement that all section 504 customers escrow for insurance of their property. These customers have extremely low incomes and in some cases, the home may be uninsurable. RHS will not require proof of insurance to obtain a section 504 loan of less than $15,000. In all cases where the total secured indebtedness on the property exceeds $15,000, the customer voluntarily elects to escrow, or when necessary to protect the government's financial interest, insurance will be required.

In accordance with the National Flood Insurance Reform Act of 1994 (Public Law 103–325), flood insurance is required on all section 504 loans when the security property is located in a Special Flood Hazard Area (SFHA) and 504 grants in excess of $5,000 where the property being repaired is located in a SFHA. RHS has included the ability to include the cost of flood insurance in a loan or grant if necessary to provide section 504 assistance to the customer.

Section 3550.113. Repayment agreement (grants only). Two comments were received. One commentor recommended the elimination of the repayment agreement since it is not enforceable. RHS disagrees. The agreement is enforceable, plus it provides a written verification to the grantee that the grant must be repaid if the property is sold.

Another commentor recommended that the term ''grant closing'' be removed since there is no real closing of a ''grant similar'' to a closing on an initial SFH loan. RHS agrees.

Section 3550.152(a). Payment terms. Two commentors strongly opposed RHS's requirement that a cash payment must be accompanied by an amount sufficient to cover the cost of a money order, stating that such a proposal was unfair to very low and low income families. This is not a change in policy; RHS has been collecting a money order fee with cash payment since March 25, 1991. RHS provides supervised credit. We encourage, like all lenders, customers to send payments by check, money order or bank draft. Cash payments in the local office are discouraged. Since RHS must obtain a money order in order to transmit the payment, the customer should pay that fee.

Section 3550.152(b). Application of Payments. Eight comments were received. Two commentors recommended that RHS should have all loan payments due on the first of each month because it would be easier for clients to remember and make loan servicing easier. RHS has long considered this policy, however, RHS believes its policy of staggering due dates is more customer-oriented. The due date is generally established by the loan closing date. In this manner, an applicant can select a closing date which corresponds to the date when they have funds available to make their mortgage payment. For example, a customer on a fixed income who receives a check at the beginning of each month would benefit from closing on their loan in the middle of the month so they have received their monthly check in time to make their mortgage payment. Having a due date consistent with the loan closing date also eliminates the need for the loan recipient from having to pay prepaid interest at the time of loan closing until the last day of the month. With regard to remembering a due date, we believe our clients do remember their due date. In addition, RHS will provide customers a monthly billing statement. From RHS's perspective, the staggered due-dates provide better customer service in that RHS work-flow is spread-out over the month rather than concentrated at the beginning of each month.

Two commentors also recommended that RHS permit electronic transfer of funds and biweekly loan payments. As mentioned in the proposed rule, RHS will now be encouraging its customers to establish automatic payments with their local banking institution. With regard to biweekly loan payments, RHS customers may contact the Centralized Servicing Center to make arrangement to make biweekly payment should they so desire.

Six commentors objected to RHS holding less than a full payment in suspense. RHS believes this section may have been misinterpreted. A customer with an active account will always be given credit for a partial payment. The distinction, however, is that the accounting system will reflect that the scheduled installment is not paid (is in suspense) until the full installment is made. For example, assume a customer's next scheduled payment of $300 is due on October 5th. On October 5th, RHS receives a check for $100, and on November 5th RHS receives a check for $512. RHS records will indicate that this customer paid $100 on October 5th. The customer will receive a past due notice and be charged a late fee of $12 on October 20th. The system will credit the customer with the $100 payment on October 5th, but will reflect that the October 5th installment has not been paid until the full installment has been received. The October 5th installment is ''in suspense'' until fully paid. When RHS receives the check of $512 on November 5th, the October installment will no longer be in ''suspense'' because it has been fully paid.

It should be noted that RHS chose not to follow many mortgage lenders' practice with regard to partial payment. Many lenders return partial payments to the customer. RHS feels its policy is more advantageous to both the customer and Agency.

One commentor questioned the hierarchy of how payments are applied. This commentor, a large mortgage lender and servicer, stated that RHS's proposed method of applying principal and interest payments, prior to escrow, was not consistent with the private sector. RHS researched payment hierarchy with many private industry lenders. Our research indicated that most lenders apply payments in the manner RHS proposed. The accounting system which RHS recently purchased is a standard industry package used by many other lenders. All lenders using this system apply payments first to principal and interest and then to escrow. This payment hierarchy also benefits our customers by ensuring that something actually due is paid on time, as opposed to an escrow which is accumulating funds to pay something that is due at a later time. We believe our proposal is more equitable to our clients.

Section 3550.152(d). Application of excess payment. Five comments were received on this section, all recommending that RHS allow its customers to make an extra payment that would relieve them of making the next scheduled payment rather than being applied as an extra payment. RHS agrees and has revised this section accordingly.

Section 3550.153. Fees. Five comments were received on this section. Several thought the tax service fee should be the same for existing customers as new customers. These fees, which are administrative and not included in the regulation, are estimated to be $28 for existing clients and $95 for new clients. The fees are set differently because the length of the service will be different for a new client who is just receiving a loan, and an existing client who has had the loan for many years.

Several commentors opposed RHS's proposal to charge late fees. RHS gave this proposal much thought before it was included in the proposed rule, and then again upon analyzing the comments. The negative comments centered around the fact that RHS's customers are very-low and low income families. RHS recognizes that fact; however, also recognizes its mission to provide supervised credit. Additionally, our credit is intended to be temporary with our customers required to refinance their RHS loan when they are capable. We believe a late fee will encourage our clients to make payments on a more timely basis. This not only improves their credit history, but furthers our objectives of making our clients successful homeowners. To minimize any negative impact on the repayment ability of our customers, the late fee is a percentage of the loan payments, therefore a lower income client will pay less than a higher income client with the same loan amount. Further, since RHS is converting customers on escrow to an amortized loan schedule rather than a daily simple interest loan in many cases, a late fee will actually be less costly to the customer. Under the daily simple interest method, the customer accrues additional interest for each day they are late with their payment. The late fee included in this rule will generally be less costly, and is more apparent to the borrower, if they become delinquent on payments. We believe this private sector standard, which many of our clients already pay if they are delinquent on car payments or other private sector debt, will further our objectives in making our clients successful and able to refinance with private credit in the future.

Section 3550.157(a). Borrowers currently receiving payment subsidy. Four comments were received. One commentor supported our proposal to modify a payment subsidy only when there was a $10 change in payments. Two commentors agreed that there needs to be a threshold, but recommended that the payment must change by 10% before the agreement is modified which will ensure clients are treated consistently whether their payments are $60 or $600 per month. RHS agrees that a percentage threshold better ensures consistency in the treatment of customers and has adopted this comment.

Comments were also received regarding the requirement that clients must notify RHS if they change or obtain employment. There was no indication that a customer must notify RHS if non employment income increases. RHS has clarified §§ 3550.68(e) and 3550.157(a)(3) to reflect that if nonemployment income increases by at least 10 percent, the borrower must notify RHS. RHS has also provided guidance on cancellation of payment subsidies.

Section 3550.158. Active military duty. One commentor recommended we expand the language which provides that participation in a military reserve or the National Guard does not entitle a customer to a 6 percent interest rate as provided under the Soldiers and Sailors Relief Act, unless they are called to active military duty. RHS has clarified this language.

One commentor appeared to be confused with this section with regard to payment subsidies and the 6% interest rate. If a customer enters active military duty, they are entitled to the 6% interest rate. If they also qualify for a payment subsidy, the payment subsidy would cover the difference in payment between the 6% and the amount of assistance for which the customer qualifies. This reduces the amount of subsidy and potential recapture this client would repay. For example, if a customer who entered active military duty had a note rate of 10 percent, and they now qualified for a payment subsidy which reduced their interest rate to 2%, they would receive the 6% rate and then an additional 4% subsidy. This is opposed to a non-active military customer with a note rate of 10%, who qualifies for a payment subsidy which reduces their payment to 2% who would be receiving an 8% subsidy. In the first case, the difference

between the 10 and 6 percent interest rates is not a subsidy which is subject to recapture.

Section 3550.159(a). Mineral leases. One commentor suggested that we change references from ''value of the security property'' to ''value as a residence'' in determining whether we should allow a customer to lease mineral rights. Since the value of the security property includes the ''residence'' we believe the proposed terminology is correct.

Section 3550.159(d). Lease of security property. One commentor recommended we remove the requirement that customers must notify RHS if they lease their property, and that the Agency may liquidate the account if the term of the lease is more than 3 years or includes an option to purchase. RHS disagrees. The purpose of the RHS loan program is to provide long term residence for our borrowers. If they no longer need the dwelling for a long term residence they should pay off the loan. RHS will consider the borrower for refinancing with other credit. In addition, the Agency may consider liquidation of the loan.

Section 3550.160(b). Criteria for refinancing with private credit. Two comments were received. One supported our proposed change of terminology from ''graduation'' to ''refinancing with private credit.'' One commentor questioned the language which requires that the customer must refinance when RHS determines they have such ability. The commentor felt that RHS may be held accountable if the customer refinanced and then defaulted on their new loan. RHS determines, based upon objective criteria, whether a customer can refinance with private credit. If RHS determines the customer has the potential to secure other credit, they must seek refinancing. RHS does not make the underwriting decision for the other lender, nor is a private lender required to refinance the RHS debt. If the customer is unable to refinance for legitimate reasons, RHS will withdraw the refinancing request. If the customer does meet another lenders criteria, they are expected to refinance. However, as noted, that underwriting decision was made by the other lender. We appreciate the comment but feel that this policy does not impose any accountability concerns.

Section 3550.161(c). Written statements. Two commentors felt that the Agency should provide two written payoff statements within a 30 day period without charge. The proposed language already provides that RHS may charge a fee if more than 2 written payoff statements are requested. Therefore, the recommendation was already included.

Section 3550.162. Recapture. Eight comments were received and all overwhelmingly supported our proposals to streamline and clarify subsidy recapture. One commentor summed it up best by replying, ''I applaud recognition of the difficulties of the subsidy recapture program and encourage efforts to make this provision more understandable to applicants and customers and lessen its impact as a penalty to customers upon sale or refinancing of their properties.''

One commentor recommended that principal reduction attributed to subsidy (PRAS) be included on annual statements to the customer. RHS agrees that some type of notice should be provided, however, disagrees that it should necessarily be done on an annual basis. RHS will notify all customers when PRAS is frozen and how it will be repaid. This commentor also recommended that PRAS be explained on Form RHS 3550–12, ''Subsidy Repayment Agreement.'' Since there is no PRAS on loans originated after 1990, there is no need for mention of it on a form that only new customers execute.

One commentor felt that repayment of PRAS plus the lesser of subsidy received or 50% of value appreciation was a double hit to customers. As discussed in the proposed rule, PRAS is not subsidy. It was the accelerated principal reduction which a customer received because their loan was subsidized and repaid at a significantly lower interest rate. PRAS, as proposed, must be repaid. In addition, the customer must pay all or part of the subsidy they received back to the government. This is either the full subsidy or 50% of the value appreciation.

One commentor requested clarification on the opening sentence which provides that customers with loans approved on or after October 1, 1979, are subject to recapture. His comment was whether a loan which was approved before October 1, 1979, but assumed after that date is subject to recapture. Consistent with past policy, such a loan is subject to recapture. RHS has clarified this point.

Two commentors did not feel there was sufficient guidance to calculate recapture. We believe the regulation provides adequate policy guidance. The Handbooks contain the detailed administrative guidance on how to calculate recapture.

One commentor felt that we should forgive PRAS if the customer refinances and retains title to the property 10 years after refinancing. The commentor felt this would be an incentive to a customer to retain ownership after refinancing. At the time of refinancing, a customer is given the opportunity to receive a discount if they repay recapture at that time. In addition, the government does not charge interest on the amount owed. We believe sufficient incentive is provided to the customer to repay recapture without forgiving the debt.

Section 3550.163. Transfer of security and assumption of indebtedness. Two comments were received. One commentor felt this section was confusing and needed more guidance. The Handbooks contain more administrative guidance on transfers. The commentor also objected to RHS's policy that if a customer transfers title to the property without RHS consent, RHS can liquidate the loan if the loan cannot be transferred. This policy is to ensure that program objectives are met and the government's financial interest is not adversely affected.

The other comment dealt with liquidating excess property to reduce the loan amount. As the commentor mentioned, this rarely occurs since RHS should not have initially financed excess land. However, if there is excess land, we believe it prudent policy to liquidate such excess property to reduce the amount of the subsidized credit provided to the new customer.

Section 3550.202. Past due accounts. Six comments were received on this section, and all centered on RHS charging a late fee. Comments were mixed with the commentors either strongly supporting or opposing the imposition of a late fee. As discussed under the comment to § 3550.153, RHS carefully weighed all comments and believes charging a late fee is in the government's and customer's best interests. RHS has also expanded this section to provide guidance on accounts with annual payments.

Section 3550.207. Payment moratorium. Two comments were received. One commentor recommended that the review period more accurately reflect the need of the customer, and not an arbitrary two-year period. In developing the regulation, RHS proposed that reviews would be done ''periodically'' rather than the current two year cycle. The proposed language accomplishes this objective while still leaving flexibility for periodic reviews.

One commentor had two concerns. One concern centered around one of the three criteria to qualify for a moratorium. Namely, for a moratorium to be based on a reduction of income, there must be at least a 20% reduction in income. RHS proposed no change to

this policy which has been in effect for many years. It is based upon the premise that for the Agency to completely stop requiring all payments from a customer for up to two years, a substantial reduction in income must have occurred. While it is true that our customers have very-low, low and moderate incomes, a homeowner should be able to adjust to small adjustments in income. Additionally, RHS can provide customers with additional payment subsidies, work-out agreements, etc., in an effort to assist them in working through difficult periods. We believe the 20% reduction is reasonable.

The other comment centered around the inability of a customer to qualify for a moratorium if their account has been accelerated. After an account is accelerated, all loan servicing ceases. RHS makes every effort possible to assist a customer before acceleration of the account. The customer is informed several times throughout the loan origination and servicing process of the moratorium program. Prior to acceleration all of the agency's servicing tools will be used to assist a customer, including the use of a moratorium for a customer who is having temporary financial difficulties for reasons beyond his or her control to keep their home. A loan will be accelerated for a customer in financial distress only if all the servicing authorities have been tried and cannot assist the borrower in retaining the house, possibly because the financial difficulties are not temporary or the borrower has been unresponsive or has failed to work with RHS. Once RHS has exhausted its servicing tools (and any appeals in conjunction with these tools) and accelerates the account, there can be no subsequent financial setback to the borrower which is relevant to the basis for the acceleration.

Section 3550.211. Liquidation. One commentor recommended adding guidance on how to service accounts where the customer has filed for bankruptcy. RHS, like all lenders, must follow bankruptcy laws on servicing such accounts and is providing such guidance in the Handbooks.

Section 3550.251. Property management and disposition. Two comments were received recommending that for-profit entities be provided the same incentives to lease or purchase Real Estate Owned (REO) property for transitional housing as nonprofit organizations. The preference for nonprofit organizations and public bodies is statutory. Section 1414 of the Housing and Community Development Act of 1992, Public Law 102–550, which amended the Stewart B. McKinney Homeless Assistance Act, Public Law 100–77, provides the preference for nonprofit and public bodies. For-profit organizations can lease or purchase REO property, when available, for transitional housing; however, the incentives are not available for such organizations.

Section 3550.251(c)(2). Decent, safe, and sanitary. One comment was received recommending that RHS remove the energy efficiency requirements to the decent, safe and sanitary restrictions that apply to the sale of REO property not meeting RHS standards. DSS standards, including energy efficient standards, are statutory.

Section 3550.252. Debt settlement policies. Two comments were received. Both questioned guidance on charge-offs and cancellations. A customer can request a compromise or adjustment to their debt and as such, guidance is contained in the regulation. Charge-offs and cancellations are administrative actions and not a customer entitlement and are therefore only referenced in the Handbooks. Detailed guidance on all four options is contained in the Handbooks.

Other Comments

One comment was received regarding RHS's proposal to freeze PRAS for all existing customers and then reduce the ''frozen'' PRAS in years 15–33 by an equal amount. The commentor felt that RHS should not reduce PRAS. As previously mentioned, PRAS is the accelerated principal write-down certain customers received during the first half of their loan term due to subsidy. In approximately the 20th year, the trend towards accelerated principal writedown reverses itself to the point where subsidized customers pay less principal because of the subsidy. The result is that two customers, one with subsidy and one without would owe the same principal balance in their final year of payments. To not begin reducing PRAS in the second half of the loan term would penalize those customers who received subsidy.

Several comments were received recommending that RHS consider offering a one-time interest rate reduction for customers who received loans at high interest rates and are unable to refinance to other credit. In cases where the customer is receiving subsidy, it was felt that the Agency would save funds because they would provide less subsidy to these customers. In other cases, where the customer is not receiving subsidy, but has a high interest rate, the customer may not be able to refinance to other credit because their RHS loan payments are so high they may be overextended on other debts or not have sufficient cash required by most other lenders for refinancing. RHS agrees that these comments have merit; however, must weigh the cost of refinancing its own loans. RHS will explore the feasibility and cost of refinancing these debts. If it appears feasible, RHS will propose a separate rule to consider public opinion on this subject.

Positive comments were received on our efforts to streamline forms and use industry standard forms wherever possible. As mentioned in the Proposed Rule, RHS was to publish a Notice in the Federal Register in July to propose our information collection docket on the Handbooks to part 3550. RHS published this Notice on July 18, 1996 (61 FR 37440) and proposed an overall 10% reduction in burden hours and 20% reduction in burden costs. This reduction falls on the heels of a 20% reduction in burden hours published in October 1995, despite the broadening of what is considered public burden in the Paperwork Reduction Act of 1995. RHS is still exploring ways to automate and streamline forms even further.

Several comments were received regarding child care expenses and how these costs figure into loan underwriting. There was confusion as to whether these expenses are considered a debt which must be included in the debt ratios to qualify for assistance. This is an administrative function, and not contained in the rule. For the commentor's information, RHS clarified through this subject recently through an Administrative Notice (AN) which clarified that child care expenses are not considered in total debt. This guidance is included in the Handbooks.

Several commentors expressed concern over RHS's decision to centralize loan servicing. They were concerned that in our efforts to save costs, RHS would be depersonalizing service to its customers and increase the risk of defaults and potential liquidations. RHS is mindful of these issues and has made every effort in its design of the Centralized Servicing Center to ensure a greater and more consistent level of customer service. Our current field structure required staff to specialize in all levels of customer service from outreach and loan origination to portfolio management. As the Agency has been required to reduce staffing levels, we have found that only through consolidation and centralization can we provide the same if not enhanced level of customer service. Experience has also shown that specialization provides for greater consistency and efficiency. The

Centralized Servicing Center will be staffed with talented individuals that will concentrate on one aspect of the program—making our customers successful homeowners. Through specialization, we believe there will be more consistency and timely servicing actions. And through this increased service, default rates will decline and more customers will be successful. The transition will not be easy for either our field staff or our customers. However, in the long run, we believe service to rural America will be enhanced. Field staff can concentrate on outreach and loan origination providing the local level presence that is needed to assist with the prudent development of rural America.

Reopening of Comment Period for Selected Issues

RHS is reopening the comment period on sections 3550.53(g), 3550.57(a), 3550.63 and 3550.68. These section numbers remain unchanged from our proposed rule of April 8, 1996 (61 FR 15395) and are adopted on an interim final basis. All other provisions of part 3550 are adopted as a final rule.

As previously discussed in this rule, these sections generated the vast majority of comments during the comment period. Many commentors supplied RHS with lengthy and well documented cases where these areas may not be serving the best interests of the program. Some of the commentors recommended:

- Returning to our former interest credit program, whereby the interest rate was reduced on the loan to as low as one percent, and modest housing was determined by square footage and amenities. RHS reduced the cost of the program by approximately 30% by implementing the changes in the aforementioned sections. This allows the Agency to provide more homeownership opportunities in rural America while demonstrating that program costs can be substantially reduced. As such, RHS is not further considering this option.
- Modifying the floor payments from 22, 24 and 26% to either a flat 25% or a more incremental scale of 22, 23, 24, 25 and 26%. RHS is analyzing these comments further and will consider them provided they have no negative impact on the overall cost of the program.
- Changing the PITI ratios from 29% for very-low income families and 33% for low-income families to 29% for both, 33% for both, or other percentages. RHS is again considering these options.
- Reimplementing a square footage requirement to ensure that the housing is modest. Prior to FY 96, RHS considered square footage and amenities in determining modest housing, and changed to the HUD 203(b) limits to provide customers with more choices in selecting a home appropriate to their income and needs. RHS does not want to dictate the type and size of housing to customers, and is not further considering this option.
- Increasing the maximum debt ratio to 41% for very-low and low income families. As mentioned in our discussion of comments, RHS has implemented this change since the impact is minimal on the cost of the program and allows more families an opportunity for homeownership.
- Limiting the maximum loan to a percentage of the HUD 203(b) limits. For example, the State Director could set the percentage by county, and have the authority to increase the percentage on an individual case basis provided the proposed housing is typical of other houses that families with similar incomes and family sizes are purchasing. RHS is further considering this option.
- Modifying the equivalent interest rates from one-half percent increments to one-quarter percent increments and decreasing the income ranges from 10 to 5 percent. RHS is considering this option.
- Returning to the old interest credit formula, increasing the borrower contribution from 20 to 30 percent, but include utilities and maintenance in the total family expenses. Again, because of the substantial cost of the interest credit program, RHS is not considering this option.
- Eliminating utilization of both equivalent interest rates and floor payments to simplify the calculations. RHS may consider this option provided it does not increase program costs.
- Utilizing a state non-metropolitan average income or area median income, whichever is greater, to determine eligibility for assistance. Currently, RHS is utilizing an area (county) income to determine eligibility and the maximum loan amount. This has resulted in some customers qualifying for a loan in one county, but not qualifying for a loan in an adjoining county because of differences in county incomes. RHS is further exploring the use of state non-metropolitan incomes to determine its impact on program costs and our customers.
- RHS is seeking further comments on the above mentioned recommendations and any further comments or recommendations on §§ 3550.53(g), 3550.57, 3550.63 and 3550.68. The Agency's goal is to have a more simplified and consistent approach to addressing these issues; while not negatively impacting the cost of the program.

Discussion of Interim Final Rule

RHS is issuing this regulation as an Interim Final Rule, with an effective date 30 days after publication in the Federal Register, as it is necessary to implement DLOS and improve our level of service to customers. Further delay would not be in the best interest of the direct SFH program or its recipients. As previously mentioned, all provisions of this regulations except sections 3550.53(g), 3550.57(a), 3550.63 and 3550.68 are adopted as final. Sections 3550.53(g), 3550.57(a), 3550.63 and 3550.68 are adopted on an interim final basis, and are subject to a 30-day comment period. RHS intends to publish a final rule on the aforementioned sections by April 1, 1997.

List of Subjects

7 CFR Part 1806

Insurance, Loan programs—Agriculture, Real property insurance, Rural areas.

7 CFR Part 1910

Applications, Credit, Loan programs—Agriculture, Loan programs—Housing and community development, Low and moderate income housing, Marital status discrimination, Sex discrimination.

7 CFR Part 1922

Loan programs—housing and community development, Low and Moderate income housing, Rural areas.

7 CFR Part 1944

Aged, Farm labor housing, Grant programs—Housing and community development, Home improvement, Loan programs—Housing and community development, Low and moderate income housing—Rental, Migrant labor, Mobile homes, Mortgages, Nonprofit organizations, Public housing, Rent subsidies, Rural housing, Subsidies.

7 CFR Part 1951

Accounting, Accounting servicing, Credit, Debt restructuring, Foreclosure, Government acquired property, Interest credit, Loan programs—Agriculture, Loan programs—Housing and community development, Low and moderate income housing loans—Servicing, Mortgages, Recapture of subsidy, Rent subsidies, Rural areas, Sale of government acquired property, Surplus government property.

7 CFR Part 1955

Foreclosure, Government acquired property, Government property management, Sale of government acquired property, Surplus government property.

7 CFR Part 1956

Accounting, Loan programs—Agriculture, Rural areas.

7 CFR Part 1965

Administrative practice and procedure, Loan programs—Housing and community development.

7 CFR Part 3550

Accounting, Administrative practice and procedure, Conflict of interests, Environmental impact statements, Equal credit opportunity, Fair housing, Grant programs—Housing and community development, Housing, Loan programs—Housing and community development, Low and moderate income housing, Manufactured homes, Reporting and recordkeeping requirements, Rural areas, Subsidies.

Therefore, title 7 of the Code of Federal Regulations is amended as follows:

CHAPTER XVIII—[AMENDED]

PART 1806—INSURANCE

1. The authority citation for part 1806 is revised to read as follows:

Authority: 5 U.S.C. 301; 7 U.S.C. 1989; 42 U.S.C. 1480.

Subpart A—Real Property Insurance

2. Section 1806.1(a) is revised to read as follows:

§ 1806.1 General.

(a) *Authority.* This subpart sets forth the policies and procedures regarding insurance requirements on real property which serves as security for a debt under the Farm Credit Programs of the Farm Service Agency (FSA) or the Multi-Family Housing Programs of the Rural Housing Service (RHS). Any references herein to the Farmers Home Administration (FmHA) or its employees are intended to mean FSA or RHS, as applicable, and their employees.

* * * * *

PART 1910—GENERAL

3. The authority citation for part 1910 is revised to read as follows:

Authority: 5 U.S.C. 301; 7 U.S.C. 1989; 42 U.S.C. 1480.

Subpart A—Receiving and Processing Applications

4. Section 1910.1 introductory text is revised to read as follows:

§ 1910.1. General.

This subpart prescribes the policies and procedures for informing interested parties of the Farm Credit loan programs available through the Farm Service Agency (FSA), and how such requests are processed. Requests for Nonprogram (NP) assistance will be handled in accordance with subpart J of part 1951 of this chapter. References contained herein to the housing programs of the Rural Housing Service (RHS), or its successor agency, are no longer applicable.

* * * * *

PART 1922—APPRAISAL

5. The authority citation for part 1922 is revised to read as follows:

Authority: 7 U.S.C. 1989.

Subpart C—Appraisal of Single Family Residential Property

6. Subpart C (§§ 1922.101–1922.150 and all exhibits) is removed and reserved.

PART 1944—HOUSING

7. The authority citation for part 1944 continues to read as follows:

Authority: 5 U.S.C. 301; 7 U.S.C. 1989; 42 U.S.C. 1480.

Subpart A—Section 502 Rural Housing Loan Policies, Procedures, and Authorizations

8. Subpart A (§§ 1944.1–1944.50) is removed and reserved.

Subpart D—Farm Labor Housing Loan and Grant Policies, Procedures, and Authorizations

9. Section 1944.156 is added to read as follows:

§ 1944.156 General loan/grant processing requirements.

(a) *Timeliness.* All applicants will be informed of a decision regarding their request for assistance within a reasonable timeframe established by RHS. If RHS cannot provide an eligibility determination within a reasonable timeframe, the applicant will be notified when the determination will be made. A request for assistance may be withdrawn at any time by the applicant. RHS may return a request for assistance for failure of the applicant to provide the necessary underwriting information within a reasonable time period established by RHS.

(b) *Unlawful determination.* The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants based on race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract), or because all or part of the applicant's income derives from any public assistance program. Department of Agriculture regulations provide that no agency, officer, or employee of the United States Department of Agriculture shall exclude from participation in, deny the benefits of, or subject to discrimination any person based on race, color, religion, sex, age, handicap, or national origin under any program or activity administered by such agency, officer, or employee. The Fair Housing Act prohibits discrimination in real estate-related transactions, or in the terms and conditions of such a transaction, because of race, color, religion, sex, handicap, familial status, or national origin. If an applicant or borrower believes he or she has been discriminated against for any of these reasons, that person can write the Secretary of Agriculture, Washington, DC 20250. Applicants also cannot be denied a loan because the applicant has in good faith exercised his or her rights under the Consumer Credit Protection Act. If an applicant believes he or she was denied a loan for this reason, the applicant should contact the Federal Trade Commission, Washington, DC 20580.

(c) *Taxpayer identification.* All applicants must provide their taxpayer identification number. The taxpayer identification number for individuals who are not businesses is their Social Security Number.

Subpart J—Section 504 Rural Housing Loans and Grants

10. Subpart J (§§ 1944.451–1944.500 and all exhibits) is removed and reserved.

PART 1951—SERVICING AND COLLECTIONS

11. The authority citation for part 1951 continues to read as follows:

Authority: 5 U.S.C. 301; 7 U.S.C. 1989; 42 U.S.C. 1480.

12. The heading of subpart C is revised to read as follows:

Subpart C—Offsets of Federal Payments to USDA Agency Borrowers

13. Section 1951.101 is revised to read as follows:

§ 1951.101 General.

The Federal Claims Collection Act of 1966 as amended by the Debt Collection Act of 1982, the Deficit Reduction Act of 1984, and the Debt Collection Amendments Act of 1996 provides for the use of administrative, salary and Internal Revenue Service (IRS) offsets by government agencies including the Farm Service Agency (FSA), Rural Housing Service (RHS), Rural Utility Service (RUS) for its water and waste programs, and Rural Business-Cooperative Service (RBS), herein referred to as ''USDA Agency,'' to collect delinquent debts. Any money that is or may become payable from the United States to a USDA Agency borrower or other individual or entity indebted to a USDA Agency may be subject to offset for collection of a debt. In addition, money may be collected from the debtor's retirement payments for delinquent amounts owed to the USDA Agency if the debtor is an employee or retiree of a Federal agency, the U.S. Postal Service, the Postal Rate Commission, or a member of the U.S. Armed Forces or the Reserve. Amounts collected will be processed as regular payments and credited to the borrowers account. USDA Agencies will process requests by other Federal agencies for offset in accordance with § 1951.102 of this subpart. This subpart does not apply to direct single family housing customers of the RHS.

Subpart D—Final Payment on Loans

14. Section 1951.151 is revised to read as follows:

§ 1951.151 Purpose.

This subpart prescribes authorizations, policies, and procedures of the Farm Service Agency (FSA), Rural Housing Service (RHS), Rural Utility Service (RUS) for its water and waste programs, and Rural Business-Cooperative Service (RBS), herein referred to as ''Agency,'' for processing final payment on all loans. This subpart does not apply to direct single family housing customers of the RHS.

Subpart F—Analyzing Credit Needs and Graduation of Borrowers

15. Section 1951.251 is amended by adding a sentence at the end to read as follows:

§ 1951.251 Purpose.

* * * This subpart does not apply to RHS direct single family housing (SFH) customers.

Subpart G—Borrower Supervision, Servicing and Collection of Single Family Housing Loan Accounts

16. Subpart G (§§ 1951.301—1951.350) is removed and reserved.

Subpart I—Recapture of Section 502 Rural Housing Subsidy

17. Subpart I (§§ 1951.401–1951.413 and all exhibits) is removed and reserved.

Subpart J—Management and Collection of Nonprogram (NP) Loans

18. Section 1951.451 is amended by revising the introductory text to read as follows:

§ 1951.451 General.

This subpart contains policies and procedures of the Farm Service Agency (FSA) for making, managing, collecting, liquidating, and servicing loans on nonprogram (NP) terms. All references in this subpart to farm real estate, farm property and farm chattels also include nonfarm property that was security for a Farm Credit debt of the FSA.

* * * * *

Subpart M—Servicing Cases Where Unauthorized Loan or Other Financial Assistance Was Received—Single Family Housing

19. Subpart M (§§ 1951.601–1951.650) is removed and reserved.

PART 1955—PROPERTY MANAGEMENT

20. The authority citation for part 1955 continues to read as follows:

Authority: 5 U.S.C. 301, 7 U.S.C. 1989, 42 U.S.C. 1480.

Subpart A—Liquidation of Loans Secured by Real Estate and Acquisition of Real and Chattel Property

21. Section 1955.1 is revised to read as follows:

§ 1955.1 Purpose.

This subpart delegates authority and prescribes procedures for the liquidation of loans to individuals and to organizations as identified in § 1955.3. It pertains to the Farm Credit programs of the Farm Service Agency (FSA), Water and Waste programs of the Rural Utilities Service (RUS), Multi-Family Housing (MFH) and Community Facility (CF) programs of the Rural Housing Service (RHS), and direct programs of the Rural Business-Cooperative Service (RBS). Guaranteed RBS loans are liquidated upon direction from the Deputy Administrator, Business Program, RBS. This subpart does not apply to RHS single family housing loans, or to CF loans sold without insurance in the private sector. These CF loans will be serviced in the private sector and future revisions to this subpart no longer apply to such loans.

Subpart B—Management of Property

22. Section 1955.51 is revised to read as follows:

§ 1955.51 Purpose.

This subpart delegates authority and prescribes policies and procedures for the Rural Housing Service (RHS), Rural Business-Cooperative Service (RBS), the Water and Waste programs of the Rural Utilities Service (RUS), and Farm Service Agency (FSA), herein referred to as ''Agency,'' and references contained in this subpart to the Farmers Home Administration (FmHA) are synonymous with ''Agency.'' This subpart does not apply to RHS single family housing loans or community program loans sold without insurance to the private sector. These community program loans will be serviced by the private sector and future revisions to this subpart no longer apply to such loans. This subpart covers:

(a) Management of real property which has been taken into custody by the respective Agency after abandonment by the borrower;

(b) Management of real and chattel property which is in Agency inventory; and

(c) Management of real and chattel property which is security for a guaranteed loan liquidated by an Agency (or which the Agency is in the process of liquidating).

Subpart C—Disposal of Inventory Property

23. Section 1955.101 is amended by adding a new sentence to the end to read as follows:

§ 1955.101 Purpose.

* * * This subpart does not apply to Single Family Housing (SFH) inventory property.

PART 1956—DEBT SETTLEMENT

24. The authority citation for part 1956 is revised to read as follows:

Authority: 5 U.S.C. 301; 7 U.S.C. 1989; 42 U.S.C. 1480.

Subpart B—Debt Settlement—Farmer Programs and Housing

25. Section 1956.51 is revised to read as follows:

§ 1956.51 Purpose.

This subpart delegates authority and prescribes policy and procedures for settlement of debts owed to the United States under the Farm Credit loan programs of the Farm Service Agency (FSA) and the Multi-Family Housing (MFH) program of the Rural Housing Service (RHS). It also applies to Nonprogram (NP) loans secured by MFH property of the RHS. Settlement of claims against recipients of grant funds for reasons such as the use of funds for improper purposes is also covered by this subpart. Settlement of claims against third party converters, and Economic Opportunity (EO) loans is authorized under the Federal Claims Collection Standards, 4 CFR parts 101–105. This subpart does not apply to RHS direct Single Family Housing (SFH) loans or RHS NP loans secured by SFH property.

PART 1965—REAL PROPERTY

26. The authority citation for part 1965 continues to read as follows:

Authority: 5 U.S.C. 301; 7 U.S.C. 1989, 42 U.S.C. 1480.

Subpart C—Security Servicing for Single Family Rural Housing Loans

27. Subpart C (§§ 1965.101–1965.150) is removed and reserved.

28. A new chapter XXXV consisting of part 3550 is added to read as follows:

CHAPTER XXXV—RURAL HOUSING SERVICE, DEPARTMENT OF AGRICULTURE

PART 3550—DIRECT SINGLE FAMILY HOUSING LOANS AND GRANTS

Subpart A—General

Sec.
3550.1 Applicability.
3550.2 Purpose.
3550.3 Civil rights.
3550.4 Reviews and appeals.
3550.5 Environmental requirements.
3550.6 State law or state supplement.
3550.7 Demonstration programs.
3550.8 Exception authority.
3550.9 Conflict of interest.
3550.10 Definitions.
3550.11–3550.49 [Reserved]
3550.50 OMB control number.

Subpart B—Section 502 Origination

3550.51 Program objectives.
3550.52 Loan purposes.
3550.53 Eligibility requirements.
3550.54 Calculation of income and assets.
3550.55 Applications.
3550.56 Site requirements.
3550.57 Dwelling requirements.
3550.58 Ownership requirements.
3550.59 Security requirements.
3550.60 Escrow account.
3550.61 Insurance.
3550.62 Appraisals.
3550.63 Maximum loan amount.
3550.64 Down payment.
3550.65 [Reserved]
3550.66 Interest rate.
3550.67 Repayment period.
3550.68 Payment subsidies.
3550.69 Deferred mortgage payments.
3550.70 Conditional commitments.
3550.71 Special requirements for condominiums.
3550.72 Community land trusts.
3550.73 Manufactured homes.
3550.74 Nonprogram loans.
3550.75–3550.99 [Reserved]
3550.100 OMB control number.

Subpart C—Section 504 Origination

3550.101 Program objectives.
3550.102 Grant and loan purposes.
3550.103 Eligibility requirements.
3550.104 Applications.
3550.105 Site requirements.
3550.106 Dwelling requirements.
3550.107 Ownership requirements.
3550.108 Security requirements (loans only).
3550.109 Escrow account (loans only).
3550.110 Insurance (loans only).
3550.111 Appraisals (loans only).
3550.112 Maximum loan and grant.
3550.113 Rates and terms (loans only).
3550.114 Repayment agreement (grants only).
3550.115–3550.149 [Reserved]
3550.150 OMB control number.

Subpart D—Regular Servicing

3550.151 Servicing goals.
3550.152 Loan payments.
3550.153 Fees.
3550.154 Inspections.
3550.155 Escrow account.
3550.156 Borrower obligations.
3550.157 Payment subsidy.
3550.158 Active military duty.
3550.159 Borrower actions requiring RHS approval.
3550.160 Refinancing with private credit.
3550.161 Final payment.
3550.162 Recapture.
3550.163 Transfer of security and assumption of indebtedness.
3550.164 Unauthorized assistance.
3550.165–3550.199 [Reserved]
3550.200 OMB control number.

Subpart E—Special Servicing

3550.201 Purpose of special servicing actions.
3550.202 Past due accounts.
3550.203 General servicing actions.
3550.204 Payment assistance.
3550.205 Delinquency workout agreements.
3550.206 Protective advances.
3550.207 Payment moratorium.
3550.208 Reamortization using promissory note interest rate.
3550.209 [Reserved]
3550.210 Offsets.
3550.211 Liquidation.
3550.212–3550.249 [Reserved]
3550.250 OMB control number.

Subpart F—Post-Servicing Actions

3550.251 Property management and disposition.
3550.252 Debt settlement policies.
3550.253 Settlement of a debt by compromise or adjustment.
3550.254–3550.299 [Reserved]
3550.300 OMB control number.

Authority: 5 U.S.C. 301; 42 U.S.C. 1480.

Subpart A—General

§ 3550.1 Applicability.

This part sets forth policies for the direct single family housing loan programs operated by the Rural Housing Service (RHS) of the U.S. Department of Agriculture (USDA). It addresses the requirements of sections 502 and 504 of the Housing Act of 1949, as amended, and includes policies regarding both loan and grant origination and servicing. Procedures for implementing these regulations can be found in program handbooks, available in any Rural Development office. Any provision on the expenditure of funds under this part is contingent upon the availability of funds.

§ 3550.2 Purpose.

The purpose of the direct RHS single family housing loan programs is to provide low- and very low-income people who will live in rural areas with an opportunity to own adequate but modest, decent, safe, and sanitary dwellings and related facilities. The section 502 program offers persons who do not currently own adequate housing, and who cannot obtain other credit, the opportunity to acquire, build, rehabilitate, improve, or relocate dwellings in rural areas. The section 504 program offers loans to very low-income homeowners who cannot obtain other credit to repair or rehabilitate their properties. The section 504 program also offers grants to homeowners age 62 or older who cannot obtain a loan to correct health and safety hazards or to make the unit accessible to household members with disabilities.

§ 3550.3 Civil rights.

RHS will administer its programs fairly, and in accordance with both the letter and the spirit of all equal opportunity and fair housing legislation and applicable executive orders. Loans, grants, services, and benefits provided under this part shall not be denied to any person based on race, color, national origin, sex, religion, marital status, familial status, age, physical or mental disability, receipt of income from public assistance, or because the applicant has, in good faith, exercised

any right under the Consumer Credit Protection Act (15 U.S.C. 1601 et seq.). All activities under this part shall be accomplished in accordance with the Fair Housing Act (42 U.S.C. 3601–3620), Executive Order 11246, and Executive Order 11063, as amended by Executive Order 12259, as applicable. The civil rights compliance requirements for RHS are in 7 CFR part 1901, subpart E.

§ 3550.4 Reviews and appeals.

Whenever RHS makes a decision that is adverse to a participant, RHS will provide the participant with written notice of such adverse decision and the participant's rights to a USDA National Appeals Division hearing in accordance with 7 CFR part 11. Any adverse decision, whether appealable or non-appealable may be reviewed by the next-level RHS supervisor.

§ 3550.5 Environmental requirements.

(a) *Policy.* RHS will consider environmental quality as equal with economic, social, and other relevant factors in program development and decision-making processes. RHS will take into account potential environmental impacts of proposed projects by working with RHS applicants, other federal agencies, Indian tribes, State and local governments, and interested citizens and organizations in order to formulate actions that advance the program's goals in a manner that will protect, enhance, and restore environmental quality.

(b) *Regulatory references.* Processing and servicing actions under this part will be done in accordance with the requirements provided in 7 CFR part 1940, subpart G which addresses environmental requirements and 7 CFR part 1924, subpart A, which addresses lead-based paint.

§ 3550.6 State law or state supplement.

State and local laws and regulations, and the laws of federally recognized Indian tribes, may affect RHS implementation of certain provisions of this regulation, for example, with respect to the treatment of liens, construction, or environmental policies. Supplemental guidance may be issued in the case of any conflict or significant differences.

§ 3550.7 Demonstration programs.

From time to time, RHS may authorize limited demonstration programs. The purpose of these demonstration programs is to test new approaches to offering housing under the statutory authority granted to the Secretary. Therefore, such demonstration programs may not be consistent with some of the provisions contained in this part. However, any program requirements that are statutory will remain in effect. Demonstration programs will be clearly identified as such.

§ 3550.8 Exception authority.

An RHS official may request, and the Administrator or designee may make, an exception to any requirement or provision of this part or address any omission of this part that is consistent with the applicable statute if the Administrator determines that application of the requirement or provision, or failure to take action in the case of an omission, would adversely affect the Government's interest.

§ 3550.9 Conflict of interest.

Objective. It is the objective of RHS to maintain the highest standards of honesty, integrity, and impartiality by employees. To reduce the potential for employee conflict of interest, all processing, approval, servicing, or review activity will be conducted in accordance with 7 CFR part 1900, subpart D by RHS employees who:

(1) Are not themselves the applicant or borrower;

(2) Are not members of the family or close known relatives of the applicant or borrower;

(3) Do not have an immediate working relationship with the applicant or borrower, the employee related to the applicant or borrower, or the employee who would normally conduct the activity; or

(4) Do not have a business or close personal association with the applicant or borrower.

(b) *Applicant or borrower responsibility.* The applicant or borrower must disclose any known relationship or association with an RHS employee when such information is requested.

(c) *RHS employee responsibility.* An RHS employee must disclose any known relationship or association with a recipient, regardless of whether the relationship or association is known to others. RHS employees or members of their families may not purchase a Real Estate Owned (REO) property, security property from a borrower, or security property at a foreclosure sale. Loan closing agents who have been involved with a particular property, as well as members of their families, are also precluded from purchasing such properties.

§ 3550.10 Definitions.

Acceleration. Demand for immediate repayment of the entire balance of a debt if the security instruments are breached.

Adjusted income. Used to determine whether an applicant is income-eligible. Adjusted income provides for deductions to account for varying household circumstances and expenses. See 4 for a complete description of adjusted income.

Adjustment. An agreement to release a debtor from liability generally upon receipt of an initial lump sum representing the maximum amount the debtor can afford to pay and periodic additional payments over a period of up to 5 years.

Amortized payment. Equal monthly payments under a fully amortized mortgage loan that provides for the scheduled payment of interest and principal over the term of the loan.

Applicant. An adult member of the household who will be responsible for repayment of the loan.

Assumption. The procedure whereby the transferee becomes liable for all or part of the debt of the transferor.

Borrower. A recipient who is indebted under the section 502 or 504 programs.

Cancellation. A decision to cease collection activities and release the debtor from personal liability for any remaining amounts owed.

Compromise. An agreement to release a debtor from liability upon receipt of a specified lump sum that is less than the total amount due.

Conditional commitment. A determination that a proposed dwelling will qualify as a program-eligible property. The conditional commitment does not reserve funds, nor does it ensure that a program-eligible applicant will be available to buy the dwelling.

Cosigner. An individual or an entity that joins in the execution of a promissory note to compensate for any deficiency in the applicant's repayment ability. The cosigner becomes jointly liable to comply with the terms of the promissory note in the event of the borrower's default, but is not entitled to any interest in the security or borrower rights.

Cross-collateralized loan. A situation in which a single property secures both RHS and Farm Service Agency loans.

Custodial property. Borrower-owned real property that serves as security for a loan that has been taken into possession by the Agency to protect the Government's interest.

Daily simple interest. A method of establishing borrower payments based on daily interest charged on the outstanding principal balance of the loan. Principal is reduced by the amount of payment in excess of the accrued interest.

Dealer-contractor. A person, firm, partnership, or corporation in the business of selling and servicing manufactured homes and developing sites for manufactured homes. A person, firm, partnership, or corporation not capable of providing the complete service is not eligible to be a dealer-contractor.

Debt instrument. A collective term encompassing obligating documents for a loan, including any applicable promissory note, assumption agreement, or grant agreement.

Deferred mortgage payments. A subsidy available to eligible, very low-income borrowers of up to 25 percent of their principal and interest payments at 1 percent for up to 15 years. The deferred amounts are subject to recapture on sale or nonoccupancy.

Deficient housing. A dwelling that lacks complete plumbing; lacks adequate heating; is dilapidated or structurally unsound; has an overcrowding situation that will be corrected with loan funds; or that is otherwise uninhabitable, unsafe, or poses a health or environmental threat to the occupant or others.

Elderly family. An elderly family consists of one of the following:

(1) A person who is the head, spouse, or sole member of a family and who is 62 years of age or older, or who is disabled, and is an applicant or borrower;

(2) Two or more persons who are living together, at least 1 of whom is age 62 or older, or disabled, and who is an applicant or borrower; or

(3) In the case of a family where the deceased borrower or spouse was at least 62 years old or disabled, the surviving household member shall continue to be classified as an elderly family for the purpose of determining adjusted income, even though the surviving members may not meet the definition of elderly family on their own, *provided:*

(i) They occupied the dwelling with the deceased family member at the time of the death;

(ii) If one of the surviving family members is the spouse of the deceased family member, the family shall be classified as an elderly family only until the remarriage of the surviving spouse; and

(iii) At the time of the death of the deceased family member, the dwelling was financed under title V of the Housing Act of 1949, as amended.

Escrow account. An account to which the borrower contributes monthly payments to cover the anticipated costs of real estate taxes, hazard and flood insurance premiums, and other related costs.

Existing dwelling or unit. A dwelling that is more than 1 year old, or less than 1 year old and covered by an approved 10-year warranty plan.

False information. Information that the recipient knew was incorrect or should have known was incorrect that was provided or omitted for the purposes of obtaining assistance for which the recipient was not eligible.

Full-time student. A person who carries at least the minimum number of credit hours considered to be full-time by college or vocational school in which the person is enrolled.

Hazard. A condition of the property that jeopardizes the health or safety of the occupants or members of the community, that does not make it unfit for habitation. (See also the definition of major hazard in this section.)

Household. All persons expected to be living in the dwelling, except for live-in aids, foster children, and foster adults.

Housing Act of 1949, as amended. The Act which provides the authority for the direct single family housing programs. It is codified at 42 U.S.C. 1471 *et seq.*

HUD. The U.S. Department of Housing and Urban Development.

Inaccurate information. Incorrect information inadvertently provided, used, or omitted without the intent to obtain benefits for which the recipient was not eligible.

Indian reservation. All land located within the limits of any Indian reservation under the jurisdiction of the United States notwithstanding the issuance of any patent and including rights-of-way running through the reservation; trust or restricted land located within the boundaries of a former reservation of a federally recognized Indian tribe in the State of Oklahoma; or all Indian allotments, the titles to which have not been extinguished, if such allotments are subject to the jurisdiction of a federally recognized Indian tribe.

Interest credit. A payment subsidy available to certain eligible section 502 borrowers that reduces the effective interest rate of a loan (see 3550.68(d)). Borrowers receiving interest credit will continue to receive it on all current and future loans for as long as they remain eligible for and continue to receive a subsidy. Borrowers who cease to be eligible for interest credit can never receive interest credit again, but may receive payment assistance if they again qualify for a payment subsidy.

Junior lien. A security instrument or a judgment against the security property to which the RHS debt instrument is superior. Legal alien. For the purposes of this part, legal alien refers to any person lawfully admitted to the country who meets the criteria in section 214 of the Housing and Community Development Act of 1980, 42 U.S.C. 1436a.

Leveraged loan. A loan or grant to an Agency borrower from a non-RHS source for the same property, closed simultaneously with an RHS loan.

Live-in aide. A person who lives with an elderly or disabled person and is essential to that person's care and well-being, not obligated for the person's support, and would not be living in the unit except to provide the support services.

Low income. An adjusted income that is greater than the HUD established very low-income limit, but that does not exceed the HUD established low-income limit (generally 80 percent of median income adjusted for household size) for the county or Metropolitan Statistical Area where the property is or will be located.

Major hazard. A condition so severe that it makes the property unfit for habitation. (See also the definition of hazard in this section.)

Manufactured home. A structure that is built to Federally Manufactured Home Construction and Safety Standard and RHS Thermal Performance Standards. It is transportable in 1 or more sections, which in the traveling mode is 10-body feet (3.048 meters) or more in width, and when erected on site is 400 or more square feet (37.16 square meters), and which is built on a permanent chassis and designed to be used as a dwelling with or without a permanent foundation when connected to the required utilities. It is designed and constructed for permanent occupancy by a single family and contains permanent eating, cooking, sleeping, and sanitary facilities. The plumbing, heating, and electrical systems are contained in the structure. A permanent foundation is required.

Market value. The value of the property as determined by a current appraisal, RHS may authorize the use of a Broker's Price Opinion or similar instrument to determine market value in limited servicing situations.

Mobile home. A manufactured unit often referred to as a ''trailer,'' designed to be used as a dwelling, but built prior to the enactment of the Housing and Community Development Act of 1980 (Pub. L. 96–399) enacted October 8, 1980.

Moderate income. An adjusted income that is greater than the low-income limit, but that does not exceed

the HUD established low-income limit by more than $5,500.

Modest housing. A property that is considered modest for the area, with a cost that does not exceed the applicable limit established under section 203(b) of the National Housing Act (12 U.S.C. 1709) (unless an exception is approved by RHS). In addition, the property must not be designed for income-producing activities nor have an in-ground swimming pool.

Modular or panelized home. Housing, constructed of one or more factory-built sections or panels, which, when completed, meets or exceeds the requirements of the recognized development standards (model building codes) for site built housing, and which is designed to be permanently connected to a site-built foundation.

Moratorium. A period of up to 2 years during which scheduled payments are not required, but are subject to repayment at a later date.

Mortgage. A form of security instrument or consensual lien on real property including a real estate mortgage or a deed of trust.

Net family assets. The value of assets available to a household that could be used towards housing costs. Net family assets are considered in the calculation of annual income and are used to determine whether the household must make additional cash contributions to improve or purchase the property.

Net recovery value. The market value of the security property minus anticipated expenses of liquidation, acquisition, and sale as determined by RHS.

New dwelling. A dwelling that is to be constructed, or an already-existing dwelling that is less than 1 year old and is not covered by an approved 10-year warranty plan.

Nonprogram (NP) interest rate. The interest rate offered by RHS for loans made on NP terms.

NP property. Property that does not meet the program eligibility requirements outlined in §§ 3550.56 and 3550.57.

NP terms. Credit terms available from RHS when the applicant or property is not program-eligible.

Offset. Deductions to pay a debt owed to RHS from a borrower's retirement benefits, salary, income tax refund, or payments from other federal agencies to the borrower. Deductions from retirement benefits and salary generally apply only to current and former federal employees.

Participant. For the purpose of reviews and appeals, a participant is any individual or entity who has applied for, or whose right to participate in or receive a payment, loan, or other benefit is affected by an RHS decision.

Payment assistance. A payment subsidy available to eligible section 502 borrowers that reduces the effective interest rate of a loan (see § 3550.68(c)). Borrowers eligible for a payment subsidy receive payment assistance unless they are currently eligible for and receive interest credit.

Payment subsidy. A general term for subsidies which reduce the borrower's scheduled payment. It refers to either payment assistance or interest credit.

Person with disability. Any person who has a physical or mental impairment that substantially limits one or more major life activities, including functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working, has a record of such an impairment, or is regarded as having such an impairment.

PITI ratio. The amount paid by the borrower for principal, interest, taxes, and insurance (PITI), divided by repayment income.

Principal reduction attributed to subsidy (PRAS). Accelerated principal reduction that can occur when a borrower receives a reduced interest rate through a payment subsidy.

Prior lien. A security instrument or a judgment against the security property that is superior to the RHS debt instrument.

Program-eligible applicant. Any applicant meeting the eligibility requirements described in § 3550.53.

Program-eligible property. A property eligible to be financed under this part, as determined by the criteria listed in §§ 3550.56 through 3550.59.

Program terms. Credit terms that are available only to program-eligible applicants for program-eligible properties.

Property. The land, dwelling, and related facilities for which the applicant will use RHS assistance.

Protective advances. Costs incurred by the Agency to protect the security interest of the Government that are charged to the borrower's account.

Real estate taxes. Taxes and the annual portion of assessments estimated to be due and payable on the property, reduced by any available tax exemption.

Recapture amount. An amount of subsidy to be repaid by the borrower upon disposition or nonoccupancy of the property.

Recipient. Any applicant, borrower, or grant recipient who applies for or receives assistance under the section 502 or 504 programs.

REO. The acronym for ''Real Estate Owned.'' It refers to property for which RHS holds title.

Repayment income. Used to determine whether an applicant has the ability to make monthly loan payments. Repayment income includes amounts excluded for the purpose of determining adjusted income. See § 3550.54 for a complete description.

RHS. The Rural Housing Service of the U.S. Department of Agriculture, or its successor agency, formerly the Rural Housing and Community Development Service (RHCDS), a successor agency to the Farmers Home Administration (FmHA).

RHS employee. Any employee of RHS, or any employee of the Rural Development mission area who carries out grant or loan origination or servicing functions for the section 502 or 504 programs.

RHS interest rate. The unsubsidized interest rate offered by RHS for loans made on program terms.

Rural area: A rural area is:

(1) Open country which is not part of or associated with an urban area.

(2) Any town, village, city, or place, including the immediate adjacent densely settled area, which is not part of or associated with an urban area and which: (i) Has a population not in excess of 10,000 if it is rural in character; or

(ii) Has a population in excess of 10,000 but not in excess of 20,000, is not contained within a Metropolitan Statistical Area, and has a serious lack of mortgage credit for low- and moderate-income households as determined by the Secretary of Agriculture and the Secretary of HUD.

(3) An area classified as a rural area prior to October 1, 1990, (even if within a Metropolitan Statistical Area), with a population exceeding 10,000, but not in excess of 25,000, which is rural in character, and has a serious lack of mortgage credit for low- and moderate-income families. This is effective through receipt of census data for the year 2000.

Rural Development. A mission area within USDA which includes RHS, Rural Utilities Service (RUS), and Rural Business-Cooperative Service (RBS).

Scheduled payment. The monthly or annual installment on a promissory note plus escrow (if required), as modified by any payment subsidy agreement, delinquency workout agreement, other documented agreements between RHS and the borrower, or protective advances.

Secured loan. A loan that is collateralized by property so that in the

event of a default on the loan, the property may be sold to satisfy the debt.

Security property. All the property that serves as collateral for an RHS loan.

Subsidy. Interest credit, payment assistance, or deferred mortgage assistance received by a borrower under the section 502 or 504 programs.

Total debt ratio. The amount paid by the borrower for PITI and any recurring monthly debt, divided by repayment income.

Unauthorized assistance. Any loan, payment subsidy, deferred mortgage payment, or grant for which there was no regulatory authorization or for which the recipient was not eligible.

U.S. citizen. An individual who resides as a citizen in any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Marianas, the Federated States of Micronesia, the Republic of Palau, or the Republic of the Marshall Islands.

USDA. The United States Department of Agriculture.

Unsecured loan. A loan evidenced only by the borrower's promissory note.

Value appreciation. The current market value of the property minus: the balance due prior lienholders, the unpaid balance of the RHS debt, unreimbursed closing costs (if any), principal reduction, the original equity (if any) of the borrower, and the value added by capital improvements.

Very low-income. An adjusted income that does not exceed the HUD-established very low-income limit (generally 50 percent of median income adjusted for household size) for the county or the Metropolitan Statistical Area where the property is or will be located.

Veterans preference. A preference extended to any person applying for a loan or grant under this part who served on active duty and has been discharged or released from the active forces on conditions other than dishonorable from the United States Army, Navy, Air Force, Marine Corps, or Coast Guard. The preference applies to the serviceperson, or the family of a deceased serviceperson who died in service before the termination of such war or such period or era. The applicable timeframes are:

(1) During the period of April 6, 1917, through March 31, 1921;

(2) During the period of December 7, 1941, through December 31, 1946;

(3) During the period of June 27, 1950, through January 31, 1955;

(4) For a period of more than 180 days, any part of which occurred after January 31, 1955, but on or before May 7, 1975; or

(5) During the period beginning August 2, 1990, and ending the date prescribed by Presidential Proclamation or law.

§§ 3550.11–3550.49 [Reserved]

§ 3550.50 OMB control number.

The information collection requirements contained in this regulation have been approved by the Office of Management and Budget (OMB) and have been assigned OMB control number 0575–0166. Public reporting burden for this collection of information is estimated to vary from 5 minutes to 3 hours per response, with an average of 1½ hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, STOP 7602, 1400 Independence Ave, SW., Washington, DC 20250–7602. You are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Subpart B—Section 502 Origination

§ 3550.51 Program objectives.

Section 502 of the Housing Act of 1949, as amended authorizes the Rural Housing Service (RHS) to provide financing to help low- and very low-income persons who cannot obtain credit from other sources obtain adequate housing in rural areas. Resources for the section 502 program are limited, and therefore, applicants are required to use section 502 funds in conjunction with funding or financing from other sources, if feasible. Sections 3550.52 through 3550.73 set forth the requirements for originating loans on program terms. Section 3550.74 describes the differences for originating loans on nonprogram (NP) terms.

§ 3550.52 Loan purposes.

Section 502 funds may be used to buy, build, rehabilitate, improve, or relocate an eligible dwelling and provide related facilities for use by the borrower as a permanent residence. In limited circumstances section 502 funds may be used to refinance existing debt.

(a) *Purchases from existing RHS borrowers.* To purchase a property currently financed by an RHS loan, the new borrower must assume the existing RHS indebtedness. Section 502 funds may be used to provide additional financing or make repairs. Loan funds also may be used to permit a remaining borrower to purchase the equity of a departing co-borrower.

(b) *Refinancing non-RHS loans.* Debt from an existing non-RHS loan may be refinanced if the existing debt is secured by a lien against the property, RHS will have a first lien position on the security property after refinancing, and:

(1) In the case of loans for existing dwellings, if:

(i) Due to circumstances beyond the applicant's control, the applicant is in danger of losing the property; and

(ii) The debt is over $5,000 and was incurred for eligible program purposes prior to loan application or was a protective advance made by the mortgagee for items covered by the loan to be refinanced, including accrued interest, insurance premiums, real estate tax advances, or preliminary foreclosure costs.

(2) In the case of loans for a building site without a dwelling, if:

(i) The debt to be refinanced was incurred for the sole purpose of purchasing the site;

(ii) The applicant is unable to acquire adequate housing without refinancing; and

(iii) The RHS loan will include funds to construct an appropriate dwelling on the site for the applicant's use.

(3) Debts incurred after the date of RHS loan application but before closing may be refinanced if the costs are incurred for eligible loan purposes and any construction work conforms to the standards specified in this part.

(c) *Refinancing RHS debt.* Under limited circumstances, an existing RHS loan may be refinanced in accordance with § 3550.204 to allow the borrower to receive payment assistance.

(d) *Eligible costs.* Improvements financed with loan funds must be on land which, after closing, is part of the security property. In addition to acquisition, construction, repairs, or the cost of relocating a dwelling, loan funds may be used to pay for:

(1) Reasonable expenses related to obtaining the loan, including legal, architectural and engineering, technical, title clearance, and loan closing fees; and appraisal, surveying, environmental, tax monitoring, and other technical services; and personal liability insurance fees for Mutual Self-Help borrowers.

(2) The cost of providing special design features or equipment when necessary because of a physical disability of the applicant or a member of the household.

(3) Reasonable connection fees, assessments, or the pro rata installment costs for utilities such as water, sewer, electricity, and gas for which the borrower is liable and which are not paid from other funds.

(4) Reasonable and customary lender charges and fees if the RHS loan is being made in combination with a leveraged loan.

(5) Real estate taxes that are due and payable on the property at the time of closing and for the establishment of escrow accounts for real estate taxes, hazard and flood insurance premiums, and related costs.

(6) Fees to public and private nonprofit organizations that are tax exempt under the Internal Revenue Code for the development and packaging of loan applications, except for loans related to the purchase of an RHS Real Estate Owned (REO) property.

(7) Purchasing and installing essential equipment in the dwelling, including ranges, refrigerators, washers or dryers, if these items are normally sold with dwellings in the area and if the purchase of these items is not the primary purpose of the loans.

(8) Purchasing and installing approved energy savings measures and approved furnaces and space heaters that use fuel that is commonly used, economical, and dependably available.

(9) Providing site preparation, including grading, foundation plantings, seeding or sodding, trees, walks, yard fences, and driveways to a building site.

(e) *Loan restrictions.* Loan funds may not be used to:

(1) Purchase an existing manufactured home, or for any other purposes prohibited in § 3550.73(b).

(2) Purchase or improve income-producing land or buildings to be used principally for income-producing purposes.

(3) Pay fees, commissions, or charges to for-profit entities related to loan packaging or referral of prospective applicants to RHS.

§ 3550.53 Eligibility requirements.

(a) *Income eligibility.* At the time of loan approval, the household's adjusted income must not exceed the applicable low-income limit for the area, and at closing, must not exceed the applicable moderate-income limit for the area (see § 3550.544).

(b) *Citizenship status.* The applicant must be a United States citizen or a noncitizen who qualifies as a legal alien as defined in § 3550.10.

(c) *Primary residence.* Applicants must agree to and have the ability to occupy the dwelling on a permanent basis.

(1) Because of the probability of transfer, loans will not be approved for military personnel on active duty unless the applicant will be discharged within a reasonable period of time.

(2) Because of the probability of moves after graduation, loans will not be approved for a full-time student unless the applicant intends to make the home a permanent residence and there are reasonable prospects that employment will be available in the area after graduation.

(3) If the home is being constructed or renovated an adult member of the household must be available to make inspections and authorize progress payments as the dwelling is being constructed.

(d) *Eligibility of current homeowners.* Current homeowners are not eligible for initial loans except as follows:

(1) Current homeowners may receive RHS loan funds to:

(i) refinance an existing loan under the conditions outlined in § 3550.52(b);

(ii) purchase a new dwelling if the current dwelling is deficient housing as defined in § 3550.10; or

(iii) make necessary repairs to the property which is financed with an affordable non- RHS loan.

(2) Current homeowners with an RHS loan may receive a subsequent loan.

(e) *Legal capacity.* Applicants must have the legal capacity to incur the loan obligation, or have a court appointed guardian or conservator who is empowered to obligate the applicant in real estate matters.

(f) *Suspension or debarment.* Applications from applicants who have been suspended or debarred from participation in federal programs will be handled in accordance with 7 CFR part 3017.

(g) *Repayment ability.* Applicants must demonstrate adequate repayment ability.

(1) A very low-income applicant is considered to have repayment ability when the monthly amount required for payment of principal, interest, taxes, and insurance (PITI) does not exceed 29 percent of the applicant's repayment income, and the monthly amount required to pay PITI plus recurring monthly debts does not exceed 41 percent of the applicant's repayment income.

(2) A low-income applicant is considered to have repayment ability when the monthly amount required for payment of PITI does not exceed 33 percent of the applicant's repayment income, and the monthly amount required to pay PITI plus recurring monthly debts does not exceed 41 percent of repayment income.

(3) Repayment ratios may exceed the percentages specified in paragraphs (g)(1) and (g)(2) of this section if the applicant has demonstrated an ability to meet higher debt obligations, or if RHS determines, based on other compensating factors, that the household has a higher repayment ability.

(4) If an applicant does not meet the repayment ability requirements, the applicant can have another party join the application as a cosigner.

(5) If an applicant does not meet the repayment ability requirements, the applicant can have other household members join the application.

(h) *Credit qualifications.* Applicants must be unable to secure the necessary credit from other sources on terms and conditions that the applicant could reasonably be expected to fulfill. Applicants must have a credit history that indicates reasonable ability and willingness to meet debt obligations. An applicant with an outstanding judgment obtained by the United States in a federal court, other than the United States Tax Court, is not eligible for a loan or grant from RHS.

(1) Indicators of unacceptable credit include:

(i) Incidents of more than 2 debt payments more than 30 days late within the last 12 months.

(ii) A foreclosure which has been completed within the last 36 months.

(iii) An outstanding Internal Revenue Service tax lien or any other outstanding tax liens with no satisfactory arrangement for payment.

(iv) A court-created or court-affirmed obligation or judgment caused by nonpayment that is currently outstanding or has been outstanding within the last 12 months, except for those excluded in paragraphs (h)(2)(i) and (h)(2)(ii) of this section.

(v) Two or more rent payments paid 30 or more days late within the last 2 years. If the applicant has experienced no other credit problems in the past 2 years, only 1 year of rent history will be evaluated. Rent payment history requirements may be waived if the RHS loan will reduce shelter costs significantly and contribute to an improved repayment ability.

(vi) Outstanding collection accounts with a record of irregular payment with no satisfactory arrangements for repayment, or collection accounts that were paid in full within the last 6 months.

(vii) Non-agency debts written off within the last 36 months unless paid in full at least 12 months ago.

(viii) Agency debts that were debt settled, or are being considered for debt settlement.

(ix) Delinquency on a federal debt.

(2) The following will not be considered indicators of unacceptable credit:

(i) A bankruptcy in which debts were discharged more than 36 months prior to the date of application or where an applicant successfully completed a bankruptcy debt restructuring plan and has demonstrated a willingness to meeting obligations when due for the 12 months prior to the date of application.

(ii) A judgment satisfied more than 12 months before the date of application.

(3) When an application is rejected because of unacceptable credit, the applicant will be informed of the reason and source of information.

§ 3550.54 Calculation of income and assets.

(a) *Repayment income.* Repayment income is the annual amount of income from all sources that are expected to be received by those household members who are parties to the promissory note, except for any student financial aid received by these household members for tuition, fees, books, equipment, materials, and transportation. Repayment income is used to determine the household's ability to repay a loan.

(b) *Annual income.* Annual income is the income of all household members from all sources except those listed in (b)(1) through (b)(12) of this section:

(1) earned income of persons under the age of 18 unless they are a borrower or a spouse of a member of the household;

(2) payments received for the care of foster children or foster adults;

(3) amounts granted for or in reimbursement of the cost of medical expenses;

(4) earnings of each full-time student 18 years of age or older, except the head of household or spouse, that are in excess of any amount determined pursuant to section 501(b)(5) of the Housing Act of 1949, as amended;

(5) temporary, nonrecurring, or sporadic income (including gifts);

(6) lump sum additions to family assets such as inheritances; capital gains; insurance payments under health, accident, or worker's compensation policies; settlements for personal or property losses; and deferred periodic payments of supplemental security income and Social Security benefits received in a lump sum;

(7) any earned income tax credit;

(8) adoption assistance in excess of any amount determined pursuant to section 501(b)(5) of the Housing Act of 1949, as amended;

(9) amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling;

(10) amounts paid by a State agency to a family with a developmentally disabled family member living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home;

(11) the full amount of any student financial aid; and

(12) any other revenue exempted by a Federal statute; a list of which is available from any Rural Development office.

(c) *Adjusted income.* Adjusted income is used to determine program eligibility for sections 502 and 504 and the amount of payment subsidy for which the household qualifies under section 502. Adjusted income is annual income as defined in paragraph (b) of this section less any of the following deductions for which the household is eligible.

(1) For each family member, except the head of household or spouse, who is under 18 years of age, 18 years of age or older with a disability, or a full-time student, the amount determined pursuant to section 501(b)(5) of the Housing Act of 1949, as amended.

(2) A deduction of reasonable expenses for the care of minor 12 years of age or under that:

(i) enable a family member to work or to further a member's education;

(ii) are not reimbursed or paid by another source; and

(iii) in the case of expenses to enable a family member to work do not exceed the amount of income earned by the family member enabled to work.

(3) Expenses related to the care of household members with disabilities that:

(i) enable a family member to work;

(ii) are not reimbursed from insurance or another source; and

(iii) are in excess of three percent of the household's annual income.

(4) For any elderly family, a deduction in the amount determined pursuant to section 501(b)(5) of the Housing Act of 1949, as amended.

(5) For elderly households only, a deduction for household medical expenses that are not reimbursed from insurance or another source and which in combination with any expenses related to the care of household members with disabilities described in paragraph (c)(3) of this section, are in excess of three percent of the household's annual income.

(d) *Net family assets.* Income from net family assets must be included in the calculation of annual and repayment income. Net family assets also are considered in determining whether a down payment is required.

(1) Net family assets include the cash value of:

(i) Equity in real property, other than the dwelling or site;

(ii) Cash on hand and funds in savings or checking accounts;

(iii) Amounts in trust accounts that are available to the household;

(iv) Stocks, bonds, and other forms of capital investments including life insurance policies and retirement plans that are accessible to the applicant without retiring or terminating employment;

(v) Lump sum receipts such as lottery winnings, capital gains, inheritances;

(vi) Personal property held as an investment; and

(vii) Any value, in excess of the consideration received, for any business or household assets disposed for less than fair market value during the 2 years preceding the income determination. The value of assets disposed of for less than fair market value shall not be considered if they were disposed of as a result of foreclosure or bankruptcy or a divorce or separation settlement.

(2) Net family assets do not include:

(i) Interest in American Indian trust land;

(ii) Cash on hand which will be used to reduce the amount of the loan;

(iii) The value of necessary items of personal property;

(iv) Assets that are part of the business, trade, or farming operation of any member of the household who is actively engaged in such operation;

(v) The value of an irrevocable trust fund or any other trust over which no member of the household has control.

§ 3550.55 Applications.

(a) *Application submissions.* All persons applying for RHS loans must file a complete written application in a format specified by RHS. Applications will be accepted even when funds are not available.

(b) *Application processing.*

(1) Incomplete applications will be returned to the applicant specifying in writing the additional information that is needed to make the application complete.

(2) An applicant may voluntarily withdraw an application at any time.

(3) RHS may periodically request in writing that applicants reconfirm their interest in obtaining a loan. RHS may withdraw the application of any applicant who does not respond within the specified timeframe.

(4) Applicants who are eligible will be notified in writing. If additional

information becomes available that indicates that the original eligibility determination may have been incorrect, or that circumstances have changed, RHS may reconsider the application and the applicant may be required to submit additional information.

(5) Applicants who are ineligible will be notified in writing and provided with the specific reasons for the rejection.

(c) Selection for processing. When funding is not sufficient to serve all program-eligible applicants, applications will be selected for processing using the funding priorities specified in this paragraph. Within priority categories, applications will be processed in the order that the completed applications are received. In the case of applications with equivalent priority status that are received on the same day, preference will be extended to applicants qualifying for a veterans preference. After selection for processing, loans are funded on a first-come, first-served basis.

(1) First priority will be given to existing customers who request subsequent loans to correct health and safety hazards.

(2) Second priority will be given to loans related to the sale of an REO property or the transfer of an exisiting RHS financed property.

(3) Third priority will be given to applicants facing housing related hardships including applicants who have been living in deficient housing for more than 6 months, current homeowners in danger of losing a property through foreclosure, and other circumstances determined by RHS on a case-by-case basis to constitute a hardship.

(4) Fourth priority will be given to applicants seeking, loans for the construction of dwellings in an RHS-approved Mutual Self-Help project or loans that will leverage funding or financing from other sources.

(5) Applications from applicants who do not qualify for priority consideration in paragraphs (c)(1), (c)(2), (c)(3), or (c)(4) of this section will be selected for processing after all applications with priority status have been processed.

(d) *Applicant timeframe.* RHS will specify a reasonable timeframe within which eligible applicants selected for processing must provide the information needed to underwrite the loan.

§ 3550.56 Site requirements.

(a) *Rural areas.* Loans may be made only in rural areas designated by RHS. If an area designation is changed to non-rural:

(1) New conditional commitments will be made and existing conditional commitments will be honored only in conjunction with an applicant for a section 502 loan who applied for assistance before the area designation changed.

(2) REO property sales and transfers with assumption may be processed.

(3) Subsequent loans may be made either in conjunction with a transfer with assumption of an RHS loan or to repair properties that have RHS loans.

(b) *Site standards.* Sites must be developed in accordance with 7 CFR part 1924, subpart C and any applicable standards imposed by a State or local government.

(1) The site must not be large enough to subdivide into more than one site under existing local zoning ordinances;

(2) The site must not include farm service buildings, though small outbuildings such as a storage shed may be included; and

(3) The value of the site must not exceed 30 percent of the as improved market value of the property. The State Director may waive the 30 percent requirement in high cost areas where other lenders permit a higher percentage.

§ 3550.57 Dwelling requirements.

(a) *Modest dwelling.* The property must be one that is considered modest for the area, must not be designed for income providing purposes, must not have an in-ground pool or have a cost in excess of the section 203(b) limit of the National Housing Act unless RHS authorizes an exception:

(1) *Area-wide exception.* Area-wide exceptions may be granted when RHS determines that the section 203(b) limit is too low to enable applicants to purchase adequate housing.

(2) *Individual exceptions.* Individual exceptions may be granted to accommodate the specific needs of an applicant, such as to serve exceptionally large households or to provide reasonable accommodation for a household member with a disability. Any additional loan amount approved must not exceed the amount required to address the specific need.

(b) *New dwellings.* Construction must meet the requirements in 7 CFR part 1924, subpart A.

(c) *Existing dwellings.* Existing dwellings must be structurally sound; functionally adequate; in good repair, or to be placed in good repair with loan funds; have adequate electrical, heating, plumbing, water, and wastewater disposal systems; be free of termites and other wood damaging pests and organisms; and meet the thermal performance requirements for existing dwellings of 7 CFR part 1924, subpart A.

§ 3550.58 Ownership requirements.

After the loan is closed, the borrower must have an acceptable interest in the property as evidenced by one of the following.

(a) *Fee-simple ownership.* Acceptable fee-simple ownership is evidenced by a fully marketable title with a deed vesting a fee-simple interest in the property to the borrower.

(b) *Secure leasehold interest.* A written lease is required. To be acceptable, a leasehold interest must have an unexpired term that is at least 150 percent of the term of the mortgage, unless the loan is guaranteed, in which case the unexpired term of the lease must be at least 2 years longer than the loan term. In no case may the unexpired term be less than 25 years.

(c) *Life estate interest.* To be acceptable a life estate interest must provide the borrower with rights of present possession, control, and beneficial use of the property. Generally, persons with any remainder interests must be signatories to the mortgage. All of the remainder interests need not be included in the mortgage to the extent that one or more of the persons holding remainder interests are not legally competent (and there is no representative who can legally consent to the mortgage), cannot be located, or if the remainder interests are divided among such a large number of people that it is not practical to obtain the signatures of all of the remainder interests. In such cases, the loan may not exceed the value of the property interests owned by the persons executing the mortgage.

(d) *Undivided interest.* All legally competent co-owners will be required to sign the mortgage. When one or more of the co-owners are not legally competent (and there is no representative who can legally consent to the mortgage), cannot be located, or the ownership interests are divided among so large a number of co- owners that it is not practical for all of their interests to be mortgaged, their interests not exceeding 50 percent may be excluded from the security requirements. In such cases, the loan may not exceed the value of the property interests owned by the persons executing the mortgage.

(e) *Possessory rights.* Acceptable forms of ownership include possessory rights on an American Indian reservation or State-owned land and the interest of an American Indian in land held in severalty under trust patents or deeds containing restrictions against alienation, provided that land in trust or

restricted status will remain in trust or restricted status.

§ 3550.59 Security requirements.

Before approving any loan, RHS will impose requirements to secure its interests.

(a) *Adequate security.* A loan will be considered adequately secured only when all of the following requirements are met:

(1) RHS obtains at closing a mortgage on all ownership interests in the security property or the requirements of § 3550.58 are satisfied.

(2) No liens prior to the RHS mortgage exist at the time of closing and no junior liens are likely to be taken immediately subsequent to or at the time of closing, unless the other liens are taken as part of a leveraging strategy or the RHS loan is essential for repairs and the senior lien secures an affordable non-RHS loan. Liens junior to the RHS lien may be allowed at loan closing if the junior lien will not interfere with the purpose or repayment of the RHS loan and the total value of all liens on the property is less than or equal to the property's market value.

(3) The provisions of 7 CFR part 1927, subpart B regarding title clearance and the use of legal services have been followed.

(4) Existing and proposed property improvements are totally on the site and do not encroach on adjoining property.

(b) *Guaranteed payment.* Mortgage insurance guaranteeing payment from a Government agency or Indian tribe is adequate security.

§ 3550.60 Escrow account.

RHS may require that customers deposit into an escrow account amounts necessary to ensure that the account will contain sufficient funds to pay real estate taxes, hazard and flood insurance premiums, and other related costs when they are due in accordance with the Real Estate Settlement and Procedures Act of 1974 (RESPA) (12 U.S.C. 2601, *et seq.*) and section 501(e) of the Housing Act of 1949, as amended.

§ 3550.61 Insurance.

(a) *Customer responsibility.* Until the loan is paid in full the customer must furnish and continually maintain hazard and flood insurance on property securing RHS loans, with companies, in amounts, and on terms and conditions acceptable to RHS. Customers who are required to have insurance may be required to escrow funds to ensure payment. All policies must have a ''loss payable clause'' payable to RHS to protect the Government's interest.

(b) *Amount.* Essential buildings must be insured in an amount at least equal to the balance of the secured debts.

(c) *Flood insurance.* Flood insurance must be obtained and maintained for the life of the loan for all property located in a Special Flood Hazard Area (SFHA) as determined by the Federal Emergency Management Agency (FEMA). RHS actions will be consistent with 7 CFR part 1806, subpart B which addressed flood insurance requirements. If flood insurance through FEMA's National Flood Insurance Program is not available in an SFHA, the property is not eligible for federal financial assistance.

(d) *Losses.*

(1) Loss deductible clauses may not exceed $250 or 1 percent of the insurance coverage, whichever is greater. The deductible for any 1 building may not exceed $750.

(2) Customers must immediately notify RHS of any loss or damage to insured property and collect the amount of the loss from the insurance company.

(3) Depending on the amount of the loss, RHS may require that loss payments be supervised. All repairs and replacements done by or under the direction of the borrower, or by contract, will be planned, performed, inspected, and paid for in accordance with 7 CFR part 1924, subpart A.

(4) When insurance funds remain after all repairs, replacements, and other authorized disbursements have been made, the funds will be applied in the following order:

(i) Prior liens, including delinquent property taxes.

(ii) Past-due amounts.

(iii) Protective advances due.

(iv) Released to the customer if the RHS debt is adequately secured.

(5) If a loss occurs when insurance is not in force, the borrower is responsible for making the needed repairs or replacements and ensuring that the insurance is reinstated on the property.

(6) If the borrower is not financially able to make the repairs, RHS may take one of the following actions:

(i) Make a subsequent loan for repairs.

(ii) Subordinate the RHS lien to permit the borrower to obtain funds for needed repairs from another source.

(iii) Permit the borrower to obtain funds secured by a junior lien from another source.

(iv) Make a protective advance to protect the Government's interest.

(v) Accelerate the account.

§ 3550.62 Appraisals.

(a) *Requirement.* An appraisal is required when the debt to be secured exceeds $15,000 or whenever RHS determines that it is necessary to establish the adequacy of the security. Appraisals must be made in accordance with the Uniform Standards of Professional Appraisal Practices. When other real estate is taken as additional security, it will be appraised if it represents a substantial portion of the security for the loan.

(b) *Fees.* RHS will charge a fee for each loan application that requires an appraisal, except the appraisal fee is not required on appraisals done for subsequent loans needed to make minimal, essential repairs or in cases where another party provides an appraisal which is acceptable to RHS. Fees collected in connection with a dwelling constructed under an approved conditional commitment will be paid to the contractor at closing to offset the cost of the real estate appraisal that is included in the conditional commitment fee.

§ 3550.63 Maximum loan amount.

Total secured indebtedness must not exceed the section 203(b) or market value limitations specified in paragraphs (a) and (b) of this section. In addition, the borrower may also finance the amount of the RHS appraisal and tax monitoring fee and the amount required to establish an escrow account for taxes and insurance over and above the limitations specified below. This section does not apply to NP loans.

(a) *Section 203(b) Limitation.* The section 203(b) limitation is the amount established by 203(b) of the National Housing Act, unless RHS authorizes an exception, as described in 7(a) of this subpart.

(b) *Market Value Limitation.*

(1) The market value limitation is 100 percent of market value for existing housing and for new dwellings for which RHS will receive adequate documentation of construction quality and the source of such documentation is acceptable to RHS.

(2) The market value limitation is 90 percent of market value for new dwellings for which adequate documentation of construction quality is not available.

(3) The market value limitation can be increased by:

(i) Up to one percent, if RHS makes a subsequent loan for closing costs only, in conjunction with the sale of an REO property or an assumption.

(ii) The amount necessary to make a subsequent loan for repairs necessary to protect the Government's interest, and reasonable closing costs.

(iii) The amount necessary to refinance an existing borrower's RHS

loans, plus closing costs associated with the new loan.

§ 3550.64 Down payment.

Elderly families must use any net family assets in excess of $10,000 towards a down payment on the property. Non-elderly families must use net family assets in excess of $7,500 towards a down payment on the property. Applicants may contribute assets in addition to the required down payment to further reduce the amount to be financed.

§ 3550.65 [Reserved]

§ 3550.66 Interest rate.

Loans will be written using the applicable RHS or NP interest rate in effect at loan approval or loan closing, whichever is lower. Information about current interest rates is available in any Rural Development office.

§ 3550.67 Repayment period.

Loans will be scheduled for repayment over a period that does not exceed the expected useful life of the property as a dwelling. The loan repayment period will not exceed:

(a) Thirty-three years in all cases except as noted in paragraphs (b), (c), and (d) of this section.

(b) Thirty-eight years:

(1) For initial loans, or subsequent loans made in conjunction with an assumption, if the applicant's adjusted income does not exceed 60 percent of the area adjusted median income and the longer term is necessary to show repayment ability.

(2) For subsequent loans not made in conjunction with an assumption if the applicant's initial loan was for a period of 38 years, the applicant's adjusted income at the time the subsequent loan is approved does not exceed 60 percent of area adjusted median income, and the longer terms is necessary to show repayment ability.

(c) Ten years for loans not exceeding $2,500.

(d) Thirty years for manufactured homes.

§ 3550.68 Payment subsidies.

RHS administers two types of payment subsidies: payment assistance and interest credit. Payment subsidies are subject to recapture when the borrower transfers title or ceases to occupy the property.

(a) *Eligibility for payment subsidy.*

(1) Applicants or borrowers who receive loans on program terms are eligible to receive payment subsidy if they personally occupy the property and have adjusted income at or below the applicable moderate-income limit.

(2) Borrowers with loans approved before August 1, 1968, are not eligible for payment assistance, even if they assumed the loan after that date.

(3) Payment assistance may be granted for initial loans or subsequent loans made in conjunction with an assumption only if the term of the loan is at least 25 years or more.

(4) Payment assistance may be granted for subsequent loan not made in conjunction with an assumption if the initial loan was for a term of 25 years or more.

(b) *Determining type of payment subsidy.* A borrower currently receiving interest credit will continue to receive it for the initial loan and for any subsequent loan for as long as the borrower is eligible for and remains on interest credit. A borrower who has never received interest credit, or who has stopped receiving interest credit and at a later date again qualifies for a payment subsidy, will receive payment assistance.

(c) *Calculation of payment assistance.* The amount of payment assistance granted is the difference between the installment due on the promissory note and the greater of the payment amortized at the equivalent interest rate or the payment calculated based on the required floor payment. In leveraging situations, the equivalent interest rate will be used.

(1) The floor payment is a minimum percentage of adjusted income that the borrower must pay for PITI:

(i) Very low-income borrowers must pay a minimum of 22 percent of adjusted income;

(ii) Low-income borrowers with adjusted income below 65 percent of area adjusted median income must pay a minimum of 24 percent of adjusted income; and

(iii) Low-income borrowers with adjusted incomes between 65 and 80 percent of area adjusted median income must pay a minimum of 26 percent of adjusted income.

(2) The equivalent interest rate is determined by a comparison of the borrower's adjusted income to the adjusted median income for the area in which the security property is located. The following chart is used to determine the equivalent interest rate paid by applicants eligible for payment assistance.

PERCENTAGE OF MEDIAN INCOME AND THE EQUIVALENT INTEREST RATE

When the applicants adjusted income is—		
Equal to or more than	But less than	Then the equivalent interest rate is [1]
00%	50.01% of adjusted median income.	1
50.01%	55% of adjusted median income.	2
55%	60% of adjusted median income.	3
60%	65% of adjusted median income.	4
65%	70% of adjusted median income.	5
70%	75% of adjusted median income.	6
75%	80.01% of adjusted median income.	6.5
80.01%	90% of adjusted median income.	7.5
90%	100% of adjusted median income.	8.5
100%	110% of adjusted median income.	9
110%	or more than median income.	9.5

[1] Or note rate, whichever is less; in no case will the equivalent interest rate be less than one percent.

(d) *Calculation of interest credit.* The amount of interest credit granted is the difference between the sum of the annual installments due at the promissory note interest rate and the greater of:

(1) Twenty percent of the borrower's adjusted income less the cost of real estate taxes and insurance; or

(2) The amount the borrower would pay if the loan were amortized at an interest rate of one percent.

(e) *Annual review.* The borrower's income will be reviewed annually to determine whether the borrower is eligible for continued payment subsidy. The borrower must notify RHS whenever an adult member of the household changes or obtains employment, there is a change in household composition, or if income increases by at least 10 percent so that RHS can determine whether a review of the borrowers circumstances is required.

§ 3550.69 Deferred mortgage payments.

For qualified borrowers, RHS may defer up to 25 percent of the monthly principal and interest payment at 1 percent for up to 15 years. This assistance may be granted only at initial loan closing and is reviewed annually. Deferred mortgage payments are subject to recapture when the borrower transfers title or ceases to occupy the property.

(a) *Eligibility*. In order to qualify for deferred mortgage payments, all of the following must be true:

(1) The applicants adjusted income at the time of initial loan approval does not exceed the applicable very low-income limits.

(2) The loan term is 38 years, or 30 years for a manufactured home.

(3) The applicant's payments for principal and interest, calculated at a one percent interest rate for the maximum allowable term, plus estimated costs for taxes and insurance exceeds:

(i) For applicants receiving payment assistance, 29 percent of the applicants repayment income by more than $10 per month; or

(ii) For applicants receiving interest credit, 20 percent of adjusted income by more than $10 per month.

(b) *Amount and terms.*

(1) The amount of the mortgage payment to be deferred will be the difference between the applicants payment for principal and interest, calculated at one percent interest for the maximum allowable term, plus estimated costs for taxes and insurance and:

(i) For applicants receiving payment assistance, 29 percent of the applicants repayment income.

(ii) For applicants receiving interest credit, 20 percent of adjusted income.

(2) Deferred mortgage payment agreements will be effective for a 12-month period.

(3) Deferred mortgage assistance may be continued for up to 15 years after loan closing. Once a borrower becomes ineligible for deferred mortgage assistance, the borrower can never again receive deferred mortgage assistance.

(c) *Annual review.* The borrower's income, taxes, and insurance will be reviewed annually to determine eligibility for continued deferred mortgage assistance. The borrower must notify RHS whenever an adult member of the household changes or obtains employment or if income increases by at least 10 percent so that RHS can determine whether a review of the borrower's circumstances is required.

§ 3550.70 Conditional commitments.

A conditional commitment is a determination by RHS that a dwelling be offered for sale will be acceptable for purchase by a qualified RHS loan applicant if it is built or rehabilitated in accordance with RHS-approved plans, specifications, and regulations and priced within the lessor of the property's appraised value or the applicable HUD section 203(b) limit. The conditional commitment does not reserve funds, does not guarantee funding, and does not ensure that an eligible loan applicant will be available to buy the dwelling.

(a) *Eligibility.* To be eligible to request a conditional commitment, the builder, dealer-contractor, or seller must:

(1) Have an adequate ownership interest in the property, as defined in § 3550.58, prior to the beginning of any planned construction;

(2) Have the experience and ability to complete any proposed work in a competent and professional manner;

(3) Have the legal capacity to enter into the required agreements;

(4) Be financially responsible and have the ability to finance or obtain financing for any proposed construction or rehabilitation; and

(5) Comply with the requirements of 7 CFR part 1901, subpart E and all applicable laws, regulations, and Executive Orders relating to equal opportunity. Anyone who receives 5 or more conditional commitments during a 12-month period must obtain RHS approval of an affirmative marketing plan.

(b) *Limitations.* Conditional commitments for new or substantially rehabilitated dwellings will not be issued after construction has started. RHS may limit the total number of conditional commitments issued in any locality based on market demand.

(c) *Commitment period.* A conditional commitment will be valid for 12 months from the date of issuance. The commitment may be extended for up to an additional 6 months if there are unexpected delays in construction caused by such factors as bad weather, materials shortages, or marketing difficulties. Conditional commitments may be canceled if construction does not begin within 60 days after the commitment is issued.

(d) *Conditional commitments involving packaging of applications.* A conditional commitment may be made to a seller, builder, or dealer-contractor who packages an RHS loan application for a prospective purchaser. In cases where the dwelling is to be constructed for sale to a specific eligible applicant, all of the following conditions must be met:

(1) The conditional commitment will not be approved until the applicant's loan has been approved;

(2) Construction will not begin until loan funds are obligated for the loan. Exceptions may be made when it appears likely that funding will be forthcoming and as long as the RHS lien priority is not jeopardized. The sales agreement must indicate that the loan has been approved but not funded and must provide that if the loan is not closed within 90 days of the date of approval, the contractor may terminate the sales agreement and sell the property to another party. If the sales agreement is terminated, the conditional commitment will be honored for another eligible loan applicant for the remaining period of the commitment; and

(3) The RHS loan will be closed only after the dwelling is constructed or the required rehabilitation completed and final inspection has been made.

(e) *Fees.* An application for a conditional commitment must include payment of the conditional commitment fee. The fee will be refunded if for any reason preliminary inspection of the property or investigation of the conditional commitment applicant indicates that a conditional commitment will not be issued. Application fees will not be refunded for any property on which the required appraisal has been made.

(f) *Failure of conditional commitment applicant or dwelling to qualify.* The conditional commitment applicant will be informed if the conditional commitment is denied. Conditional commitments will be canceled if the property does not meet program requirements.

(g) *Changes in plans, specifications, or commitment price.* The holder of the conditional commitment must request approval for changes in plans, specifications, and commitment price. RHS may approve the changes if the following requirements are met:

(1) The property price does not exceed the maximum loan limit and increases in costs are due to factors beyond the control of the commitment holder; and

(2) The requested changes are justifiable and appropriate.

(h) *Builder's warranty.* The builder or seller, as appropriate, must execute either an RHS-approved ''Builder's Warranty,'' or provide a 10-year insured warranty when construction is completed or the loan is closed.

§ 3550.71 Special requirements for condominiums.

RHS loans may be made for condominium units under the following conditions:

(a) The unit is in a project approved or accepted by U.S. Department of Housing and Urban Development (HUD), the Federal National Mortgage Association (Fannie Mae), or the Federal Home Loan Mortgage Corporation (Freddie Mac).

(b) The condominium project complies with the requirements of the

condominium enabling statute and all other applicable laws. Any right of first refusal in the condominium documents will not impair the rights of RHS to:

(1) Foreclose or take title to a condominium unit pursuant to the remedies in the mortgage;

(2) Accept a deed in lieu of foreclosure in the event of default by a mortgagor; and

(3) Sell or lease a unit acquired by RHS.

(c) If RHS obtains title to a condominium unit pursuant to the remedies in its mortgage or through foreclosure, RHS will not be liable for more than 6 months of the unit's unpaid regularly budgeted dues or charges accrued before acquisition of the title to the unit by RHS. The homeowners association's lien priority may include costs of collecting unpaid dues.

(d) In case of condemnation or substantial loss to the units or common elements of the condominium project, unless at least two-thirds of the first mortgagees or unit owners of the individual condominium units have given their consent, the homeowners association may not:

(1) By act or omission seek to abandon or terminate the condominium project;

(2) Change the pro rata interest or obligations of any condominium unit in order to levy assessments or charges, allocate distribution of hazard insurance proceeds or condemnation awards, or determine the pro rata share of ownership of each condominium unit in the common elements;

(3) Partition or subdivide any condominium unit;

(4) Seek to abandon, partition, subdivide, encumber, sell, or transfer the common elements by act or omission (the granting of easements for public utilities or other public purposes consistent with the intended use of the common elements by the condominium project is not a transfer within the meaning of this clause); or

(5) Use hazard insurance proceeds for losses to any condominium property (whether units or common elements) for other than the repair, replacement, or reconstruction of the condominium property.

(e) All taxes, assessments, and charges that may become liens prior to the first mortgage under local law relate only to the individual condominium units and not to the condominium project as a whole.

(f) No provision of the condominium documents gives a condominium unit owner or any other party priority over any rights of RHS as first or second mortgagee of the condominium unit pursuant to its mortgage in the case of a payment to the unit owner of insurance proceeds or condemnation awards for losses to or taking of condominium units or common elements.

(g) If the condominium project is on a leasehold the underlying lease provides adequate security of tenure as described in § 3550.58(b).

(h) At least 70 percent of the units have been sold. Multiple purchases of condominium units by one owner are counted as one sale when determining if the sales requirement has been met.

(i) No more than 15 percent of the unit owners are more than 1 month delinquent in payment of homeowners association dues or assessments at the time the RHS loan is closed.

§ 3550.72 Community land trusts.

Eligible dwellings located on land owned by a community land trust may be financed if:

(a) The loan meets all the requirements of this subpart; and

(b) Any restrictions, imposed by the community land trust on the property or applicant are:

(1) Reviewed and accepted by RHS before loan closing; and

(2) Automatically and permanently terminated upon foreclosure or acceptance by RHS of a deed in lieu of foreclosure.

§ 3550.73 Manufactured homes.

With the exception of the restrictions and additional requirements contained in this section, section 502 loans on manufactured homes are subject to the same conditions as all other section 502 loans.

(a) *Eligible costs.* In addition to the eligible costs described in § 3550.52(d), RHS may finance the following activities related to manufactured homes when a real estate mortgage covers both the unit and the site:

(1) Purchase of an eligible unit, transportation, and set-up costs, and purchase of an eligible site if not already owned by the applicant;

(2) Site development work in accordance with 7 CFR part 1924, subpart A:

(3) Subsequent loans in conjunction with an assumption or sale of an REO property; or

(4) Subsequent loans for repairs of units financed under section 502.

(b) *Loan restrictions.* In addition to the loan restrictions described in § 3550.52(e), RHS may not use loan funds to finance:

(1) An existing unit and site unless it is already financed with a section 502 loan or is an RHS REO property.

(2) The purchase of a site without also financing the unit.

(3) Alteration or remodeling of the unit when the initial loan is made.

(4) Furniture, including movable articles of personal property such as drapes, beds, bedding, chairs, sofas, divans, lamps, tables, televisions, radios, stereo sets, and other similar items of personal property. Furniture does not include wall-to-wall carpeting, refrigerators, ovens, ranges, washing machines, clothes dryers, heating or cooling equipment, or other similar items.

(c) *Dealer-contractors.* No loans will be made on a manufactured home sold by any entity that is not an approved dealer-contractor that will provide complete sales, service, and site development services.

(d) *Loan term.* The maximum term of a loan on a manufactured home is 30 years.

(e) *Construction and development.* Unit construction, site development and set-up must conform to the Federal Manufactured Home Construction and Safety Standards (FMHCSS) and 7 CFR part 1924, subpart A. Development under the Mutual Self-Help and borrower construction methods is not permitted for manufactured homes.

(f) *Contract requirements.* The dealer-contractor must sign a construction contract, as specified in 7 CFR 1924.6 which will cover both the unit and site development work. The use of multi-contracts is prohibited. A dealer-contractor may use subcontractors if the dealer-contractor is solely responsible for all work under the contract. Payment for all work will be in accordance with 7 CFR part 1924, subpart A, except no payment will be made for materials or property stored on site (e.g., payment for a unit will be made only after it is permanently attached to the foundation).

(g) *Lien release requirements.* All persons furnishing materials or labor in connection with the contract except the manufacturer of the unit must sign a Release by Claimants document, as specified in 7 CFR part 1924, subpart A. The manufacturer of the unit must furnish an executed manufacturer's certificate of origin to verify that the unit is free and clear of all legal encumbrances.

(h) *Warranty requirements.* The dealer-contractor must provide a warranty in accordance with the provisions of 7 CFR 1924.12. The warranty must identify the unit by serial number. The dealer-contractor must certify that the unit substantially complies with the plans and specifications and the manufactured home has sustained no hidden damage during transportation and, if

manufactured in separate sections, that the sections were properly joined and sealed according to the manufacturer's specifications. The dealer-contractor will also furnish the applicant with a copy of all manufacturer's warranties.

§ 3550.74 Nonprogram loans.

NP terms may be extended to applicants who do not qualify for program credit, or for properties that do not qualify as program properties, when it is in the best interest of the Government. NP loans are originated and serviced according to the requirements for program loans except as indicated in this section.

(a) *Purpose.* NP terms may be offered to expedite:

(1) Sale of an REO property.

(2) Assumption of an existing program loan on new rates and terms. If additional funds are required to purchase the property, the applicant must obtain them from another source.

(3) Conversion of a program loan that has received unauthorized assistance.

(4) Continuation of a loan on a portion of a security property when the remainder is being transferred and the RHS debt is not paid in full.

(b) *Terms.*

(1) Rate and term:

(i) For an applicant who intends to occupy the property, the term will not exceed 30 years.

(ii) For other applicants, the term will not exceed 10 years. If more favorable terms are necessary to facilitate the sale, the loan may be amortized over a period of up to 20 years with payment in full due not later than 10 years from the date of closing.

(iii) An applicant with an NP loan under paragraph (b)(1)(i) of this section who wishes to retain the property and purchase a new property with RHS credit must purchase the second property according to the terms of paragraph (b)(1)(ii) of this section, even if the new property will serve as the applicant's principal residence.

(2) NP loans are written at the NP interest rate in effect at the time of loan approval.

(3) NP borrowers are not eligible for payment assistance or a moratorium.

(c) *Additional requirements.*

(1) NP applicants other than public bodies and nonprofit organizations must pay a nonrefundable application fee.

(2) NP applicants must make a down payment based upon the purchase price and whether the applicant intends to personally occupy the property or use it for other purposes.

(3) NP applicants cannot finance loan closing costs or escrow, tax service, or appraisal fees.

(d) *Reduced restrictions.*

(1) NP applicants need not be unable to obtain other credit in order to receive an NP loan and are not required to refinance with private credit when they are able to do so.

(2) NP applicants are not required to occupy the property.

(3) NP applicants are not subject to leasing restrictions.

(e) *Waiver of costs.* When the purpose of the loan is the conversion of a program loan that has received unauthorized assistance or continuation of a loan on a portion of a security property when the remainder is being transferred, the application fee, appraisal fee, and down payment may be waived.

§§ 3550.75–3550.99 [Reserved]

§ 3550.100 OMB control number.

The information collection requirements contained in this regulation have been approved by the Office of Management and Budget (OMB) and have been assigned OMB control number 0575–0166. Public reporting burden for this collection of information is estimated to vary from 5 minutes to 3 hours per response, with an average of 1½ hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, STOP 7602, 1400 Independence Avenue, SW., Washington, DC 20250–0762. You are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Subpart C—Section 504 Origination

§ 3550.101 Program objectives.

This subpart sets forth policies for administering loans and grants under section 504(a) of title V of the Housing Act of 1949, as amended. Section 504 loans and grants are intended to help very low-income owner-occupants in rural areas repair their properties.

§ 3550.102 Grant and loan purposes.

(a) *Grant funds.* Grant funds may be used only to pay costs for repairs and improvements that will remove identified health and safety hazards or to repair or remodel dwellings to make them accessible and useable for household members with disabilities. Unused grant funds must be returned to the Rural Housing Service (RHS).

(b) *Loan funds.* Loan funds may be used to make general repairs and improvements to properties or to remove health and safety hazards, as long as the dwelling remains modest in size and design.

(c) *Eligibility of mobile and manufactured homes.* Repairs necessary to remove health and safety hazards may be made to mobile or manufactured homes provided:

(1) The applicant owns the home and site and has occupied the home prior to filing an application with RHS; and

(2) The mobile or manufactured home is on a permanent foundation or will be put on a permanent foundation with section 504 funds.

(d) *Eligible costs.* In addition to construction costs to make necessary repairs and improvements, loan and grant funds may be used for:

(1) Reasonable expenses related to obtaining the loan or grant, including legal, architectural and engineering, title clearance, and loan closing fees; and appraisal, surveying, environmental, tax monitoring, and other technical services.

(2) The cost of providing special design features or equipment when necessary because of a physical disability of the applicant or a member of the household.

(3) Reasonable connection fees, assessments, or the pro rata installation costs for utilities such as water, sewer, electricity, and gas for which the borrower is liable and which are not paid from other funds.

(4) Real estate taxes that are due and payable on the property at the time of closing and for the establishment of escrow accounts for real estate taxes, hazard and flood insurance premiums, and related costs.

(5) Fees to public and private nonprofit organizations that are tax exempt under the Internal Revenue Code for the development and packaging of applications.

(e) *Restrictions on uses of loan or grant funds.* Section 504 funds may not be used to:

(1) Assist in the construction of a new dwelling.

(2) Make repairs to a dwelling in such poor condition that when the repairs are completed, the dwelling will continue to have major hazards.

(3) Move a mobile home or manufactured home from one site to another.

(4) Pay for off-site improvements except for the necessary installation and assessment costs for utilities.

(5) Refinance any debt or obligation of the applicant incurred before the date of

application, except for the installation and assessment costs of utilities.

(6) Pay fees, commission, or charges to for-profit entities related to loan packaging or referral of prospective applicants to RHS.

§ 3550.103 Eligibility requirements.

To be eligible, applicants must meet the following requirements:

(a) *Owner-occupant.* Applicants must own, as described in § 3550.107, and occupy the dwelling.

(b) *Age (grant only).* To be eligible for grant assistance, an applicant must be 62 years of age or older at the time of application.

(c) *Income eligibility.* At the time of loan or grant approval, the household's adjusted income must not exceed the applicable very low-income limit. Section 3550.54 provides a detailed discussion of the calculation of adjusted income.

(d) *Citizenship status.* The applicant must be a U.S. citizen or a non-citizen who qualifies as a legal alien, as defined in § 3550.10.

(e) *Need and use of personal resources.* Applicants must be unable to obtain financial assistance at reasonable terms and conditions from non-RHS credit or grant sources and lack the personal resources to meet their needs. In cases where the household is experiencing medical expenses in excess of three percent of the household's income, this requirement may be waived or modified. Elderly families must use any net family assets in excess of $10,000 to reduce their section 504 request. Non-elderly families must use any net family assets in excess of $7,500 to reduce their section 504 request. Applicants may contribute assets in excess of the aforementioned amounts to further reduce their request for assistance. The definition of assets for this purpose is net family assets as described in § 3550.54 of subpart B of this part, less the value of the dwelling and a minimum adequate site.

(f) *Legal capacity.* The applicant must have the legal capacity to incur the loan obligation or have a court appointed guardian or conservator who is empowered to obligate the applicant in real estate matters.

(g) *Suspension or debarment.* Applications from applicants who have been suspended or debarred from participation in federal programs will be handled in accordance with FmHA Instruction 1940–M (available in any Rural Development office).

(h) *Repayment ability (loans only).* Applicants must demonstrate adequate repayment ability as supported by a budget.

(1) If an applicant does not meet the repayment ability requirements, the applicant can have another party join the application as a cosigner.

(2) If an applicant does not meet the repayment ability requirements, the applicant can have other household members join the application.

(i) *Credit qualifications.* Applicants must be unable to secure the necessary credit from other sources under terms and conditions that the applicant could reasonably be expected to fulfill. Loan applicants must have a credit history that indicates reasonable ability and willingness to meet debt obligations. An applicant with an outstanding judgment obtained by the United States in a federal court, other than the United States Tax Court, is not eligible for a loan or grant from RHS.

(1) Indicators of unacceptable credit include:

(i) Repeated incidents of 2 debt payments being more than 30 days late within the last 12 months that indicate an unwillingness to meet financial obligations when due.

(ii) Loss of security due to a foreclosure if the foreclosure has been completed within the last 36 months.

(iii) An outstanding Internal Revenue Service tax lien or any other outstanding tax liens with no satisfactory arrangement for payment.

(iv) A court-created or court-affirmed obligation or judgment caused by nonpayment that is currently outstanding or has been outstanding within the last 12 months, except for those excluded by paragraphs (i)(2)(ii) and (i)(2)(iii) of this section.

(v) Outstanding collection accounts with a record of irregular payment with no satisfactory arrangements for repayment, or collection accounts that were paid in full within the last 6 months.

(vi) Non-agency debts written off within the last 36 months or paid in full at least 12 months ago.

(vii) Agency debts that were debt settled, or are being considered for debt settlement.

(viii) Delinquency on a federal debt.

(2) The following will not be considered indicators of unacceptable credit:

(i) A bankruptcy in which debts were discharged more than 36 months prior to the date of application or where an applicant successfully completed a bankruptcy debt restructuring plan and has demonstrated a willingness to meet obligations when due for the 12 months prior to the date of application.

(ii) A non-foreclosure judgment satisfied more than 12 months before the date of application.

(3) When an application is rejected because of unacceptable credit, the applicant will be informed of the reason and source of information.

§ 3550.104 Applications.

(a) *Application submissions.* All persons applying for section 504 loans or grants must file a complete written application in a format specified by RHS. Applications will be accepted even when funds are not available.

(b) *Application processing.*

(1) Incomplete applications will be returned to the applicant specifying in writing the additional information that is needed to make the application complete.

(2) An applicant may voluntarily withdraw an application at any time.

(3) RHS may periodically request in writing that applicants reconfirm their interest in obtaining a loan or grant. RHS may withdraw the application of any applicant who does not respond within the specified timeframe.

(4) Applicants who are eligible will be notified in writing. If additional information becomes available that indicates that the original eligibility determination may have been in error or that circumstances have changed, RHS may reconsider the application and the applicant may be required to submit additional information.

(5) Applicants who are ineligible will be notified in writing and provided with the specific reasons for the rejection.

(c) *Processing priorities.* When funding is not sufficient to serve all eligible applicants, applications for assistance to remove health and safety hazards will receive priority for funding. In the case of applications with equivalent priority status that are received on the same day, preference will be extended to applicants qualifying for a veterans preference. After selection for processing, requests for assistance are funded on a first-come, first-served basis.

§ 3550.105 Site requirements.

(a) *Rural areas.* Loans may be made only in rural areas designated by RHS. If an area designation is changed to nonrural an existing RHS borrower may receive 504 assistance.

(b) *Not subdividable.* The site must not be large enough to subdivide into more than one site under existing local zoning ordinances.

§ 3550.106 Dwelling requirements.

(a) *Modest dwelling.* The property must be one that is considered modest

for the area, must not be designed for income producing purposes, have an in-ground pool, or have a value in excess of the 203(b) limits of the National Housing Act.

(b) *Post-repair condition.* Dwellings repaired with section 504 funds need not be brought to the agency development standards or thermal performance standards of 7 CFR part 1924, subpart A, nor must all existing hazards be removed. However, the dwelling may not continue to have major health or safety hazards.

(c) *Construction standards.* All work must be completed in accordance with local construction codes and standards. When potentially hazardous equipment or materials are being installed, all materials and installations must be in accordance with the applicable standards in 7 CFR part 1924, subpart A.

§ 3550.107 Ownership requirements.

The applicant must have an acceptable ownership interest in the property as evidenced by one of the following:

(a) *Full fee ownership.* Acceptable full fee ownership is evidenced by a fully marketable title with a deed vesting a fee interest in the property to the applicant.

(b) *Secure leasehold interest.* A written lease is required. For loans, the unexpired portion of the lease must not be less than 2 years beyond the term of the promissory note. For grants, the remaining lease period must be at least 5 years. A leasehold for mutual help housing financed by U.S. Department of Housing and Urban Development (HUD) on Indian lands requires no minimum lease period and constitutes acceptable ownership.

(c) *Life estate interest.* To be acceptable, a life estate interest must provide the applicant with rights of present possession, control, and beneficial use of the property. For secured loans, generally persons with any remainder interests must be signatories to the mortgage. All of the remainder interests need not be included in the mortgage to the extent that one or more of the persons holding remainder interests are not legally competent (and there is no representative who can legally consent to the mortgage), cannot be located, or if the remainder interests are divided among such a large number of people that it is not practical to obtain the signatures of all of the remainder interests. In such cases, the loan may not exceed the value of the property interests owned by the persons executing the mortgage.

(d) *Undivided interest.* An undivided interest is acceptable if there is no reason to believe that the applicant's position as an owner-occupant will be jeopardized as a result of the improvements to be made, and:

(1) In the case of unsecured loans or grants, if any co-owners living or planning to live in the dwelling sign the repayment agreement.

(2) In the case of a secured loan, when one or more of the co-owners are not legally competent (and there is no representative who can legally consent to the mortgage), cannot be located, or the ownership interests are divided among so large a number of co-owners that it is not practical for all of their interests to be mortgaged, their interests not exceeding 50 percent may be excluded from the security requirements. In such cases, the loan may not exceed the value of the property interests owned by the persons executing the mortgage.

(e) *Possessory rights.* Acceptable forms of ownership include possessory right on an American Indian reservation or State-owned land and the interest of an American Indian in land held severalty under trust patents or deeds containing restrictions against alienation, provided that land in trust or restricted status will remain in trust or restricted status.

(f) *Land purchase contract.* A land purchase contract is acceptable if the applicant is current on all payments, and there is a reasonable likelihood that the applicant will be able to continue meeting the financial obligations of the contract.

(g) *Alternative evidence of ownership.* If evidence, as described in paragraphs (a) through (e) of this section, is not available, RHS may accept any of the following as evidence of ownership:

(1) Records of the local taxing authority that show the applicant as owner and that demonstrate that real estate taxes for the property are paid by the applicant.

(2) Affidavits by others in the community stating that the applicant has occupied the property as the apparent owner for a period of not less than 10 years, and is generally believed to be the owner.

(3) Any instrument, whether or not recorded, which is commonly accepted as evidence of ownership.

§ 3550.108 Security requirements (loans only).

When the total section 504 indebtedness is $2,500 or more, the property will be secured by a mortgage on the property, leasehold interest, or land purchase contract.

(a) RHS does not require a first lien position, but the total of all debts on the secured property may not exceed the value of the security, except by the amount of any required contributions to an escrow account for taxes and insurance and any required appraisal fee.

(b) Title clearance and the use of legal services generally must be conducted in accordance with 7 CFR part 1927, subpart B. These requirements need not be followed for:

(1) Loans where the total RHS indebtedness is $7,500 or less; or

(2) Subsequent loans made for minimal essential repairs necessary to protect the Government's interest.

§ 3550.109 Escrow account (loans only).

RHS may require that borrowers deposit into an escrow account amounts necessary to ensure that the account will contain sufficient funds to pay real estate taxes, hazard and flood insurance premiums, and other related costs when they are due in accordance with the Real Estate Settlement and Procedures Act of 1974 (RESPA) and section 501(e) of the Housing Act of 1949, as amended.

§ 3550.110 Insurance (loans only).

(a) *Borrower responsibility.* Until the loan is paid in full, any borrower with a secured indebtedness in excess of $15,000 must furnish and continually maintain hazard insurance on the security property, with companies, in amounts, and on terms and conditions acceptable to RHS and include a ''loss payable clause'' payable to RHS to protect the Government's interest.

(b) *Amount.* Essential buildings must be insured in an amount at least equal to the balance of the secured debts.

(c) *Flood insurance.* Flood insurance must be obtained and maintained for the life of the loan for all property located in Special Flood Hazard Areas (SFHA) as determined by the Federal Emergency Management Agency (FEMA). RHS actions will be consistent with 7 CFR part 1806, subpart B which addresses flood insurance requirements. If flood insurance through FEMA's National Flood Insurance Program is not available in a SFHA, the property is not eligible for federal financial assistance.

(d) *Losses.*

(1) Loss deductible clauses may not exceed $250 or 1 percent of the insurance coverage, whichever is greater. The deductible for any 1 building may not exceed $750.

(2) Borrowers must immediately notify RHS of any loss or damage to insured property and collect the amount of the loss from the insurance company.

(3) RHS may require that loss payments be supervised. All repairs and

replacements done by or under the direction of the borrower, or by contract, will be planned, performed, inspected, and paid for in accordance with 7 CFR part 1924, subpart A.

(4) When insurance funds remain after all repairs, replacements, and other authorized disbursements have been made, the funds will be applied in the following order:

(i) Prior liens, including delinquent property taxes.

(ii) Delinquency on the account.

(iii) Advances due for recoverable cost items.

(iv) Released to the borrower if the RHS debt is adequately secured.

(5) If a loss occurs when insurance is not in force, the borrower is responsible for making the needed repairs or replacements and ensuring that the insurance is reinstated on the property.

(6) If the borrower is not financially able to make the repairs, RHS may take one of the following actions:

(i) Make a subsequent loan for repairs.

(ii) Subordinate the RHS lien to permit the borrower to obtain funds for needed repairs from another source.

(iii) Permit the borrower to obtain funds secured by a junior lien from another source.

(iv) Make a protective advance to protect the Government's interest.

(v) Accelerate the account and demand payment in full.

§ 3550.111 Appraisals (loans only).

An appraisal is required when the section 504 debt to be secured exceeds $15,000 or whenever RHS determines that it is necessary to establish the adequacy of the security. RHS may charge an appraisal fee. Appraisals must be made in accordance with the Uniform Standards of Professional Appraisal Practices. When other real estate is taken as additional security it will be appraised if it represents a substantial portion of the security for the loan.

§ 3550.112 Maximum loan and grant.

(a) *Maximum loan permitted.* The sum of all outstanding section 504 loans to 1 borrower or on 1 dwelling may not exceed $20,000.

(1) Transferees who have assumed a section 504 loan and wish to obtain a subsequent section 504 loan are limited to the difference between the unpaid principal balance of the debt assumed and $20,000.

(2) For a secured loan, the total of all debts on the secured property may not exceed the value of the security, except by the amount of any required appraisal and tax monitoring fees, and the contributions to an escrow account for taxes and insurance.

(b) *Maximum loan based upon ability to pay.* The maximum loan is limited to the principal balance that can be supported given the amount the applicant has available, as determined by RHS, to repay a loan at 1 percent interest with a 20-year term.

(c) *Maximum grant.* The lifetime total of the grant assistance to any recipient is $7,500. No grant can be awarded unless the maximum level of loans, as supported by a budget, have been obtained.

§ 3550.113 Rates and terms (loans only).

(a) *Interest rate.* The interest rate for all section 504 loans will be 1 percent.

(b) *Loan term.* The repayment period for the loan should generally be as short as possible based on the applicant's repayment ability, and may never exceed 20 years; however loans made in combination with grants must have a term of 20 years.

§ 3550.114 Repayment agreement (grants only).

Grant recipients are required to sign a repayment agreement which specifies that the full amount of the grant must be repaid if the property is sold in less than 3 years from the date the grant was approved.

§ 3550.115–3550.149 [Reserved]

§ 3550.150 OMB control number.

The information collection requirements contained in this regulation have been approved by the Office of Management and Budget (OMB) and have been assigned OMB control number 0575–0166. Public reporting burden for this collection of information is estimated to vary from 5 minutes to 3 hours per response, with an average of 1½ hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, STOP 7602, 1400 Independence Avenue, SW, Washington, DC 20250–0762. You are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Subpart D—Regular Servicing

§ 3550.151 Servicing goals.

This subpart sets forth the Rural Housing Service (RHS) policies for managing the repayment of loans made under sections 502 and 504 of the Housing Act of 1949, as amended.

§ 3550.152 Loan payments.

(a) *Payment terms.* Unless the loan documents specify other loan repayment terms, borrowers are required to make monthly payments. Borrowers with existing loans specifying annual payments may request conversion to monthly payments, and must convert to a monthly payment schedule before any subsequent loan or new payment assistance is approved. Suitable forms of payment are: check, money order, or bank draft. Borrowers who make cash payments will be assessed a fee to cover the cost of conversion to a money order.

(b) *Application of payments.* If a borrower makes less than the scheduled payment, the payment is held in suspense and is not applied to the borrower's account. When subsequent payments are received in an amount sufficient to equal a scheduled payment, the amount will be applied in the following order:

(1) Protective advances charged to the account.

(2) Accrued interest due.

(3) Principal due.

(4) Escrow for taxes and insurance.

(c) *Multiple loans.* When a borrower with multiple loans for the same property makes less than the scheduled payment on all loans, the payment will be applied to the oldest loan and then in declining order of age. Future remittances will be applied beginning with the oldest unpaid installment.

(d) *Application of excess payments.* Borrowers can elect to make payments in excess of the scheduled amount to be applied to principal, provided there are no outstanding fees.

§ 3550.153 Fees.

RHS may assess reasonable fees including a tax service fee, fees for late payments, and fees for checks returned for insufficient funds.

§ 3550.154 Inspections.

RHS or its agent may make reasonable entries upon and inspections of any property used as security for an RHS loan as necessary to protect the interest of the Government. RHS will give the borrower notice at the time of or prior to an inspection.

§ 3550.155 Escrow account.

Escrow accounts will be administered in accordance with RESPA and section 501(e) of the Housing Act of 1949, as amended.

(a) Upon creation of the escrow account, RHS may require borrowers to

deposit funds sufficient to pay taxes and insurance premiums applicable to the mortgage for the period since the last payments were made and to fund a cushion as permitted by RESPA.

(b) Borrowers may elect to escrow at any time during the terms of the loan if the outstanding RHS loan balance is over $2,500.

(c) RHS may require borrowers to escrow in conjunction with any special servicing action.

§ 3550.156 Borrower obligations.

(a) After receiving a loan from RHS, borrowers are expected to meet a variety of obligations outlined in the loan documents. In addition to making timely payments, these obligations include:

(1) Maintaining the security property; and

(2) Maintaining an adequately funded escrow account, or paying real estate taxes, hazard and flood insurance, and other related costs when due.

(b) If a borrower fails to fulfill these obligations, RHS may obtain the needed service and charge the cost to the borrowers account.

§ 3550.157 Payment subsidy.

(a) *Borrowers currently receiving payment subsidy.*

(1) RHS will review annually each borrower's eligibility for continued payment subsidy and determine the appropriate level of assistance. To be eligible for payment subsidy renewal, the borrower must also occupy the property.

(2) If the renewal is not completed before the expiration date of the existing agreement, the effective date of the renewal will be either the expiration date of the previous agreement if RHS error caused the delay, or the next due date after the renewal is approved in all other cases.

(3) The borrower must notify RHS whenever an adult member of the household becomes employed or changes employment, there is a change in household composition, or if income increases by at least 10 percent. The household may also report decreases in income. If the change in the household's income will cause the payment for principal and interest to change by at least 10 percent, the household's payment subsidy may be adjusted for a new 12-month period. The new agreement will be effective the due date following the date the borrower's information is verified by RHS.

(b) *Borrowers not currently receiving payment subsidy.* Payment assistance may be granted to borrowers not currently receiving payment subsidy whose loans were approved on or after August 1, 1968, whose income does not exceed the applicable low-income limit for the area, are personally occupying the RHS financed property, and who meet the requirements of § 3550.53(b), (e), and (f). In general, to receive payment assistance the term of the loan at closing must have been at least 25 years. If an account has been reamortized and the initial term of the loan was at least 25 years, payment assistance may be granted even though the term of the reamortized loan is less than 25 years. Payment assistance may be granted on a subsequent loan for repairs with a term of less than 25 years.

(c) *Cancellation of payment subsidy.* RHS will cancel a payment subsidy if the borrower does not occupy the property, has sold or transferred title to the property, or is no longer eligible for payment subsidy.

§ 3550.158 Active military duty.

The Soldiers and Sailors Relief Act requires that the interest rate charged a borrower who enters full-time active military duty after a loan is closed not exceed six percent. Active military duty does not include participation in a military reserve or the National Guard unless the borrower is called to active duty.

(a) *Amount of assistance.* If a borrower qualifies for payment subsidy after reduction of the interest rate to six percent, the amount of payment subsidy received during the period of active military duty will be the difference between the amount due at the subsidized rate for principal and interest and the amount due at a six percent interest rate. The six percent interest rate will be effective with the first payment due after RHS confirms the active military status of the borrower.

(b) *Change of active military status.* The borrower must notify RHS when he or she is no longer on active military duty. RHS will cancel the six percent interest rate and resume use of the promissory note interest rate. A new payment subsidy agreement may be processed if the borrower is eligible.

§ 3550.159 Borrower actions requiring RHS approval.

(a) *Mineral leases.* Borrowers who wish to lease mineral rights to a security property must request authorization from RHS. RHS may consent to the lease of mineral rights and subordinate its liens to the lessee's rights and interests in the mineral activity if the security property will remain suitable as a residence and the Government's security interest will not be adversely affected. Subordination of RHS loans to a mineral lease does not entitle the leaseholder to any proceeds from the sale of the security property.

(1) If the proposed activity is likely to decrease the value of the security property, RHS may consent to the lease only if the borrower assigns 100 percent of the income from the lease to RHS to be applied to reduce principal and the rent to be paid is at least equal to the estimated decrease in the market value of the security.

(2) If the proposed activity is not likely to decrease the value of the security property, RHS may consent to the lease if the borrower agrees to use any damage compensation received from the lessee to repair damage to the site or dwelling, or to assign it to RHS to be applied to reduce principal.

(b) *Subordination.* RHS may subordinate its interests to permit a borrower to defer recapture amounts and refinance the loan, or to obtain a subsequent loan with private credit.

(1) When it is in the best interest of the Government, subordination will be permitted if:

(i) The other lender will verify that the funds will be used for purposes for which an RHS loan could be made;

(ii) The prior lien debt will be on terms and conditions that the borrower can reasonably be expected to meet without jeopardizing repayment of the RHS indebtedness;

(iii) Any proposed development will be planned and performed in accordance with 7 CFR part 1924, subpart A or directed by the other lender in a manner which is consistent with that subpart; and

(iv) An agreement is obtained in writing from the prior lienholder providing that at least 30 days prior written notice will be given to RHS before action to foreclose on the prior lien is initiated.

(2) The total amount of debt permitted when RHS subordinates its interests depends on whether the borrower pays off the RHS loan.

(i) For situations in which the borrower is obtaining a subsequent loan from another source and will not pay off the RHS debt, the prior lien debt plus the unpaid balance of all RHS loans, exclusive of recapture, will not exceed the market value of the security.

(ii) For situations in which RHS is subordinating only a deferred recapture amount, the prior lien debt plus the deferred recapture amount will not exceed the market value of the security.

(c) *Partial release of security.* RHS may consent to transactions affecting the security, such as sale or exchange of security property or granting of a right-

of-way across the security property, and grant a partial release provided:

(1) The compensation is:

(i) For sale of the security property, cash in an amount equal to the value of the security being disposed of or rights granted.

(ii) For exchange of security property, another parcel of property acquired in exchange with value equal to or greater than that being disposed of.

(iii) For granting an easement or right-of-way, benefits derived that are equal to or greater than the value of the security property being disposed of.

(2) An appraisal must be conducted if the latest appraisal is more than 1 year old or if it does not reflect market value and the amount of consideration exceeds $5,000. The appraisal fee will be charged to the borrower.

(3) The security property, after the transaction is completed, will be an adequate but modest, decent, safe, and sanitary dwelling and related facilities.

(4) Repayment of the RHS debt will not be jeopardized.

(5) If applicable, the environmental requirements of 7 CFR part 1940, subpart G are met.

(6) When exchange of all or part of the security is involved, title clearance is obtained before release of the existing security.

(7) Proceeds from the sale of a portion of the security property, granting an easement or right-of-way, damage compensation, and all similar transactions requiring RHS consent, will be used in the following order:

(i) To pay customary and reasonable costs related to the transaction that must be paid by the borrower.

(ii) To be applied on a prior lien debt, if any.

(iii) To be applied to RHS indebtedness or used for improvements to the security property in keeping with purposes and limitations applicable for use of RHS loan funds. Proposed development will be planned and performed in accordance with 7 CFR part 1924, subpart A and supervised to ensure that the proceeds are used as planned.

(d) *Lease of security property.* A borrower must notify RHS if they lease the property. If the lease is for a term of more than 3 years or contains an option to purchase, RHS may liquidate the loan. During the period of any lease, the borrower is not eligible for a payment subsidy or special servicing benefits.

§ 3550.160 Refinancing with private credit.

(a) *Objective.* RHS direct loan programs are not intended to supplant or compete with private credit sources. Therefore, borrowers are required to refinance RHS loans with private credit sources when RHS determines that the borrower meets RHS criteria.

(b) *Criteria for refinancing with private credit.* Borrowers must refinance with private credit when RHS determines that the borrower has the ability to obtain other credit at reasonable rates and terms based on their income, assets, and credit history. Reasonable rates and terms are those commercial rates and terms that borrowers are expected to meet when borrowing for similar purposes. Differences in interest rates and terms between RHS and other lenders will not be an acceptable reason for a borrower to fail to refinance with private credit if the available rates and terms are within the borrower's ability to pay.

(c) *Notice of requirement to refinance with private credit.* The financial status of all borrowers may be reviewed periodically to determine their ability to refinance with private credit. A borrower's financial status may be reviewed at any time if information becomes available to RHS that indicates that the borrower's circumstances have changed.

(1) A borrower undergoing review is required to supply, within 30 days of a request from RHS, sufficient financial information to enable RHS to determine the borrowers ability to refinance with private credit. Foreclosure action may be initiated against any borrower who fails to respond.

(2) When RHS determines that a borrower has the ability to refinance with private credit, the borrower will be required to refinance within 90 days.

(3) Within 30 days after being notified of the requirement to refinance with private credit, a borrower may contest the RHS decision and provide additional financial information to document an inability to refinance with private credit.

(d) *Failure to refinance with private credit.*

(1) If the borrower is unable to secure private credit, the borrower must submit written statements and documentation to RHS showing:

(i) The lenders contacted.

(ii) The amount of the loan requested by the borrower and the amount, if any, offered by the lenders.

(iii) The rates and terms offered by the lenders or the specific reasons why other credit is not available.

(iv) The information provided by the borrower to the lenders regarding the purpose of the loan.

(2) If RHS determines that the borrower's submission does not demonstrate the borrower's inability to refinance with private credit, or if the borrower fails to submit the required information, foreclosure may be initiated.

(e) *Subordination of recapture amount.* RHS may subordinate its interest in any deferred recapture amount to permit a borrower to refinance with private credit. The amount to which the RHS debt will be subordinated may include:

(1) The amount required to repay the RHS debt, exclusive of recapture;

(2) Reasonable closing costs;

(3) Up to one percent of the loan amount for loan servicing costs, if required by the lender; and

(4) The cost of any necessary repairs or improvements to the security property.

(f) *Application for additional credit.* A borrower who has been asked to refinance with private credit will not be considered for additional credit until the refinancing issue is resolved unless such additional credit is necessary to protect the Government's interest.

§ 3550.161 Final payment.

(a) *Payment in full.* Full payment of a borrower's account includes repayment of principal and outstanding interest, unauthorized assistance, recapture amounts, and charges made to the borrower's account. Any supervised funds or funds remaining in a borrower's escrow account will be applied to the borrower's account or returned to the borrower.

(b) *Release of security instruments.* RHS may release security instruments when full payment of all amounts owed has been received and verified. If RHS and the borrower agree to settle the account for less than the full amount owed, the security instruments may be released when all agreed-upon amounts are received and verified. Security instruments will not be released until any deferred recapture amount has been paid in full.

(c) *Payoff statements.* At the borrower's request, RHS will provide a written statement indicating the amount required to pay the account in full. RHS may charge a fee for statements for the same account if more than 2 statements are requested in any 30 day period.

(d) *Suitable forms of payment.* Suitable forms of payment are: check, money order, or bank draft. Borrowers who make cash payments will be assessed a fee to cover conversion to a money order.

(e) *Recording costs.* Recording costs for the release of the mortgage will be the responsibility of the borrower, except where State law requires the mortgagee to record or file the satisfaction.

§ 3550.162 Recapture.

(a) *Recapture policy.* Borrowers with loans approved or assumed on or after October 1, 1979, will be required to repay subsidy amounts received through payment subsidy or deferred mortgage assistance. Amounts to be recaptured are due and payable when the borrower transfers title or ceases to occupy the property.

(b) *Amount to be recaptured.*

(1) The maximum amount to be recaptured is the amount of principal reduction attributed to subsidy and the lesser of:

(i) The amount of subsidy received; or

(ii) 50 percent of the value appreciation.

(2) The value appreciation of a property with a cross-collateralized loan is based on the market value of the dwelling; and if located on a farm, the dwelling and a minimum adequate site.

(3) Interest reduced from the promissory note rate to six percent under the Soldiers and Sailors Relief Act is not subject to recapture.

(c) *Option to defer payment of recapture amounts.*

(1) Borrowers may defer payment of recapture amounts if the loan is repaid, the title does not transfer, and the borrower continues to occupy the property.

(2) The RHS mortgage securing the deferred recapture amount may be subordinated to permit refinancing if the RHS mortgage will be adequately secured.

(3) Borrowers eligible to defer recapture may receive a discount on the recapture amount due if the recapture amount is paid along with the final payment, or in the case of a final installment, within 60 days of the date RHS notifies the borrower that recapture may be due.

(d) *Borrower ceases to occupy the property.* When a borrower ceases to occupy a property:

(1) The borrower may pay the recapture amount in full or reamortize the existing loan to include the recapture amount.

(2) If the borrower does not pay the recapture amount or consent to reamortization within 30 days, RHS may proceed with foreclosure.

(e) *Assumed loans.*

(1) When a loan subject to recapture is assumed under new rates and terms, the recapture amount may be paid in full by the seller or included in the principal amount assumed by the buyer.

(2) When a loan is assumed under the terms of the promissory note, recapture amounts will not be due. When the new borrower transfers title or ceases to occupy the property, all subsidy subject to recapture before and after the assumption is due.

(3) When a borrower has deferred payment of recapture amounts, the deferred recapture amount may be included in the principal amount of the new loan.

§ 3550.163 Transfer of security and assumption of indebtedness.

(a) *General policy.* RHS mortgages contain due-on-sale clauses that generally require RHS consent before title to a security property can be transferred with an assumption of the indebtedness. If it is in the best interest of the Government, RHS will approve the transfer of title and assumption of indebtedness on program or nonprogram (NP) terms, depending on the transferee's eligibility and the property's characteristics.

(b) *RHS approval of assumptions.*

(1) A borrower with a loan on program terms who wishes to transfer a security property restricted by a due-on-sale clause to a purchaser who wishes to assume the debt must receive prior authorization from RHS. If RHS authorizes the transfer and assumption, the account will be serviced in the purchaser's name and the purchaser will be liable for the loan under the terms of the security instrument.

(2) If a borrower sells a security property with a due-on-sale clause without obtaining RHS authorization, RHS will not approve assumption of the indebtedness, and the loan will be liquidated unless RHS determines that it is in the Government's best interest to continue the loan. If RHS decides to continue the loan, the account will be serviced in the original borrower's name and the original borrower will remain liable for the loan under the terms of the security instrument.

(c) *Exceptions to due-on-sale clauses.*

(1) Due-on-sale clauses are not triggered by the following types of transfers:

(i) A transfer from the borrower to a spouse or children not resulting from the death of the borrower.

(ii) A transfer to a relative, joint tenant, or tenant by the entirety resulting from the death of the borrower.

(iii) A transfer to a spouse or ex-spouse resulting from a divorce decree, legal separation agreement, or property settlement agreement.

(iv) A transfer to a person other than a deceased borrower's spouse who wishes to assume the loan for the benefit of persons who were dependent on the deceased borrower at the time of death, if the dwelling will be occupied by one or more persons who were dependent on the borrower at the time of death, and there is a reasonable prospect of repayment.

(v) A transfer into an inter vivos trust in which the borrower does not transfer rights of occupancy in the property.

(2) A transferee who obtains property through one of the types of transfer listed in paragraph (c)(1) of this section:

(i) Is not required to assume the loan, and RHS is not permitted to liquidate the loan, if the transferee continues to make scheduled payments and meet all other obligations of the loan. A transferee who does not assume the loan is not eligible for payment assistance or a moratorium.

(ii) May assume the loan on the rates and terms contained in the promissory note, with no down payment. If the account is past due at the time an assumption is executed, the account may be brought current by using any of the servicing methods discussed in subpart E of this part.

(iii) May assume the loan under new rates and terms if the transferee applies and is program-eligible.

(3) Any subsequent transfer of title, except upon death of the inheritor or between inheritors to consolidate title, will be treated as a sale.

(d) *Requirements for an assumption.*

(1) Loans secured by program-eligible properties to be assumed by program-eligible purchasers may be assumed on program terms. Loans secured by nonprogram properties and loans to be assumed by purchasers who are not eligible for program terms may be assumed on NP terms.

(2) The amount the transferee will assume will be either the current market value less any prior liens and any required down payment, or the indebtedness, whichever is less.

(3) For loans assumed on program terms, the interest rate charged by RHS will be the rate in effect at loan approval or loan closing, whichever is lower. For loans assumed on nonprogram terms, the interest rate will be the rate in effect at the time of loan approval.

(4) If additional financing is required to purchase the property or to make repairs, RHS may approve a subsequent loan under subparts B or C of this part.

(5) If an appraisal is required for an assumption on new terms, the purchaser is responsible for the appraisal fee.

(6) If all or a portion of the borrower's account balance is assumed, the borrower and cosigner, if any, will be released from liability on the amount of the indebtedness assumed. If an account balance remains after the assumption, RHS may pursue debt settlement in accordance with subpart F of this part.

(7) Unless it is in the Government's best interest, RHS will not approve an

assumption of a secured loan if the seller fails to repay any unsecured RHS loan.

(8) If a loan is secured by a property with a dwelling situated on more than a minimum adequate site and the excess property cannot be sold separately as a minimum adequate site for another dwelling, RHS may approve a transfer of the entire property. If the excess property can be sold separately as a minimum adequate site, RHS will approve assumption of only the dwelling and the minimum adequate site. If the value of the dwelling on the minimum adequate site is less than the amount of the outstanding RHS debt, the remaining debt will be secured by the excess property. The outstanding debt will be converted to an NP loan and reamortized over a period not to exceed 10 years or the final due date of the original promissory note, whichever is sooner.

§ 3550.164 Unauthorized assistance.

(a) *Definition.* Unauthorized assistance includes any loan, payment subsidy, deferred mortgage payment, or grant for which the recipient was not eligible.

(b) *Unauthorized assistance due to false information.*

(1) False information includes information that the recipient knew was incorrect or should have known was incorrect that was provided or omitted for the purposes of obtaining assistance for which the recipient was not eligible.

(2) If the recipient receives an unauthorized loan due to false information, RHS will adjust the account using the NP interest rate that was in effect when the loan was approved. The recipient must pay the account in full within 30 days.

(3) If the recipient receives unauthorized subsidy due to false information, RHS will require the recipient to repay it within 30 days. The account cannot be reamortized to include the unauthorized subsidy. If the recipient repays the unauthorized subsidy, the loan may be continued.

(c) *Unauthorized assistance due to inaccurate information.*

(1) Inaccurate information includes incorrect information inadvertently provided, used, or omitted without the intent to obtain benefits for which the recipient was not eligible.

(2) RHS will permit a recipient who receives an unauthorized loan due to inaccurate information to retain the loan under the following conditions.

(i) If the inaccurate information was related to the purpose of the loan or the recipient's eligibility, with the exception of income, or the income used was incorrect, but the recipient still qualified as income-eligible, RHS will allow the recipient to continue the loan on existing terms.

(ii) If a section 502 recipient's income was above the moderate-income level, RHS will convert the loan to an NP loan, using the nonprogram interest rate in effect on the date the loan was approved.

(iii) If a section 504 recipient's income was above the very low-income level, RHS will apply the applicable 502 or nonprogram interest rate in effect on the date the loan was approved.

(iv) If an incorrect interest rate was used, RHS will adjust the account using the correct interest rate.

(3) If the recipient receives unauthorized subsidy due to inaccurate information, RHS will require the recipient to repay it within 30 days. If the recipient cannot repay it within 30 days, the account may be reamortized. If the recipient repays the unauthorized subsidy or reamortizes the loan, the loan may be continued.

(d) *Unauthorized grants.* Recipients may either repay the unauthorized assistance in a lump sum or execute a promissory note, regardless of whether the unauthorized assistance was due to false or inaccurate information. RHS may seek a judgment if the recipient refuses to repay the unauthorized assistance.

(e) *Account servicing.* RHS will adjust all accounts retroactively to establish the amount of unauthorized assistance. If the recipient does not repay the unauthorized assistance within 30 days, RHS may accelerate the loan. If the unauthorized assistance is due to inaccurate information and the recipient is unable to repay within 30 days, RHS may reamortize the loan.

(f) *Accounts with no security.* If an unauthorized loan or grant is unsecured, RHS may seek the best mortgage obtainable.

§§ 3550.165–3550.199 [Reserved]

§ 3550.200 OMB control number.

The information collection requirements contained in this regulation have been approved by the Office of Management and Budget (OMB) and have been assigned OMB control number 0575–0166. Public reporting burden for this collection of information is estimated to vary from 5 minutes to 3 hours per response, with an average of 1½ hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, STOP 7602, 1400 Independence Avenue, SW., Washington, DC 20250–7602. You are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Subpart E—Special Servicing

§ 3550.201 Purpose of special servicing actions.

The Rural Housing Service (RHS) may approve special servicing actions to reduce the number of borrower failures that result in liquidation. Borrowers who have difficulty keeping their accounts current may be eligible for one or more available servicing options including: payment assistance; delinquency workout agreements that temporarily modify payment terms; protective advances of funds for taxes, insurance, and other approved costs; payment moratoriums; and reamortization of the loan.

§ 3550.202 Past due accounts.

An account is past due if the scheduled payment is not received by the due date, or as authorized by State law.

(a) *Late fee.* A late fee will be assessed if the full scheduled payment is not received by the 15th day after the due date.

(b) *Liquidation.*

(1) *For borrowers with monthly payments.* The account may be accelerated without further servicing when at least 3 scheduled payments are past due or an amount equal to at least 2 scheduled payments is past due for at least 3 consecutive months. In such cases RHS may pursue voluntary liquidation and foreclosure.

(2) *For borrowers with annual payments.* The account may be accelerated without further servicing when at least 3/12 of 1 scheduled payment has not been received by its due date. In such cases, RHS may pursue voluntary liquidation and foreclosure.

§ 3550.203 General servicing actions.

Whenever any of the servicing actions described in this subpart result in reamortization of the account RHS may:

(a) Require a borrower who currently makes annual payments, but receives a monthly income, to convert to monthly payments.

(b) Require the creation and funding of an escrow account for real estate

taxes and insurance, if one does not already exist for any borrower with monthly payments.

(c) Convert the method of calculating interest for any account being charged daily simple interest to an amortized payment schedule.

§ 3550.204 Payment assistance.

Borrowers who are eligible may be offered payment assistance in accordance with subpart B of this part. Borrowers who are not eligible for payment assistance because the loan was approved before August 1, 1968, or the loan was made on above-moderate or nonprogram (NP) terms, may refinance the loan in order to obtain payment assistance if:

(a) The borrower is eligible to receive a loan with payment assistance;

(b) Due to circumstances beyond the borrower's control, the borrower is in danger of losing the property; and

(c) The property is program-eligible.

§ 3550.205 Delinquency workout agreements.

Borrowers with past due accounts may be offered the opportunity to avoid liquidation by entering into a delinquency workout agreement that specifies a plan for bringing the account current. To receive a delinquency workout agreement, the following requirements apply:

(a) A borrower who is able to do so will be required to pay the past-due amount in a single payment.

(b) A borrower who is unable to pay the past-due amount in a single payment must pay monthly all scheduled payments plus an agreed upon additional amount that brings the account current within 2 years or the remaining term of the loan, whichever is shorter.

(c) If a borrower becomes more than 30 days past due under the terms of a delinquency workout agreement, RHS may cancel the agreement.

§ 3550.206 Protective advances.

RHS may pay for fees or services and charge the cost against the borrower's account to protect the Governments interest.

(a) *Advances for taxes and insurance.* RHS may advance funds to pay real estate taxes, hazard and flood insurance premiums, and other related costs, as well as amounts needed to fund the current escrow cycle.

(b) *Advances for costs other than taxes and insurance.* Protective advances for costs other than taxes and insurance, such as emergency repairs, will be made only if the borrower cannot obtain a subsequent loan.

(c) *Repayment arrangements.*

(1) Advances for borrowers with multiple loans will be charged against the largest loan.

(2) Amounts advanced will be due with the next scheduled payment. RHS may schedule repayment consistent with the borrowers ability to repay or reamortize the loan.

(3) Advances will bear interest at the promissory note rate of the loan to which the advance was charged.

§ 3550.207 Payment moratorium.

RHS may defer a borrowers scheduled payments for up to 2 years. NP borrowers are not eligible for a payment moratorium.

(a) *Borrower eligibility.* For a borrower to be eligible for a moratorium, all of the following conditions must be met:

(1) Due to circumstances beyond the borrower's control, the borrower is temporarily unable to continue making scheduled payments because:

(i) The borrower's repayment income fell by at least 20 percent within the past 12 months;

(ii) The borrower must pay unexpected and unreimbursed expenses resulting from the illness, injury, or death of the borrower or a family member; or

(iii) The borrower must pay unexpected and unreimbursed expenses resulting from damage to the security property in cases where adequate hazard insurance was not available or was prohibitively expensive.

(2) The borrower occupies the dwelling, unless RHS determines that it is uninhabitable.

(3) The borrower's account is not currently accelerated.

(b) *Reviews of borrower eligibility.*

(1) Periodically RHS may require the borrower to submit financial information to demonstrate that the moratorium should be continued. The moratorium may be canceled if:

(i) The borrower does not respond to a request for financial information;

(ii) RHS receives information indicating that the moratorium is no longer required; or

(iii) In the case of a moratorium granted to pay unexpected or unreimbursed expenses, the borrower cannot show that an amount at least equal to the deferred payments has been applied toward the expenses.

(2) At least 30 days before the moratorium is scheduled to expire, RHS will require the borrower to provide financial information needed to determine whether the borrower is able to resume making scheduled payments.

(c) *Resumption of scheduled payments.* When the borrower is able to resume scheduled payments, the loan will be reamortized to include the amount deferred during the moratorium and the borrower will be required to escrow. If the new monthly payment, after consideration of the maximum amount of payment subsidy available to the borrower, exceeds the borrower's repayment ability, all or part of the interest that has accrued during the moratorium may be forgiven.

(d) *Borrowers unable to resume scheduled payments.* If even after all appropriate servicing actions have been taken the borrower is unable to resume making scheduled payments after 2 consecutive years of being on a moratorium, the account will be liquidated.

§ 3550.208 Reamortization using promissory note interest rate.

Reamortization using the promissory note interest rate may be authorized when RHS determines that reamortization is required to enable the borrower to meet scheduled obligations, and only if the Government's lien priority is not adversely affected.

(a) *Permitted uses.* Reamortization at the promissory note interest rate may be used to accomplish a variety of servicing actions, including to:

(1) Repay unauthorized assistance due to inaccurate information.

(2) Repay principal and interest accrued and advances made during a moratorium.

(3) Bring current an account under a delinquency workout agreement after the borrower has demonstrated the willingness and ability to meet the terms of the loan and delinquency workout agreement and reamortization is in the borrower's and Government's best interests.

(4) Bring a delinquent account current in the case of an assumption where the due on sale clause is not triggered as described in § 3550.163(c).

(5) Cover the remaining debt when a portion of the security property is being transferred but the acquisition price does not cover the outstanding debt. The remaining balance will be reamortized for a period not to exceed 10 years or the final due date of the note being reamortized, whichever is sooner.

(b) *Payment term of reamortized loan.* Except as noted in paragraph (a)(6) of this section, the term of the reamortized loan may be extended to the maximum term for which the borrower was eligible at the time the loan was originally made, less the number of years the loan has been outstanding. In all cases, the term must not exceed the remaining security life of the property.

§ 3550.209 [Reserved]

§ 3550.210 Offsets.

Any money that is or may become payable from the United States to an RHS borrower may be subject to administrative, salary, or Internal Revenue Service (IRS) offsets for the collection of a debt owed to RHS.

(a) *IRS offset.* RHS may take action to effect offset of claims due RHS against tax refunds due to RHS debtors under 26 U.S.C. 6402, in accordance with the provisions of 31 U.S.C. 3720A and 26 CFR 301.6402–6.

(b) *Salary offset.* Offset of claims due to RHS may be collected pursuant to the salary offset provisions in 7 CFR part 3, subpart C for a federal employee or other persons covered in that subpart.

(c) *Administrative offset.* RHS may take action to effect administrative offset to recover delinquent claims due to it in accordance with the procedures in 7 CFR part 3, subpart B.

(d) *Offset by other federal agencies.* Escrow funds and loan and grant funds held or payable by RHS are not subject to offset by other federal agencies.

§ 3550.211 Liquidation.

(a) *Policy.* When RHS determines that a borrower is unable or unwilling to meet loan obligations, RHS may accelerate the loan and, if necessary, acquire the security property. The borrower is responsible for all expenses associated with liquidation and acquisition. If the account is satisfied in full, the borrower will be released from liability. If the account is not satisfied in full, RHS may pursue any deficiency unless the borrower received a moratorium at any time during the life of the loan and faithfully tried to repay the loan.

(b) *Tribal allotted or trust land.* Liquidations involving a security interest in tribal allotted or trust land shall only be pursued after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority. Forced liquidation of RHS security interests in Indian trust lands or on tribal allotted land will be recommended only after the State Director has determined it is in the best interest of the Government.

(c) *Acceleration and foreclosure.* If RHS determines that foreclosure is in the best interest of the Government, RHS will send an acceleration notice to each borrower and any cosigner. If the borrower does not pay the full account balance and meet the other terms of the loan within 30 days of acceleration, RHS may foreclose. RHS will not accept partial payment of an accelerated loan unless required to accept the payment by State law.

(d) *Voluntary liquidation.* Borrowers may voluntarily liquidate through:

(1) *Refinancing or sale.* The borrower may refinance or sell the security property for at least net recovery value and apply the proceeds to the account.

(2) *Deed in lieu of foreclosure.* RHS may accept a deed in lieu of foreclosure to convey title to the security property only after the debt has been accelerated and when it is in the Government's best interest.

(3) *Offer by third party.* If a junior lienholder or cosigner makes an offer in the amount of at least the net recovery value, RHS may assign the note and mortgage.

(e) *Bankruptcy.*

(1) When a petition in bankruptcy is filed by a borrower after acceleration, collection actions and foreclosure actions are suspended in accordance with the provisions of the Bankruptcy Code.

(2) RHS may accept conveyance of security property by the trustee in bankruptcy if the Bankruptcy Court has approved the transaction, RHS determines the conveyance is in the best interest of the Government, and RHS will acquire title free of all liens and encumbrances except RHS liens.

(3) Whenever possible in a Chapter 7 Bankruptcy, a reaffirmation agreement will be signed by the borrower and approved by the court prior to discharge, if RHS decides to continue with the borrower.

(f) *Junior lienholder foreclosure.* When a junior lienholder foreclosure does not result in payment in full of the RHS debt but the property is sold subject to the RHS lien, RHS may liquidate the account unless the new owner is eligible to assume the RHS debt and actually assumes the RHS debt.

(g) *Payment subsidy.* If the borrower is receiving payment subsidy, the payment subsidy agreement will not be canceled when the debt is accelerated, but will not be renewed unless the account is reinstated.

(h) *Eligibility for special servicing actions.* A borrower is not eligible for special servicing actions once the account has been accelerated.

(i) *Reporting.* RHS may report to IRS and credit reporting agencies any debt settled through liquidation.

§§ 3550.212–3550.249 [Reserved]

§ 3550.250 OMB control number.

The information collection requirements contained in this regulation have been approved by the Office of Management and Budget (OMB) and have been assigned OMB control number 0575–0166. Public reporting burden for this collection of information is estimated to vary from 5 minutes to 3 hours per response, with an average of 1½ hours per response, including time for reviewing insurrections, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, STOP 7602, 1400 Independence Avenue, SW., Washington, DC 20250–7602. You are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Subpart F—Post-Servicing Actions

§ 3550.251 Property management and disposition.

(a) *Policy.* Rural Housing Service (RHS) will manage custodial property and Real Estate Owned (REO) property to protect the Government's interest, and may dispose of REO property through direct sales, sealed bid, or auction. RHS will follow affirmative fair housing marketing policies.

(b) *Custodial property.* RHS may take custodial possession of security property that has been abandoned, or for other reasons necessary to protect the Government's security. After taking custodial possession of a security property, RHS may maintain and repair the security property as needed to protect the Government's interest, pay required real estate taxes and assessments, and secure personal property left on the premises. Expenses will be charged to the borrower's account. Custodial property may be leased when it is in the Government's best interest and in such cases the borrower's account will be credited for income from the security property.

(c) *REO property.*

(1) *Classification.* When RHS takes title to a security property, it is classified as either program or nonprogram (NP) property. An REO property that is eligible for financing under the section 502 program, or which could reasonably be repaired to be eligible, is classified as program property. An REO property that cannot reasonably be repaired to be eligible as section 502 property, and property that has been improved to a point that it will no longer qualify as modest under section 502, is classified as NP property.

(2) *Disclosing decent, safe, and sanitary defects.* When RHS determines that an REO property to be sold is not decent, safe, and sanitary, or does not meet cost-effective energy conservation standards, it will disclose the reasons why. The deed by which such an REO property is conveyed will contain a covenant restricting it from residential use until it is decent, safe, and sanitary and meets the RHS cost-effective energy conservation standards. RHS will also notify any potential purchaser of any known lead-based paint hazards.

(3) *Property on Indian tribal allotted or trust land.* REO property which is located on Indian tribal allotted or trust land, will be sold or otherwise disposed of only to a member of the particular tribe having jurisdiction over the allotted or tribal land, to the tribe, or to an Indian housing authority serving the tribe on a first-come, first-served basis.

(4) *Reservation of program REO properties.*

(i) Program REO properties are reserved for program-eligible applicants and nonprofit organizations or public bodies providing transitional housing during the first 60 days after the date of the first notice of sale, and during the first 30 days following any reduction in price or any other change in credit terms or other sale terms. After the expiration of a reservation period, program REO properties can be bought by any buyer.

(ii) An offer on a program REO property from a buyer who does not qualify for a section 502 program loan may be submitted during a reservation period, but is considered to have been received on the day after the reservation period ends.

(iii) No offer is considered until 3 business days after the date the property is offered for sale. An offer received during the 3-day holding period is not considered until the 4th day, and is evaluated with any other offers actually received on the 4th day.

(5) *Priority of offers received the same day.*

(i) Offers received on the same business day are selected in the following order:

(A) Offers from program-eligible applicants, with a request for credit on program terms. All offers are evaluated as if they were submitted at the listed price, regardless of the offering price.

(B) Offers from nonprofits or public bodies for conversion to use as transitional housing or for other special purposes as specified in paragraph (d)(4) of this section.

(C) Cash offers, from highest to lowest.

(D) NP credit offers, from highest to lowest.

(ii) Acceptable offers of equal priority received on the same business day are selected by lot.

(iii) REO properties are not held off the market pending the outcome of an appeal of RHS rejection of a request for financing.

(6) *Sale by sealed bid or auction.* RHS may authorize the sale of an REO property by sealed bid or public auction when it is in the best interest of the Government. RHS will publicly solicit requests for sealed bids and publicize auctions. If a successful bidder is unable to settle the transaction under the terms of the offer, except for the financing contingency, any required bid deposit may be retained by RHS. If the highest bid is lower than the minimum acceptable bid established by RHS, or if no acceptable bids are received, RHS may negotiate a sale without further public notice.

(d) *Special purposes.*

(1) REO property may be purchased for conversion to multiple family housing.

(2) When a nonprofit organization or public body notifies RHS in writing of its intent to buy an REO property to provide transitional housing for the homeless, RHS may withdraw the property from the market for up to 30 days to give the entity an opportunity to execute a purchase contract. The listed price may be discounted for offers on a nonprogram REO property at any time, and on a program REO property after the 60-day reservation period. No down payment is required, and the loan term will be for a maximum of 30 years. Until RHS executes a sales agreement, an offer from a program-eligible applicant will receive priority, regardless of a nonprofit's interest in purchasing the REO property for use as transitional housing.

(3) NP properties may be leased to a nonprofit organization or public body to provide transitional housing for the homeless at an annual cost of one dollar. When an REO property is to be leased as transitional housing, RHS will make repairs needed to put the property in decent, safe, and sanitary condition. The lessee is responsible for all future repairs and maintenance.

(4) REO property may be sold under special provisions to nonprofit organizations or public bodies for the purpose of providing affordable housing to very low- and low-income families.

§ 3550.252 Debt settlement policies.

(a) *Applicability.* Debt settlement procedures may be initiated to collect any amounts due to RHS including:

(1) Balances remaining on loan accounts after all liquidation proceeds or credits have been applied;

(2) Subsidy recapture or grant amounts due; and

(3) Unauthorized assistance due.

(b) *Judgment.* RHS may seek a judgment whenever a judgment might enable RHS to collect all or a significant portion of an amount owed.

(c) *Multiple loans.* RHS does not settle debts for one loan while other RHS loans on the same security property remain active.

(d) *Cosigners and claims against estates.* RHS may use any and all remedies available under law to collect from any cosigner and from a deceased borrower's estate.

(e) *Reporting.* RHS will report to the Internal Revenue Service and credit reporting agencies any debt settled through cancellation, compromise, or adjustment.

(f) *Settlement during legal or investigative action.* Cases that are under investigation for fiscal irregularity or have been referred to the Office of the Inspector General, the Office of the General Counsel, or the U.S. Attorney will not be considered for debt settlement until final action by the investigating or prosecuting entity has been taken.

(g) *Offsets.* RHS may request offsets as described in § 3550.210 to collect amounts owed.

(h) *Escrow funds.* At liquidation all funds held in escrow or unapplied funds will be applied against the debt.

§ 3550.253 Settlement of a debt by compromise or adjustment.

Compromise or adjustment offers may be initiated by the debtor or by RHS. RHS will approve only those compromises and adjustments that are in the best interest of the Government.

(a) *Compromise.* A compromise is an agreement by RHS to release a debtor from liability upon receipt of a specified lump sum that is less than the total amount due.

(b) *Adjustments.* An adjustment is an agreement by RHS to release a debtor from liability generally upon receipt of an initial lump sum representing the maximum amount the debtor can afford to pay and periodic additional payments over a period of up to 5 years.

(c) *Timing of offers.*

(1) For a settlement offer to be considered, secured debts must be fully matured under the terms of the debt instrument or must have been accelerated by RHS.

(2) Unsecured debts owed after the sale of the security property may be proposed for compromise or adjustment

at any time. Debts that were never secured may be proposed for compromise or adjustment when they are due and payable.

(d) *Retention of security property.* The debtor may retain the security property if the compromise payment is at least equal to the net recovery value, and it is in the best interest of the Government to allow the debtor to retain the security property.

§§ 3550.254–3550.299 [Reserved]

§ 3550.300 OMB control number.

The information collection requirements contained in this regulation have been approved by the Office of Management and Budget (OMB) and have been assigned OMB control number 0575–0166. Public reporting burden for this collection of information is estimated to vary from 5 minutes to 3 hours per response, with an average of 1½ hours per response, including time for review instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Agriculture, Clearance Officer, STOP 7602, 1400 Independence Avenue, SW., Washington, DC 20250–7602.

Dated: November 14, 1996.

Jill Long Thompson,

Undersecretary, Rural Development.

Dated: November 15, 1996.

James W. Schroeder,

Acting Undersecretary, Farm and Foreign Agricultural Services.

[FR Doc. 96–29777 Filed 11–20–96; 12:41 pm]

BILLING CODE 3410–XV–P

Reader Aids

Federal Register

Vol. 61, No. 227

Friday, November 22, 1996

CUSTOMER SERVICE AND INFORMATION

Federal Register/Code of Federal Regulations

General Information, indexes and other finding aids **202–523–5227**

Laws

For additional information **523–5227**

Presidential Documents

Executive orders and proclamations **523–5227**

The United States Government Manual **523–5227**

Other Services

Electronic and on-line services (voice) **523–4534**

Privacy Act Compilation **523–3187**

TDD for the hearing impaired **523–5229**

ELECTRONIC BULLETIN BOARD

Free Electronic Bulletin Board service for Public Law numbers, Federal Register finding aids, and list of documents on public inspection. **202–275–0920**

FAX-ON-DEMAND

You may access our Fax-On-Demand service. You only need a fax machine and there is no charge for the service except for long distance telephone charges the user may incur. The list of documents on public inspection and the daily Federal Register's table of contents are available using this service. The document numbers are 7050-Public Inspection list and 7051-Table of Contents list. The public inspection list will be updated immediately for documents filed on an emergency basis.

NOTE: YOU WILL ONLY GET A LISTING OF DOCUMENTS ON FILE AND NOT THE ACTUAL DOCUMENT. Documents on public inspection may be viewed and copied in our office located at 800 North Capitol Street, N.W., Suite 700. The Fax-On-Demand telephone number is: **301–713–6905**

FEDERAL REGISTER PAGES AND DATES, NOVEMBER

56397–56622 1
56623–56876 4
56877–57280 5
57281–57576 6
57577–57766 7
57567–57986 8
57987–58130 12
58131–58310 13
58311–58456 14
58457–58622 15
58623–58766 18
58767–58970 19
58971–59172 20
59173–59302 21
59303–59802 22

CFR PARTS AFFECTED DURING NOVEMBER

At the end of each month, the Office of the Federal Register publishes separately a List of CFR Sections Affected (LSA), which lists parts and sections affected by documents published since the revision date of each title.

3 CFR

Proclamations:
6949 56397
6950 56873
6951 58129
6952 58311
6953 58313
6954 58455
6955 58761
6956 59301

Executive Orders:
199–A (Superseded in part by EO 13022) 56875
8682 (Superseded in part by EO 13022) 56875
8729 (Superseded in part by EO 13022) 56875
11048 (Superseded in part by EO 13022) 56875
11593 (See EO 13022) 56875
12015 (Amended by 13024) 58125
12981 (Amended by EO 13026) 58767
12992 (Amended by EO 13023) 57767
12996 (See EO 13022) 56875
13010 (Amended by EO 13025) 58623
13022 56875
13023 57767
13024 58125
13025 58623
13026 58767
13027 58971

Administrative Orders:
Presidential Determinations:
No. 96–53 of September 26, 1996 56859
No. 96–55 of September 30, 1996 56861
No. 96–56 of September 30, 1996 56863
No. 96–57 of September 30, 1996 56865
No. 96–58 of September 30, 1996 56857
No. 96–59 of September 30, 1996 56859
No. 97–01 of November 8, 1996 59171
No. 97–5 of November 20, 1996 59303
Notices:
Notice of November 12, 1996 58309

5 CFR

591 59173
831 58457
842 58457
846 58457
870 58457
871 58457
872 58457
873 58457
890 58457
1600 58754
1620 58754
1645 58973
1655 58754
Ch. XLII 57281
Ch. LVII 56399

Proposed Rules:
1605 56904

7 CFR

1 57577
271 58281
272 58281
273 58281
301 ..... 56403, 57987
457 ..... 57577, 57583, 58769
987 59178
1485 58779
1806 59762
1910 59762
1922 59762
1944 59762
1951 59762
1955 59762
1956 59762
1965 59762
3550 59762

Proposed Rules:
20 58343
58 58345
400 57595
403 58786
457 48786
932 57782
944 57782
1728 57788

8 CFR

3 59305
103 57583

9 CFR

53 56877
71 56877
78 58625

82.....56877
92.....56877
94.....56877
97.....58626
161.....56877
318.....58780

Proposed Rules:

Ch. III.....58664
304.....57790
308.....57790
310.....57790
318.....57791
320.....57790
325.....59372
327.....57790
381.....57790, 59372
416.....57790
417.....57790

10 CFR

2.....56623
13.....56623

Proposed Rules:

2.....59031
33.....58346
430.....56918, 57794

11 CFR

104.....58460

12 CFR

215.....57769, 58782
218.....57287
219.....58974
225.....56404
250.....57287
263.....56407
308.....57987
701.....59305
747.....57290
950.....59311

Proposed Rules:

215.....57797
960.....57799

13 CFR

Proposed Rules:

121.....59382

14 CFR

21.....57002
25.....56408, 57946
39 .....57291, 57295, 57296, 57298, 57299, 57300, 57301, 57304, 57311, 57313, 57315, 57317, 57319, 57322, 57232, 57993, 57994, 58315, 58316, 58318, 58323, 58326, 58975, 58978, 58980, 58981, 58983, 58985, 58987, 58989, 59315, 59317, 59319, 59321, 59322, 59323, 59325, 59326
67.....59282
71 .....56623, 56624, 57324, 57771, 57772, 58131, 58782, 58783, 58784, 59180, 59181, 59328, 59329
97 .....57003, 57998, 57999, 58000
121.....57585, 58924
382.....56409

Proposed Rules:

25.....58665, 59202
39 .....56640, 56642, 56919, 56921, 56923, 56925, 57342, 57830, 57832, 58012, 58014, 58016, 58145, 58147, 58148, 58353, 58355, 58356, 58667, 58669, 59033, 59034, 59036, 59038, 59203
71 .....56479, 56480, 56644, 58150, 59040, 59041, 59042, 59206, 59207, 59208, 59383, 59384, 59385
73.....56927
382.....56481
91.....59209
121.....59209
127.....59209
135.....59209

15 CFR

902.....56425
990.....58131
2301.....57966

16 CFR

21.....59181

Proposed Rules:

1700.....59043

17 CFR

3.....58627
200.....56891
201.....57773

Proposed Rules:

1.....59386
5.....59386
232.....59046
240.....59046
300.....56485

18 CFR

11.....58461
365.....57325
375.....57325

Proposed Rules:

284.....58790
1301.....58018

19 CFR

Proposed Rules:

10.....56645
18.....56645
114.....56645

21 CFR

50.....57278
101.....58991
110.....59372
131.....58991
133.....58991
176.....58628
178.....56892
312.....57278
328.....58629
333.....58471
510 .....58630, 58631, 59002
520 .....56892, 59002, 59003
522.....59002
530.....57732
556.....56892
558.....58631
610.....57328
810.....59004
812.....57278
1308.....56893

Proposed Rules:

101.....58151
177.....59330
511.....59209
514.....59209

22 CFR

40.....59182
41.....56438
121.....56894
601.....58327

23 CFR

640.....57330

24 CFR

245.....57960
3500.....56624, 58472

25 CFR

250.....59331
309.....57002

26 CFR

40.....58004
48.....58004
49.....58004
301.....58004
601.....58004
602.....58004

Proposed Rules:

1 .....56647, 58020, 58152, 58798

27 CFR

Proposed Rules:

4.....56928
5.....56928, 57597
7.....56928, 57597
19.....56928
20.....56928
22.....56928
24.....56928
25.....56928
27.....56928
70.....56928
250.....56928
251.....56928

28 CFR

0.....59305
345.....59168
540.....57568

Proposed Rules:

100.....58799

29 CFR

0.....57281
1910.....56746
1915.....56746
1926.....56746
4044.....58479

Proposed Rules:

1952.....58358

30 CFR

Proposed Rules:

906.....58800, 59332
943.....56648

31 CFR

560.....58480

Proposed Rules:

203.....59211
225.....58493

32 CFR

92.....56896
176.....56896
199.....59337
644.....58133
706.....58009

Proposed Rules:

199.....56929
202.....58803

33 CFR

100.....59022, 59024
117.....57585, 59025
165.....59026

Proposed Rules:

117 .....57599, 59047, 59394
155.....58804
159.....58804
165.....57599
187.....58359
404.....58496
407.....58496

34 CFR

99.....59292
668.....58926
674.....58926
675.....58926
676.....58926
682.....58926
685.....58926
690.....58926

36 CFR

Proposed Rules:

223.....58281

36 CFR

Proposed Rules:

7.....59393

37 CFR

1.....56439
2.....56439
5.....56439
10.....56439

Proposed Rules:

202.....58497

38 CFR

2.....56448
3.....56626, 57586
17.....56897
36.....56449
42.....56449

Proposed Rules:

17.....56486

39 CFR

233.....56450

40 CFR

52 .....56461, 56470, 56472, 56474, 56627, 56629, 56897, 57331, 57775, 58133, 58281, 58481, 58482
69.....58158
70.....56631, 57589
75.....59142
79.....58744
80.....58304, 58744
81.....58482, 58487
86.....58102, 58618
89.....58102
90.....58296
147.....58932

180.....58135, 58331
261.....57334
266.....56631
300 .....56477, 57594, 58332, 59184
455.....57518

Proposed Rules:
Ch. I.....59211
51.....58497
52 .....56491, 56492, 56649, 56650, 56930, 57343, 57834, 58498, 58671
63.....57602
69.....58158
81.....58498
82.....56493
85.....58022
86.....58028
89.....58028
132.....58444
152.....57356
156.....57356
180.....57356
194.....58499
247.....57748
300.....56931
437.....56650

41 CFR

105–735.....56399
Ch. 301.....59185

42 CFR

50.....56631
410.....59490
413.....58631
415.....59490
431.....58140
440.....59198

Proposed Rules:
121.....58158

43 CFR

Proposed Rules:
1300.....58843
1600.....58160, 58843
1780.....58843
1810.....58843
1820.....58160
1840.....58160
1850.....58160
1860.....58160, 58843
1880.....58160, 58843
2090 .....56496, 58160, 58843
2200.....58160, 58843
2300.....58160, 58843
2360.....58843
2400.....58843
2520.....58160, 58843
2540.....58160
2560.....58160
2610.....58843
2620.....58160, 58500
2640.....58843
2650.....58843
2710.....58843
2720.....58160, 58843
2740.....58843
2800 .....57605, 58160, 58843
2810.....58160, 58843
2880.....58160, 58843
2910.....58160, 58843
2920 .....57605, 58160, 58843
3000.....58160, 58843
3100 .....56651, 58160, 58843
3120.....58160
3130.....58843
3150.....58160, 58843
3160.....58160, 58843
3180.....58160
3200.....58160, 58843
3240.....58160
3250.....58160, 58843
3260.....58160, 58843
3280.....58160
3410.....58160
3420.....58160, 58843
3430.....58160
3450.....58160
3460.....58843
3470.....58160
3480.....58160, 58843
3500.....58160, 58843
3510.....58160
3520.....58160
3530.....58160
3540.....58160
3550.....58160
3560.....58160
3590.....58160, 58843
3600.....58843
3710.....58160
3730.....58160
3740.....58160
3800.....58160, 58843
3810.....58160
3820.....57837
3830.....58160, 58843
3870.....58160
4100.....57605, 58843
4200.....58160, 58843
4300 .....56497, 57605, 58160, 58843
4700 .....57605, 58160, 58843
5000.....58160
5040.....58501
5400.....58843
5460.....57605
5470.....58160
5510.....57605, 58160
6400.....56651
8200.....57605, 58843
8340.....57605, 58843
8350.....57605
8360.....57605, 58843
8370.....58160
8560.....58843
8570.....57605
9180.....58160
9210.....57605, 58843
9230.....58160
9260.....57605

44 CFR

64.....57572, 59339

45 CFR

205.....58140
672.....59027
1301.....57186
1303.....57186
1304.....57186
1305.....57186
1306.....57186
1308.....57186
1355.....58632
1356.....58632
1357.....58632

46 CFR

Proposed Rules:
2.....58804
3.....58804
4.....58804
6.....58804
7.....58804
10.....58804
12.....58804
14.....56632
15.....58804
16.....58804
24.....58804
25.....58804
26.....58804
28.....57268, 58804
30.....58804
31.....58804
32.....58804
34.....58804
35.....58804
39.....58804
50.....58804
56.....58804
58.....58804
61.....58804
63.....58804
68.....58804
69.....58804
70.....58804
71.....58804
72.....58804
76.....58804
77.....58804
78.....58804
80.....58804
90.....58804
91.....58804
92.....58804
93.....58804
95.....58804
96.....58804
97.....58804
105.....58804
108.....58804
109.....58804
147A 58804
148.....58804
150.....58143, 58804
151.....58804
153.....58804
154.....58804
159.....58804
160.....58804
164.....58804
166.....58804
167.....58804
168.....58804
170.....58804
172.....58804
188.....58804
189.....58804
193.....58804
195.....58804
196.....58804
197.....58804
221.....56900
295.....58663

Proposed Rules:
67.....58359
586.....58160

47 CFR

1.....57334
22.....58333
42.....59340
43.....59198
61.....59340
63.....59201
64.....59340
73 .....57335, 57336, 58340, 58785
80.....58010
87.....58010

Proposed Rules:
1.....59048, 59397
2.....59048
27.....59048
73 .....57359, 57360, 58360, 58361
97.....59048

Proposed Rules:
1.....59397

48 CFR

212.....58488
225.....58488, 58489
231.....58490
252.....58488
1501.....57336
1503.....57336
1509.....57336
1510.....57336
1511.....57336
1512.....57336
1513.....57336
1516.....57336
1519.....57336
1527.....57336
1532.....57336
1533.....57336
1535.....57336
1542.....57336
1552.....57336
9904.....58011

Proposed Rules:
1.....57622
2.....57622
6.....58622
14.....57622
15.....57622, 58622
31.....58452
36.....57622
42.....58452
52.....57622, 58622
53.....57622
952.....59072
970.....59072
1552.....57623

49 CFR

27.....56409
225.....59368
1011.....57339
1104.....57339, 58490
1111.....57339, 58490
1112.....57339, 58490
1113.....57339
1114.....57339
1115.....57339, 58490
1121.....57339, 58490

Proposed Rules:
383.....56936
391.....56936
395.....57252
571 .....56652, 58362, 58504
1310.....56652
1319.....59075

50 CFR

17.....59028
285.....57340, 58341
600.....57843
648.....58461
679 .....56425, 56477, 57340, 57341, 58491, 59029

Proposed Rules:

17.....56501
36.....56502
285.....57361
300.....57625
622.....59076
630.....57361
644.....57361
648 .....56902, 58365, 58508
660.....56902
678.....57361
679 .....56902, 57780, 57781

REMINDERS

The items in this list were editorially compiled as an aid to Federal Register users. Inclusion or exclusion from this list has no legal significance.

RULES GOING INTO EFFECT TODAY

ENVIRONMENTAL PROTECTION AGENCY

Air quality implementation plans:
- Preparation, adoption, and submittal--
  - Motorist compliance enforcement mechanisms for pre-existing programs; vehicle inspection and maintenance program requirements; published 9-23-96

Air quality implementation plans; approval and promulgation; various States:
- Texas; published 9-23-96
- Washington; published 9-23-96

FEDERAL HOUSING FINANCE BOARD

Financing Corporation operations regulations:
- Federal regulatory review; published 11-22-96

HEALTH AND HUMAN SERVICES DEPARTMENT

Food and Drug Administration

Food additives:
- Polyers--
  - Ethylene/pentene-1-copolymers; published 11-22-96

INTERIOR DEPARTMENT

Indian Affairs Bureau

Fish and wildlife:
- Indian fishing; Hoopa Valley Indian Reservation; CFR part removed
- Elimination; published 11-22-96

INTERIOR DEPARTMENT

Surface Mining Reclamation and Enforcement Office

Permanent program and abandoned mine land reclamation plan submissions:
- Colorado; published 11-22-96

JUSTICE DEPARTMENT

Organization, functions, and authority delegations:
- Executive Office for Immigration Review; published 11-22-96

TRANSPORTATION DEPARTMENT

Federal Aviation Administration

Airworthiness directives:
- Short Brothers; published 10-18-96

COMMENTS DUE NEXT WEEK

AGRICULTURE DEPARTMENT

Agricultural Marketing Service

Olives, imported, and grown in California; comments due by 11-25-96; published 11-8-96

Tomatoes grown in--
- Florida; comments due by 11-29-96; published 10-29-96

AGRICULTURE DEPARTMENT

Commodity Credit Corporation

Agricultural conservation programs:
- Environmental quality incentives program; comments due by 11-25-96; published 10-11-96

AGRICULTURE DEPARTMENT

Federal Crop Insurance Corporation

Crop insurance regulations:
- Grapes; comments due by 11-25-96; published 9-24-96
- Raisins; comments due by 11-29-96; published 10-30-96

AGRICULTURE DEPARTMENT

Food Safety and Inspection Service

Meat and poultry inspection:
- Identity and composition standards; comments due by 11-25-96; published 9-9-96
- Processed meat and poultry products; nutrient content claim and general definition and standard identity
  - Comment period extended; comments due by 11-25-96; published 5-28-96

COMMERCE DEPARTMENT

National Oceanic and Atmospheric Administration

Fishery conservation and management:
- Northeastern United States fisheries--
  - Northeast multispecies; comments due by 11-25-96; published 11-14-96

COMMODITY FUTURES TRADING COMMISSION

Commodity Exchange Act:
- Futures commission merchants, introducing brokers and leverage transaction merchants; financial reports; comments due by 11-25-96; published 10-25-96

DEFENSE DEPARTMENT

Federal Acquisition Regulation (FAR):
- Competitive range determinations; comments due by 11-26-96; published 11-15-96

ENERGY DEPARTMENT

Energy Efficiency and Renewable Energy Office

Consumer products; energy conservation program:
- Clothes washers, dryers, and dishwashers; test procedures; comments due by 11-25-96; published 11-8-96

ENVIRONMENTAL PROTECTION AGENCY

Air pollutants, hazardous; national emission standards:
- Primary aluminum reduction plants; comments due by 11-25-96; published 9-26-96

Air quality implementation plans; approval and promulgation; various States:
- Indiana; comments due by 11-29-96; published 10-30-96
- Pennsylvania; comments due by 11-25-96; published 10-25-96
- Rhode Island; comments due by 11-29-96; published 10-30-96
- Texas et al.; comments due by 11-29-96; published 10-30-96

Air quality planning purposes; designation of areas:
- Washington; comments due by 11-25-96; published 10-25-96

Clean Air Act:
- State air quality plans; designated facilities and pollutants--
  - Texas; comments due by 11-27-96; published 10-28-96
  - Texas; comments due by 11-27-96; published 10-28-96
- State operating permits programs--
  - Arizona; comments due by 11-29-96; published 10-30-96

Hazardous waste program authorizations:
- Montana; comments due by 11-25-96; published 10-25-96
- Oklahoma; comments due by 11-25-96; published 10-9-96

Superfund program:
- National oil and hazardous substances contingency plan--
  - National priorities list update; comments due by 11-25-96; published 10-25-96
  - National priorities list update; comments due by 11-25-96; published 10-25-96

Water pollution; effluent guidelines for point source categories:
- Centralized water treatment; comments due by 11-25-96; published 11-4-96

FEDERAL COMMUNICATIONS COMMISSION

Radio services, special:
- Commercial mobile radio services--
  - Flexible service offerings; comments due by 11-25-96; published 8-26-96

Radio stations; table of assignments:
- Georgia; comments due by 11-25-96; published 10-18-96
- Kentucky; comments due by 11-25-96; published 10-17-96
- Tennessee; comments due by 11-25-96; published 10-15-96

FEDERAL EMERGENCY MANAGEMENT AGENCY

Disaster assistance:
- Snow removal assistance; comments due by 11-25-96; published 10-24-96

GENERAL SERVICES ADMINISTRATION

Federal Acquisition Regulation (FAR):
- Competitive range determinations; comments due by 11-26-96; published 11-15-96

GOVERNMENT ETHICS OFFICE

Conflict of interests; comments due by 11-26-96; published 9-27-96

HEALTH AND HUMAN SERVICES DEPARTMENT

Food and Drug Administration

Medical devices:

Class III infant radiant warmer; reclassification into class II; premarket approval; comments due by 11-25-96; published 8-27-96

HOUSING AND URBAN DEVELOPMENT DEPARTMENT

Community development block grants:

Dispute resolution and enforcement actions, loan guarantee application requirements, and reporting and recordkeeping requirements; comments due by 11-25-96; published 9-26-96

Public and Indian housing:

Performance funding system incentives; operating subsidy payment; comments due by 11-29-96; published 9-30-96

INTERIOR DEPARTMENT

Fish and Wildlife Service

Endangered and threatened species:

Alameda whipsnake et al.; comments due by 11-29-96; published 11-1-96

JUSTICE DEPARTMENT

Prisons Bureau

Inmate control, custody, care, etc.:

Possession of another inmate's legal materials while assisting that inmate; comments due by 11-29-96; published 10-30-96

LABOR DEPARTMENT

Federal Contract Compliance Programs Office

Special disabled veterans and Vietnam era veterans; affirmative action and nondiscrimination obligations of contractors and subcontractors; comments due by 11-25-96; published 9-24-96

LABOR DEPARTMENT

Mine Safety and Health Administration

Mining products; testing, evaluation, and approval:

Flame safety lamp approval and single-shot blasting units; CFR parts removed; comments due by 11-29-96; published 8-30-96

LABOR DEPARTMENT

Occupational Safety and Health Administration

State plans; development, enforcement, etc.:

California; comments due by 11-26-96; published 11-14-96

LABOR DEPARTMENT

Wage and Hour Division

McNamara-O'Hara Service Contract Act:

Federal service contracts; labor standards; minimum health and welfare benefits requirements; comments due by 11-25-96; published 10-25-96

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

Acquisition regulations:

Contractor financial management reporting; comments due by 11-25-96; published 10-25-96

Federal Acquisition Regulation (FAR):

Competitive range determinations; comments due by 11-26-96; published 11-15-96

PERSONNEL MANAGEMENT OFFICE

Pay under General Schedule:

Locality-based comparability payments--

Metropolitan areas; comments due by 11-25-96; published 10-25-96

SECURITIES AND EXCHANGE COMMISSION

Securities:

Lost securityholders; transfer agent requirements; comments due by 11-27-96; published 11-20-96

TRANSPORTATION DEPARTMENT

Federal Aviation Administration

Airworthiness directives:

Airtell International, Inc.; comments due by 11-25-96; published 10-18-96

Beech; comments due by 11-26-96; published 10-18-96

British Aerospace; comments due by 11-25-96; published 10-18-96

Airworthiness standards:

Special conditions--

Jetstream Aircraft Ltd. model 4100 series airplanes; comments due by 11-29-96; published 10-15-96

Class E airspace; comments due by 11-25-96; published 10-24-96

TRANSPORTATION DEPARTMENT

Federal Highway Administration

Motor carrier safety standards:

Training for entry-level drivers of commercial motor vehicles and cost-benefit analysis; availability

Meeting; comments due by 11-27-96; published 9-30-96

Right-of-way and environment:

Highway traffic and construction noise abatement procedures; comments due by 11-27-96; published 8-29-96

TRANSPORTATION DEPARTMENT

National Highway Traffic Safety Administration

Motor vehicle safety standards:

Side impact protection--

Side impact test dummy specifications; comments due by 11-25-96; published 9-24-96

TRANSPORTATION DEPARTMENT

Research and Special Programs Administration

Hazardous materials:

Hazardous materials transportation--

Regulations harmonization with dangerous goods international standards; comments due by 11-25-96; published 10-25-96

TRANSPORTATION DEPARTMENT

Saint Lawrence Seaway Development Corporation

Seaway regulations and rules:

Great Lakes Pilotage rates adjustments; comments due by 11-27-96; published 11-15-96

TREASURY DEPARTMENT

Alcohol, Tobacco and Firearms Bureau

Firearms:

Firearms and ammunition; manufacturers excise taxes--

Parts and accessories; comments due by 11-27-96; published 8-29-96

TREASURY DEPARTMENT

Customs Service

North American Free Trade Agreement (NAFTA):

Prior disclosure of previous entry of merchandise into U.S. by fraud, gross negligence or negligence; formal investigation commencement; comments due by 11-25-96; published 9-26-96

TREASURY DEPARTMENT

Fiscal Service

Federal agency disbursements management; comments due by 11-25-96; published 7-26-96

Treasury tax and loan depositaries and payment of Federal taxes:

Electronic Federal Tax Payment System operation; comments due by 11-29-96; published 9-30-96

VETERANS AFFAIRS DEPARTMENT

Adjudication; pensions, compensation, dependency, etc.:

Ionizing radiation exposure claims (prostate cancer and any other cancer); comments due by 11-25-96; published 9-25-96